



HILLINGDON  
LONDON

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# **Disabilities Commissioning Plan 2011-15**

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## Section

# 1

## Introduction

The needs of disabled people are changing. The number of disabled people in Hillingdon with higher levels and complexity of need is expected to increase. The aspirations of disabled people are also changing and there is a clear message from disabled people that they do not want traditional services. There is a move towards personalised services that are tailored to meet individual need rather than adopting a 'one size fits all' approach. The council has an over reliance on institutional care that disabled people do not want and we cannot afford. This situation needs to change.

The Disabilities Commissioning Plan shows how social care will be delivered that will enable disabled people in Hillingdon to live independently in the community with housing and support services appropriate to their need. It will focus on modernising services, moving away from traditional care services, such as residential care to models that promote choice and greater independence, such as supported housing. To do this people will be given more control over how money is spent on social care services through the use of personal budgets and Direct Payments.

As a result of modernising services disabled people will be enabled to live in their own homes and stay independent for as long as possible. Opportunities to work and do other things that people value and think are important will be promoted.

The Disabilities Commissioning Plan covers people who have a physical, sensory and/or learning disability where their needs are challenging and complex. It does not cover those people who have mental health needs, carers, children or older people over the age of 65. The needs of these groups are addressed in other strategies and plans.

## Section 2

### Executive Summary

Hillingdon has the highest gross spend per capita on social care for adults with learning disabilities, and the 5<sup>th</sup> highest spend on adults with physical and sensory disabilities compared to other London boroughs. The percentage of money being spent on residential and nursing care placements is the highest in London. Disabled people are saying that they do not want these services, but instead want services that give them greater independence and more control over their lives.

At the same time, national government policy is focussed on promoting independence and choice through Self Directed Support (SDS). There is an expectation that all adults who are eligible for social care will have a personal budget by 2013 giving individuals more control over how their needs are met.

The current national financial situation also means that councils need to challenge the use of resources and to change the way they deliver services. There is expected to be greater demand for services because the number of people with more complex needs is increasing. At the same time the money available to councils is reducing.

In order to change this situation there is a need to look at the services that are currently provided, identify how the needs of disabled people are likely to change and listen to what disabled residents are saying. There needs to be less reliance on institutional care services and a concerted approach towards using resources to deliver services that will enable disabled people to live more independently and give them greater choice through the allocation of a personal budget. Table 1 summarises the services that are currently available and the changes that are expected by 2015 to achieve this.

**Table 1- Current Service and Changes Expected from the Disabilities Commissioning Plan by 2014/15**

<b>Current Service 2011/12</b>	<b>Expected Changes 2014/15</b>
<i>Information &amp; Advice:</i> Access to information, advocacy and advice services are unclear.	There will be an on-line information directory that will be found on the council's website. The contact centre and local libraries will be developed as local information hubs. A range of voluntary sector organisations will provide specialist information and advice.
<i>Advocacy:</i> A specific service is provided on a one year agreement.	An advocacy service (s) will be in place for people who lack capacity that is provided through a West London Alliance (WLA) contract or framework agreement.
<i>Brokerage &amp; Support Planning:</i> Care	There will be increased choice available from

managers assist service users and carers with support planning and the council has a brokerage team.	the voluntary sector to assist service users and carers with support planning.
<i>Accommodation &amp; Support Services:</i> There are a high proportion of people with learning disabilities and /or physical disabilities living in residential and nursing care homes.	There will be an increase in supported housing options. Approximately 279 homes will be developed for disabled people.
<i>Aids &amp; Adaptations:</i> The current service does not offer service users or carers any choice	The introduction of a retail model for equipment services will provide service users and carers with greater choice in how their needs for Simple Aids to Daily Living are met.
<i>Day Opportunities:</i> There is a reliance on a traditional, buildings-based day care model that encourages dependency.	Users eligible for community care services will be supported to use personal budgets to use community resources i.e. to access a range of activities during the day.  Buildings based services will be focussed on supporting those with the most complex need and/or to provide respite for carers where no other service is available.
<i>Employment:</i> There is a range of employment support services. However, these have limited coordination and variable effectiveness.	Work will be undertaken with statutory and private sector partners to secure employment opportunities for disabled people.
<i>Health:</i> The annual Big Health check assesses how well mainstream health services support people with learning disabilities. Few people have health passports and information is not fully accessible to all.	Improvements are expected each year. All people with a learning disability will have their own health passport and all information provided by Health services will be available in an accessible format.
<i>Council Transport:</i> The council provides and funds a lot of transport to take people to and from day and other services, which encourages dependency on the part of those able to make their own arrangements.	People will be signposted to alternative options. Council provided and funded transport will be available to those in the greatest need. Those on benefits with a mobility element will be asked to make alternative arrangements.
<i>Participation of service users and carers:</i> There are a number of forums involving service users and/or carers.	Effective systems will be in place to ensure that disabled people are at the centre of deciding what services are in place and how they are provided.
<i>Autism:</i> There is a joint protocol in place to ensure vulnerable people are signposted to the right service.	An action plan will be developed to deliver the requirements in the Autism Act and statutory guidance.
<i>Transition:</i> A multi-agency strategy and action plan have been developed to deliver the joint vision for transition in Hillingdon.  Many young people are educated outside of the borough. This is reflected in the high number of adults with disabilities in out of	A simple pathway through transition will be in place that is agreed by all agencies. This will enable all those involved in transition including young people and their families to know how to access information, what is likely to happen and when, and with whom, things are likely to happen.

borough placements.	There will not be funding available for 3-year placements at residential colleges. Instead young people in transition will have services provided within the borough.
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## Section 3

### Social Care, Health and Housing Mission

The Social Care, Health and Housing mission statement reflects the key elements of national strategies:

***“Enabling residents in need to live safe, healthy and independent lives”***

- To do this we will:
  - Improve outcomes for children, young people and families in need or at risk through co-ordinated evidence based services.
  - Provide support tailored to our residents’ needs through integrated working across social care, health and housing services
  - Make best use of public and community resources

This will be achieved by applying the following five principles:

#### **1. Choice and control**

We will ensure that users of services are in the driving seat in deciding how their desired outcomes will be achieved within available resources.

#### **2. Safe, healthy and independent lives**

We will shift from providing long-term institutional services to providing time-limited support, which helps people regain independence in the community.

#### **3. Supportive local communities**

We will achieve sustainable change by supporting individuals and communities to help themselves and each other.

#### **4. Different for less**

We will use up to date, evidence based approaches to services, which are more efficient and effective.

#### **5. Working together**

The whole community has a role to play in keeping people safe, healthy and independent. Through integrated working with health and other partners, we will commission services that draw on existing networks and community capacity.

## Section 4

### Case for Change

#### National Context

National policy is focused on maximising the independence of disabled people by redesigning the system to ensure that they have greater choice and control over the services they receive and the way they are provided. The detail of national policy can be found in the following policy documents:

- Valuing People (2001)
- National Service Framework for Long Term Conditions (2005)
- Improving the Life Chances of Disabled People (2006)
- Putting People First: a shared vision and commitment to the transformation of social care (2007)
- Transforming Adult Social Care (January 2008)
- Valuing People Now (2009)
- Think Local, Act Personal (2011)

In addition to these policy drivers, the current financial situation has an impact on the way councils deliver services. Nationally, the government is looking to make cuts averaging 25% cuts across government departments. In Hillingdon this means a budget reduction of £66m over four years, which is 18% of our net budget.

#### Local Context

Locally, Hillingdon is looking to meet need by developing services according to three priorities. These reflect the aims of national policies and are to:

- Manage demand: keeping residents independent, investing in preventative services to stop or significantly delay residents from requiring ongoing social care or becoming homeless or in housing need.
- Manage the support system: efficient and effective in-house service provision that is focused on reablement, delivering time-limited interventions to effect change so that residents can learn or re-learn crucial skills to live independently.
- Manage supply: commissioning private and voluntary social care and housing services and developing in-house fostering that delivers support, choice and independence to vulnerable, complex and high dependency residents.

## Hillingdon Profile: Key Headlines

The NHS Information Service uses the Projecting Adult Needs and Service Information (PANSI) tool to analyse population data and service user information provided by the council to project the future needs of disabled people in Hillingdon. The following information taken from PANSI gives the key headlines about the needs of people with learning disabilities and adults aged 18 to 64 with physical disabilities.

### Learning Disability

- Projections for people with all levels of learning disability suggest a 4.5% increase in the period 2010 to 2015 to 5,083.
- In 2010/11 505 adults with learning disabilities were being supported by the council. 300 people received a community based package and 246 were supported either in residential or nursing care (some people moved into/out of placement during the year).
- A detailed review of the needs of users in 2009 carried out by the Commissioning Team and included people with a predominantly health need, showed that 9% had a learning disability as their main need. The majority, 54%, had more than one complex need, e.g. a physical and/or sensory disability, challenging behaviour, epilepsy, Down's syndrome or other health condition.
- Analysis undertaken in 2009/10 has shown that there are only 64 users with Autistic Spectrum Disorders (ASD) known to services. PANSI projections suggest that there should be 1,624. This suggests that there may be a significant number of people who have either not approached the council for service or have not been properly diagnosed.
- The number of people with learning disabilities living into old age is increasing. It is predicted that there will be an increase of 7.3% between 2010 and 2015 to 770 of people who are aged 65 and over with a learning disability. In 2009/10 there were 29 people within this group in receipt of community care services.

There are a number of conditions that are more common in people with a learning disability:

- *Physical disability*: approximately a third of people with learning disabilities have an associated physical disability, most often cerebral palsy (Healthcare for All (2008)).
- *Sensory disabilities*: these are more prevalent and often less well managed than in the general population (Healthcare for All (2008)).
- *Epilepsy*: approximately a third of people with learning disabilities have epilepsy, which at least 20 times the rate of the general population and more have epilepsy which is hard to control (Healthcare for All (2008)).
- *Obesity*: one in three people with a learning disability is likely to be obese compared with one in five in the general population (Closing the Gap (2008)).
- *Heart disease*: up to 50% of people with Down's syndrome have congenital heart disease (Healthcare for All (2008)).
- *Pre-senile dementia and dementia*: this occurs four times as frequently in older people with a learning disability as compared with the general older population. People with Down's syndrome are particularly at risk and projections suggest that there will be an increase of 7.6% between 2010 and 2015.



- *Mental ill health and challenging behaviour:* mental ill health is more common among people with learning disabilities. For example, the prevalence of schizophrenia is three times that of the general population. Approximately 15% of people with learning disabilities display challenging behaviours

## **Physical Disability**

- PANSI projections suggest that the population of people aged 18 to 64 with moderate to serious physical disabilities living in Hillingdon is likely to increase by 4.3% to 16,510 in the five years to 2015.
- In 2010/11 681 adults of working age with physical and/or sensory disabilities were supported by Adult Social Care. There were 610 packages of care, 41 residential and 40 nursing placements (some people moved into/out of placement during the year). There were 7 new placements and these were largely people who had an acquired brain injury, resulting either from a traumatic incident such as a road traffic accident or from a neurological condition.
- 23 of the current placements are for people aged between 60 and 65.

The trend of advancing medical technology and techniques, in addition to new drug therapies, enabling people with more complex needs to live much longer lives is expected to continue.

## **Transition from Children's to Adults' Services**

- There are currently 719 children and young people aged 12-19 in Hillingdon who have a statement of educational need.
- Of these 303 attend mainstream educational provision, whereas **416** attend special schools in Hillingdon or are placed in specialist provisions out of the borough.
- Many of these have dual or multiple diagnoses such as a learning disability and behaviours that challenge or are hard to manage as well as physical and/or sensory disabilities.
- There are more frequent instances of fragile x syndrome and severe autism in this age group than in the adult population.

## **What our residents have told us**

There are a number of sources of information that help us identify what residents with learning disabilities and/or physical disabilities want and these include:

- Being aware of what people have said they want at both a national and local level
- Using information from the individual care management and person centred work
- Talking with residents in groups and listening to representatives of service users
- Listening to carers, both family carers and paid carers
- Trying to find out why things sometimes go wrong and what could be done differently

People with learning disabilities are involved in the development of services at a strategic level through the Learning Disabilities Partnership Board. The Learning Disabilities User Forum also provides an opportunity for residents with learning disabilities to raise issues of importance to them. The Disabilities Assembly, which meets quarterly, provides an opportunity both for people with learning disabilities and people with physical and/or sensory disabilities to raise issues. The

co-chair of the Disabilities Assembly is also a member of the Hillingdon Health and Wellbeing Board, which has responsibility for developing and monitoring the local Health and Wellbeing Strategy. This gives disabled people a voice at the highest strategic level.

From the above it is possible to identify the key issues of concern to disabled residents as:

- Access to high quality services.
- Better communication between health and adult social care.
- More opportunities for employment for disabled people.
- More information provided to support people's choices and control over the services available to address their needs.
- More information is required about the services that are available locally
- More information and advice about how to be healthy, including information about the range of activities available in the local area.
- The need for services to be locally based where possible
- Treating people with more courtesy, respect and dignity.
- A greater emphasis on prevention and raising awareness of the causes of ill health, particularly at an early age.
- More training for staff to support the move towards a preventive approach.
- Access to affordable, adapted housing
- More culturally appropriate services, particularly for Black and Minority Ethnic (BME) communities.
- Greater awareness and understanding of the role of the voluntary and community sector in delivering health and well-being services and involvement in the development of these services.
- Public transport services need to be improved to be made more accessible

Appendix 1 lists the consultation events that have taken place over the past 12 months with disabled people and their outcomes.

## **Use of Resources**

Table 2 outlines the spend on services by service user group in 2009/10 using data from Personal Social Services Expenditure (PSSX1) data that is submitted to the Department of Health. It also gives a breakdown of the services that are purchased. 2009/10 is the most recent year for which expenditure details have been externally validated.

**Table 2- 2009/10 Gross Spend on Social Care by User Group and Service Area**

Service Description	Physical & Sensory Disabilities	Learning Disabilities
Residential	1,682	16,740
Nursing	1,693	316
Home care	1,839	381
Day Care	845	4,041
Direct Payments	2,091	451
Other	1,935	8,545
Grand Total	10,085	30,472
	11.2%	33.8%

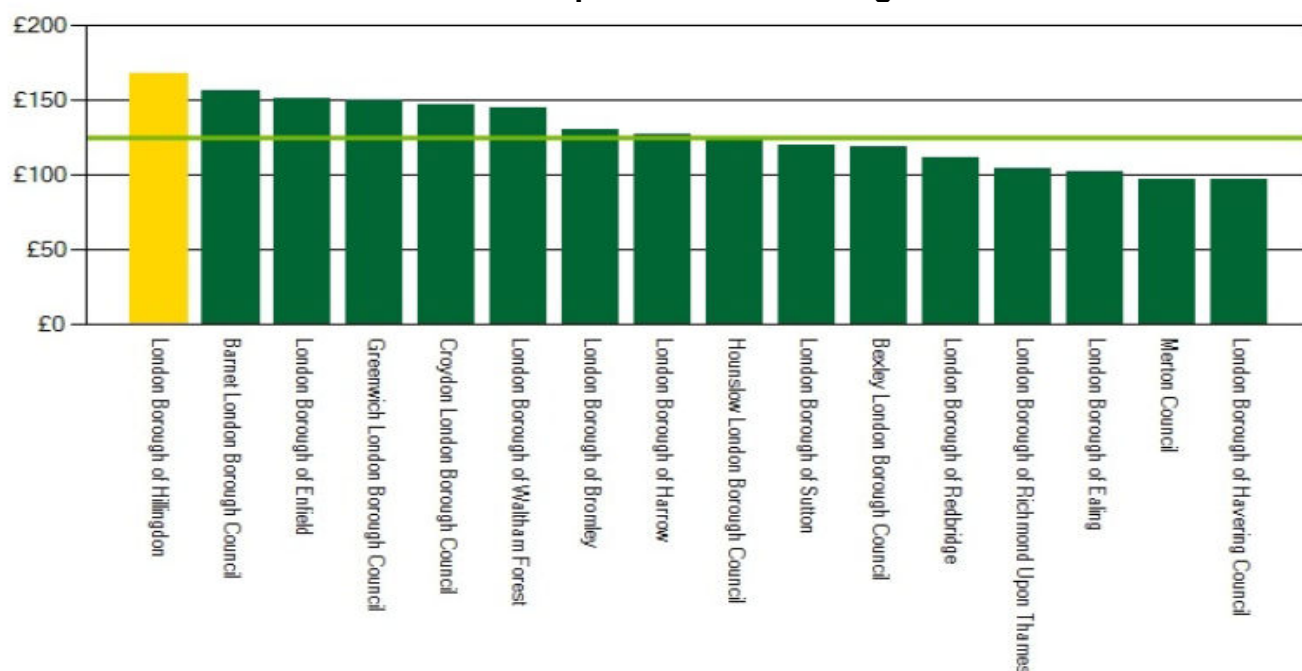
Service Description	Physical & Sensory Disabilities	Learning Disabilities
Residential	17%	55%
Nursing	17%	1%
Home care	18%	1%
Day Care	8%	13%
Direct Payments	21%	1%
Other	19%	28%
Grand Total	100%	100%

This table shows that the focus of the council's expenditure is on residential and nursing home placements.

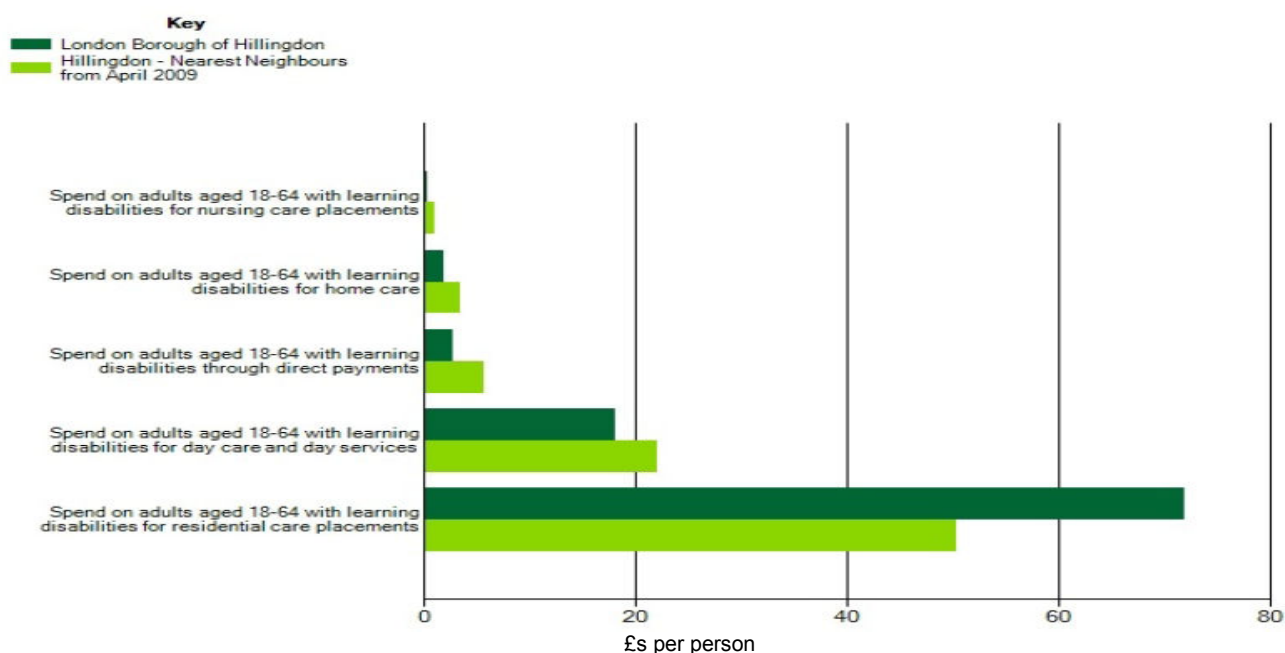
### **Learning Disabilities**

In 2009/10 34% of the council's adult social care budget was spent on supporting the social care needs of people with learning disabilities. The council was spending approximately the average per head of the population on people with learning disabilities between 2006/7 and 2008/9, but in 2009/10 this increased dramatically with the result that expenditure was the highest amongst those of our comparator boroughs, i.e. those with a similar population and deprivation profile, as well as other London boroughs. One of the reasons for this was the transfer of funding responsibility for a number of service users to the council from Hillingdon Primary Care Trust. Table 3 shows the position with our comparator boroughs.

**Table 3 - Council spend on People with Learning Disabilities Per Head of Population 2009/10 Compared with Near Neighbours**



**Table 4 - Council spend on Service for People with Learning Disabilities Per Head of Population 2009/10 Compared with Near Neighbours**



The proportion of the spend on residential accommodation for people with learning disabilities decreased from 60% in 2008/9 to 56% in 2009/10. Table 4 shows that the council spent significantly more on residential accommodation than our comparator group and less than other councils on the services required to support people in the community (not including nursing care).

## Physical Disabilities

In 2009/10 the council spent 11% of its adult social care budget on supporting the social care needs of adults of working age with physical disabilities. This is more than the average per head of population. Table 5 shows that Hillingdon is the 5<sup>th</sup> highest out of our near neighbours.

**Table 5 - Council spend on People of Working Age with Physical Disabilities Per Head of Population 2009/10 Compared with Near Neighbours**

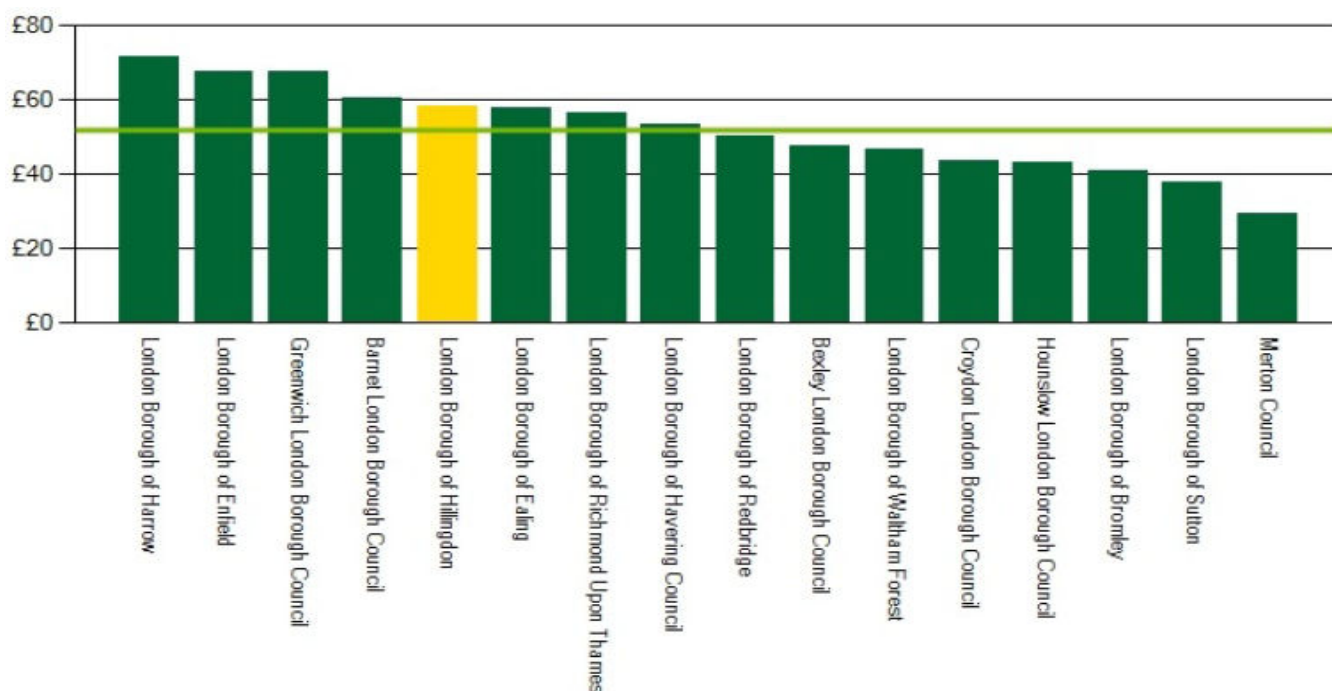
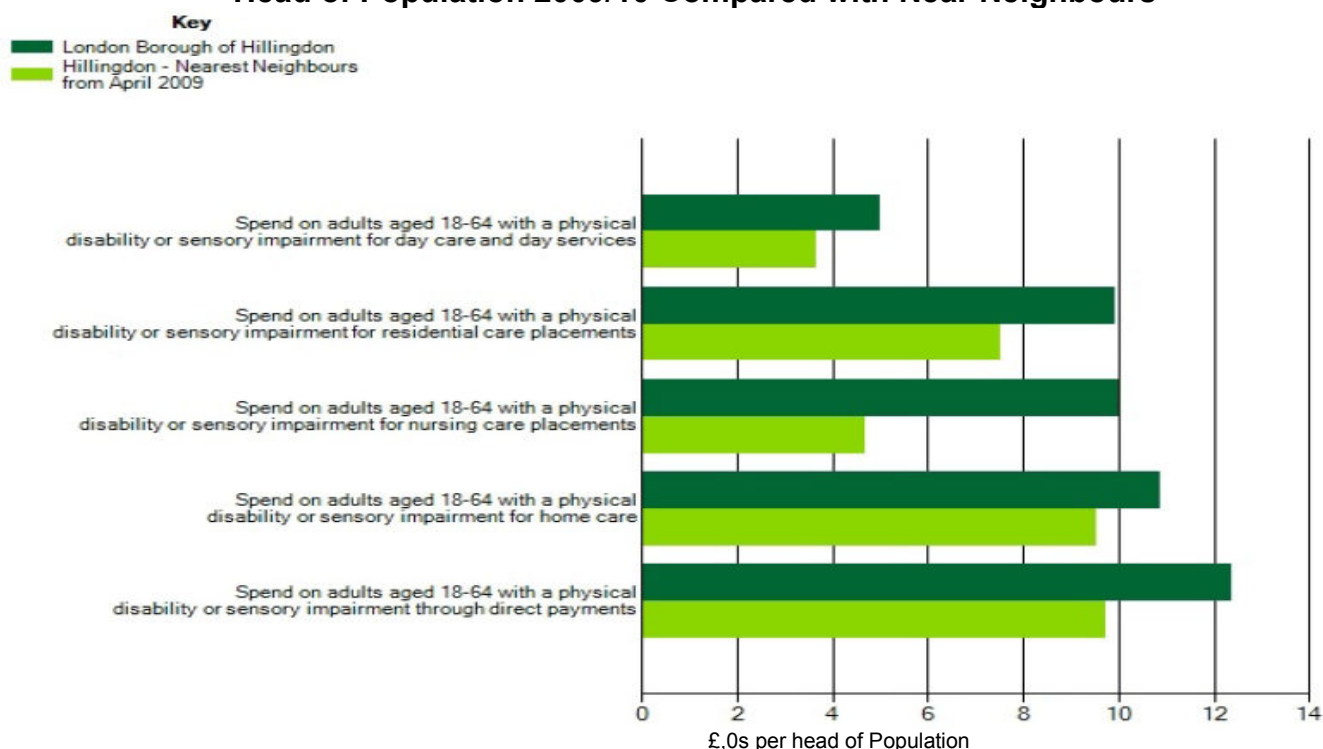


Table 6 shows that the council spent more in 2009/10 than our comparator group of councils on a range of services and significantly more on nursing care provision.

**Table 6 - Council spend on Service for People of Working Age with Physical Disabilities Per Head of Population 2009/10 Compared with Near Neighbours**



## The Case for Change Summarised

Table 7 gives a summary of the drivers for change in Hillingdon over the next four years.

**Table 7 - A Summary of the Case for Change**

### Why things have to change

#### A Changing Population

Over the next four years and beyond there will be:

- More people with learning disabilities
- More people with physical disabilities
- More people with severe learning disabilities
- An increase in the number of people with learning disabilities living into older age
- More people with more complex needs, e.g. people with more than one disability and other conditions
- An increase in the number of young people coming through transition
- A more diverse population

#### Public Expectations

The messages received from residents shows:

- That they want more choice and control over the services they receive
- They want to be independent in their own homes rather than living in institutional care
- Disabled people, particularly younger people, want access to the same opportunities as other people

- They want services that address their cultural needs
- They want the opportunities to help themselves to stay healthy
- They also want to see greater investment in prevention
- The new model works

### Use of Resources

There are important messages about how the council spends the public's money on care and support services:

- Hillingdon is spending much more on residential and nursing accommodation for disabled people than many other councils
- The increasing complexity of need means that this is not only against good practice but it is unaffordable

## Section

# 5

## Disabilities Plan: What we will do

### Information and Advice

The provision of information and advice is crucial to promoting independence. Directing people to high quality information and advice that gives people the right information will enable them to help themselves and become less dependent on the council.

Social Care Health and Housing currently provides funding to a number of organisations to give information and advice. This ranges from services available to the whole population like the Citizens' Advice Bureau to specialist organisations like the Disablement Association Hillingdon (DASH).

#### Expected changes

- Develop an online information directory that would enable residents to obtain details about any services available to them in the borough and in the surrounding area. This would range from advice and information services to details about leisure services or organisations providing services that residents may wish to use their personal budgets to pay for. It is expected that this facility will provide links to information about service providers' prices under a system developed with the West London Alliance (WLA) partnership of London councils.
- We will review the role of the council's contact centre and its relationship with our libraries to respond effectively to the needs of residents for information both at a local, regional and national level and ensure appropriate sign-posting.
- We will develop the 17 libraries within the borough as local information hubs. These will provide access to general advice and information.

Information hubs will sign-post people who require more in-depth advice. Specialist information and advice services will be available from voluntary and community sector providers, who will be commissioned by the council to give more detailed advice. Organisations like DASH and

Middlesex Association for the Blind (MAB) will play a key role in ensuring that information is available and accessible for disabled people.

The NHS has launched a 111 non-emergency phone service to complement the 999 emergency services telephone number. People calling the 111 number will be able to get health advice and also information about local services such as out-of-hours GPs, walk-in centres, emergency dentists and 24-hour pharmacies. A directory of services is also being developed to complement the 111 number.

## **Advocacy**

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

Feedback from the Disabled People's Assembly indicates that disabled people identify advocacy as a key preventative service and assists people in making their own choices.

Social Care, Health and Housing fund DASH to work together with Age UK to provide an advocacy service for people who have been referred to the Safeguarding Adults team or people who are living in registered care. Advocacy is also available for adults who are at risk of abuse and to older people. The service is also available to assist residents through the self-directed (SDS) support process.

The DASH Side by Side Advocacy Service provides advocacy support for people with learning disabilities. Support for people with learning disabilities in local meetings like the Learning Disability Partnership Board is provided by the council's Customer Engagement Team.

### **Expected changes**

- We will join in with WLA councils tender for a service (s) that will support people who qualify for a service under the council's Fair Access to Care Services (FACS) criteria and lack capacity. Mental Capacity is defined in the Mental Capacity Act 2005 (MCA), which came into force during 2007 and is the ability of a person to make decisions for themselves. This means that the person is able to:-
  - understand information given to him/her about particular issues
  - retain that information long enough to be able to make a decision
  - weigh up the information available to make a decision;
  - communicate that decision (this could be by any possible means, such as talking, writing, using sign language or even simple muscle movement such as blinking an eye or squeezing a hand)
- The new advocacy service is expected to start in 2012/13.
- We will actively promote advocacy services not funded by the council.

## **Brokerage and Support Planning**

'Think Local, Act Personal' sets out how councils, health bodies, providers and other community organisations will work more closely to enable individuals, their families and carers to have greater choice and control over their care and support. The document endorses the involvement of the voluntary and community sector in achieving this transformation and in enabling individuals to have more choice and control.



Direct Payments play an essential part in promoting independence and choice for disabled people in Hillingdon. Direct Payments are cash payments in lieu of services and can be used to employ personal assistants to purchase support services to achieve the outcomes listed in their individual support plan. In Hillingdon there are currently 232 disabled adults (aged 18-65) who have a Direct Payment.

Self-directed Support (SDS) in the form of personal budgets went live in Hillingdon for all existing users of day care and homecare users once their needs were reviewed from August 2010 and all new customers from April 1<sup>st</sup> 2011. SDS gives service users and carers greater choice and control over the support that they receive through the development of brokerage services to assist disabled people in arranging services with their personal budget.

#### **Case Study- Self Directed Support**

The introduction of Self Directed Support has given opportunities to disabled people like Jenna to have more control over their lives.

“Before I started using a direct payment my life was very boring and my mum used to have to do everything with me. I didn’t really like the day centre that I went to as that was also a bit boring and although I had a really good friend who also went I didn’t like a couple of the other people. I used to be jealous of my sisters going to work and college: it made me feel different and I had to stay at home a lot. I felt left out of things and it made me want to sit in my room on my own and not talk to anyone. Now I have help+ to do all my activities from my personal assistants and paid enablers. My mum has helped me and my boyfriend Sam and another friend Matthew to get together once a week for an evening out. We have had help to set up our own Friendship Group, which we all really enjoy: we go bowling, on picnics and to the pub for a drink. We are all on either a personal budget or direct payments so we share the cost of our Friendship Group and the support. We hope some of our other friends might be able to join us in the future.

#### **Expected changes**

- We will ensure that all residents who are eligible for community care services will have access to personal budgets. This means that they will be informed of the money allocated to them to meet their needs (their indicative personal budget). They will also have a person-centred support plan setting out what outcomes they need to meet with their budget.
- Disabled residents eligible for community care services will be encouraged to have the maximum control over the funding for their care, either by having the money directly through Direct Payments, having it managed by a third party such as a voluntary organisation through an Independent Service Fund or having it managed by the council.
- In 2011/12 we will tender the Direct Payment Support Service in partnership with other West London councils. This service provides advice and information to disabled people about direct payments and individual budgets. It also provides support services for those people who need assistance with managing their individual budget.
- We will introduce a ‘pre-loaded’ card for people who have a Direct Payment that will give them greater flexibility in purchasing services and remove the requirement for quarterly returns to be completed.

- We will encourage the voluntary and community sector in Hillingdon to develop independent brokerage services as a way of offering choice to disabled people who have a personal budget and we will actively promote these.

## **Accommodation services and support and Housing supply**

The provision of good quality housing and support services is crucial to enabling more disabled people to have greater independence in the community. There is currently an over reliance on the use of residential and nursing placements to meet the accommodation needs of disabled people. There is a need for supported housing development in the borough where disabled people have their own tenancies and are allocated a personal budget to address their support needs. This will also enable many of the people with learning disabilities and/or physical disabilities placed in out of borough care homes to come back into the borough where it is feasible for them to do so. Supported housing will meet people's needs in the least restrictive way and give them maximum choice and control.

Table 8 highlights the housing requirements that have been identified to meet need over the next 4 years.

***Table 8- Need for Housing 2011-2014***

	Number of people with Learning Disability	Number of people with physical disability
Number of people currently in residential/nursing home placements	170	70
Number of high support housing required	83	11
Number of medium support housing required	34	11
Number of independent with floating support required	27	0
Number of general needs housing tenancies required	46	349
Number of young people in transition who will have a housing need	21	7

### **Expected changes**

- Charles Curran House, an in-house residential care home will be decommissioned as the building is outmoded and is no longer suitable for purpose. All residents who currently live in this care home will be reviewed and move to alternative, improved, accommodation with individually tailored support through a Personal Budget that better suits their needs.
- Supported housing services for disabled people with high levels of support needs are being developed. Twelve flats at Minet Drive in Hayes will be ready in March 2012. There are also 12 flats being developed in Chippendale Way in Uxbridge and a further 12 at Acol Crescent, South Ruislip that will be ready in March 2013.

- Two extra care schemes will be available from September 2011 at Cottessmore House in Ickenham and Triscott House in Hayes. These will be accessible to disabled people who are aged 60 or over. Further extra care schemes are being developed to address the needs of older disabled people who require a high level of support with personal care.
- To enable the council to achieve this challenging programme of supported housing provision existing council owned sites are being identified that would be better utilised to meet the needs of residents through the provision of supported housing or extra care.
- The council will work with third sector providers of residential homes for people with learning disabilities and the Care Quality Commission (CQC) to de-register the homes and change the model of care to a supported housing model. It is recognised that not everyone's needs can be met in a supported housing environment and our approach will reflect that some residential provision will continue to be needed.
- All disabled people in residential care will have a review of their needs which will include identifying accommodation that will meet need. Service users and their carers will be involved in the review process and in putting together transition plans where moves have been identified.

#### **Case Study Supported Housing**

There is a programme to develop supported housing for disabled people in Hillingdon. This is giving people like Michael an opportunity to move out of residential care. He moved into a flat with support two years ago. Michael says,

"I am happy because I can make my own meals and go out and do my own I would like to move into a flat in Hayes."

The key issue for people with physical and/or sensory disabilities is to access to adapted properties rather than the need for any housing related support. The need for supported housing is expected to be required by people with degenerative conditions that mean that their needs are likely to increase over time.

### **Aids and Adaptations**

The provision of equipment and adaptations supports disabled people of all ages in maintaining their independence.

Developments in technology also provide opportunities to promote independence and give control to disabled people in Hillingdon. For example TeleCareLine has sensors that can be used to alert disabled people to a change in their environment.

The London Borough of Hillingdon has a joint equipment service with the Primary Care Trust (PCT) and is a member of the London Community Equipment consortium with 11 other London councils. There are opportunities to increase choice and control for disabled people in Hillingdon through the development of the retail model of community equipment provision.

Currently staff across social care and the health service assess and prescribe equipment to assist individuals to live independently in their own homes. The service has a target to meet in terms of the speed of delivery from the day that equipment is requested to the day that the equipment is delivered. In Hillingdon this is 94.5% of all equipment and minor adaptations are delivered within 7 working days.

The council pays grants (known as Disabled Facilities Grants or DFGs) to help towards the cost of adapting a home to enable disabled people to continue to live there. The central government

allocation to Hillingdon for DFGs in 2011/12 is £1,623,000. In 2010/2011 250 DFGs were completed and there was a 95.1% customer satisfaction rating with the service.

Table 9 below shows the number of DFGs by age group:

**Table 9 – the number of Disabled Facilities Grants in 2010/11**

Age of Recipient	Number of DFGs completed
Under 18	0
18-59	59
60+	141
TOTAL	200

The Hillingdon TeleCareLine supports residents to live safely and independently by providing a monitoring and alert system 24 hours a day, 365 days of the year. For example, TeleCareLine may have an alarm pendant that an individual can press if they have fallen or a door sensor to indicate when someone has left a room without closing the door.

The service is offered free to:

- residents aged 85 and over
- residents who are eligible for social care services who meet the substantial or critical needs criteria under Fair Access to Care Services (subject to financial assessment)
- residents receiving a reablement package for six weeks after leaving hospital
- existing Careline users (who meet eligibility criteria)

Other Hillingdon residents can also access TeleCareLine services for a weekly charge that will be based on the level of package that they receive. However, they will be able to receive free advice and information about TeleCareLine from the Hillingdon Centre for Independent Living (HCIL).

Expected changes

- The retail model should be available to residents from November 2011 for equipment valued at up to £100. A resident assessed by staff from health or social care as needing equipment up to this value that is required to satisfy a health and safety need will receive a prescription that they can exchange at one of approximately 22 retailers in the borough. Anyone wishing to receive equipment up to this value that is not required to address a health and safety need will be sign posted to one of the approved retailers working in the borough.

#### **Case Study- Retail Model of equipment provision**

The retail model for the provision of equipment was introduced in Cheshire in 2007 giving disabled residents greater choice and flexibility in equipment services.

“The retail model has given me more choice.”

“I was able to look at what was available, and get the equipment more quickly”

“We were able to go to the shop and look and see what was available and talk to staff about using the equipment”

- We will increase the number of people with physical and/or learning disabilities of working age benefiting from TeleCareLine. TeleCareLine has many benefits for people who

previously required care staff to monitor their activities. For example, bed sensors give people with epilepsy an opportunity to live independently without the need for staff to be on duty 24 hours a day.

## Day Opportunities

Day opportunities for disabled people meet critical need. The council currently provides a number of buildings-based day services for people with learning disabilities and for people with physical and/or sensory disabilities. These are shown in tables 10 and 11 below.

**Table 10 – Council Provided Buildings-based Day Service for People with Learning Disabilities**

Service and budget	Budget (£,000)	No. of users	No. users per day	Capacity per day
<b>Parkview</b>	418	44	36	38
<b>Woodside</b>	412	68	55	58
<b>RAGC</b>	153	35	25	25
<b>Phoenix</b>	383	29	24	28
<b>Totals</b>	<b>1,366</b>	<b>176</b>	<b>140</b>	<b>149</b>

**Table 11- Buildings-based Day Service for People with Physical and/or Sensory Disabilities**

Service and budget	Total Net Budget for the whole service (£,000)	No. of users on the register (aged 18-65)	Average No. users per day (aged 18-65)	Total Capacity per day
<b>Grassy Meadow</b>	343.1	30	12	20
<b>Asha</b>	171.5	27	4	20
<b>Totals</b>	<b>514.6</b>	<b>57</b>	<b>16</b>	<b>40</b>

The Perfect Start Resource Centre is a preventative service provided by United Response for people with learning disabilities who have low or moderate levels of needs and do not qualify for community care services under the council's Fair Access to Care Services criteria. Since the service started in November 2008, the centre has been supporting people to access universal services like leisure services, parks and libraries, as well as education services and employment opportunities.

There are also outreach services and an Independent Living Skills service that support disabled people in accessing universal services.

The voluntary sector also offers day opportunities for people with learning, physical and/or sensory disabilities. These range from sports sessions to accessing leisure, education and employment opportunities. As more people receive a personal budget, the choices available to disabled people about what day opportunities they wish to access will increase.

### Expected changes

- Disabled residents who have low and moderate needs will be signposted to services like the Independent Living Skills Service or to Perfect Start. Disabled residents will be supported by these services to access universal services such as leisure facilities, parks, libraries and community centres.
- There will be contractual discussions with residential care providers for those people living in registered care to have their day opportunities met from their home. There are currently 31 people with learning disabilities who live in registered care homes who attend day centres. They will require a review of their needs and we will work with them, their families and care providers at looking at how their need for day opportunities will be met.
- Personal budgets will be allocated to disabled people who meet eligibility criteria. This will give service users more choice and control in choosing day opportunities and resulting in better outcomes for disabled people in accessing leisure, education and employment opportunities as well as developing independent living skills.
- Buildings based day opportunities will focus on those people with the greatest and most complex need and/or where a need for respite has been identified in a carer's assessment and there is no other alternative service available through the allocation of a personal budget.
- Those people with a high level of dependency or complex needs currently using Park View and Phoenix day centres will benefit from the development of a resource service to be based at Queens Walk. This will be a different way of delivering services but will provide more opportunities for disabled people to access the community.
- The result of refocusing council provided buildings-based services on disabled people with the most complex needs is that it creates opportunities for some sites to be reused to maximise the independence of other vulnerable Hillingdon residents. For example, it is proposed that the current Woodside and Parkview day centre sites be reused to become supported housing for people with learning disabilities.
- A full review of the Perfect Start service will be carried out with the intention of developing the existing specification to improve the outcomes required for people with learning disabilities including more opportunities to move on from traditional buildings based day services and gain employment experience.
- There will be an exploration of the service relationship required between Perfect Start and the new resource centre for people with disabilities proposed at Queens Walk
- There will be a review of all outreach services that are currently commissioned by Social Care Health and Housing for disabled people.
- There will be a review of the Independent Living Skills Service to identify ways in which it can also assist disabled people who meet the council's eligibility criteria.

### **Employment**

Employment is an important aspect of ensuring well-being for all individuals. It also supports greater independence for disabled people. In Hillingdon a number of providers are commissioned

to support people to find paid employment. For example Perfect Start based in Uxbridge and the Rural Activities Garden Centre (RAGC) based in Hillingdon.

#### Expected changes

- The multi-agency Employment Strategy Group for People with Complex Needs will develop employment opportunities with the statutory and private sectors.
- Voluntary sector organisations will be funded to provide support for disabled people into employment. This includes working with Perfect Start to increase their focus on assisting people with learning disabilities into employment as mentioned above.

## Health

Having good health is important for people to maintain their independence. There are a number of health staff based in the Disabilities Service in Social Care, Health and Housing who work with disabled people. These are: nurses, a speech and language therapist and a psychologist. They provide health advice and support to people with learning disabilities and also provide information and advice to care managers in Social Care.

The continuing health care assessors for people with physical disabilities and learning disabilities have a close working relationship with the care managers in disability services and offer advice and guidance about continuing health care issues.

The council and the health service provide services for people with a learning disability under a Section 75 agreement. This is an arrangement where budgets are pooled so that services can be provided irrespective of whether the individual's needs are health or social care related.

#### Expected changes

- Health passports will be developed for all adults with learning disabilities
- We will work with the PCT on the Big Health check up for people with learning disabilities to ensure that their health needs are identified and addressed.
- We will work with health professionals to raise awareness of disabled people's issues in order to improve access to mainstream health services for disabled people.
- We will work with the Public Health Department to promote healthy lifestyles by raising awareness of diet, exercise and smoking cessation and developing information and training about improving health.

## Transport

Access to public transport that is affordable and accessible for disabled people is vital to developing personalised and community based services that make a difference to individuals' lives. Social care policy promotes maximum possible independence. This includes the area of transport.

The council currently provides transport for disabled people to attend day centres. This is regardless of whether an individual has access to other forms of transport (for example a Freedom Pass or a car leased through the Motability scheme).

Table 10 indicates the spend on council transport for disabled people in 2009/2010.

**Table 10- Spend on council provided transport for 2009/10**

	<b>Spend</b>
Physical and Sensory Disability	£44 110
Learning Disability	£878,500
Spend on taxis	£17,650
<b>TOTAL</b>	<b>£940,260</b>

#### Expected changes

- Access to council provided transport is expected to change to maximise independence whilst recognising the difficulties that disabled people with complex needs may have in getting to council provided facilities without access to transport. The council's proposed transport policy is set out in Appendix 1. It suggests that transport related benefits should be used for day to day access to services and the community. Access to council provided transport will focus on disabled people with complex needs who require council provided facilities and who do not have access to alternatives.
- The council will continue to contribute to funding for freedom passes and taxi cards working with London Councils and Transport for London to identify improvements to public transport services and to Dial-a-Ride.

#### **Nothing about disabled people, without disabled people**

The council promotes the active inclusion and full participation of disabled people in society, in line with a human rights approach to disability issues and supports a number of user forums in Hillingdon including the Learning Disability forum and the disabled people's assembly. Service users are involved in the council's Health and Wellbeing Board providing leadership and direction to improve the health and wellbeing of the residents in Hillingdon. Service Users are also represented on the sub-groups of the Health and Well Being Board to deliver the key strategic targets that are set out within the Health and Wellbeing strategy.

#### Expected changes

- We will further develop User Led Organisations within Hillingdon that are run and controlled by disabled people. This will lead to improvements in services. Two examples of such groups are the Hillingdon Centre for Independent Living (HCIL) user group and the Direct Payment user forum.
- We will ensure that disabled residents are involved in the service planning and development process by having representatives on key planning groups such as the Long-term Conditions Delivery Group, the Learning Disability Partnership Board and the 2020 Vision Strategy Group.
- We will ensure that service users are involved in evaluation process for providers of new services that are subject to a tender process.
- We will work with the Local Involvement Network (LINK) as it evolves into Healthwatch. The LINK's role in service development and the planning process is very important to effective commissioning.



## **Autism**

An Autism Act was passed in 2009 and statutory guidance on autism was published in 2010. A local autism strategy and action plan has been developed. There are currently joint protocols in place to ensure that vulnerable people do not fall between services.

### **Expected changes**

- We will review the protocols that are currently in place to ensure that they reflect the requirements in the 2009 Act and statutory guidance.
- We will establish a group to develop an agreed pathway for the diagnosis of autism. This is required under the statutory guidance.

## **Transition from Children's to Adults' Services**

The vision of the council and its partners for transition is that young people are able to maximise their potential as active members of society to the extent of their choice and a seamless transition process supports that this.

A transition strategy and action plan has been developed with input from children, education and adult services.

### **Expected changes**

- We will develop a transition pathway that is agreed by all agencies.
- We will ensure that all those involved in the transition process, including young people and their families, will know how to access information, advice and services, what is likely to happen, when it is likely to happen and with whom.
- The Transition Strategy Group will work together to ensure links with other agencies & departments are developed to increase access and facilitate development of appropriate support services for young people in transition and for their carers
- Personal budgets will be allocated to young people and their carers (who are eligible) to ensure that they have greater choice in support services.
- Through the development of the multi-agency Transition Strategy Group we will support young disabled people in the borough and avoid the need for placements in residential schools or colleges. This will be done by identifying and making recommendations to senior managers about the educational and housing opportunities for young disabled people that need to be developed within the borough.

## **Carers**

This plan acknowledges the role that carers have in supporting disabled people. There is a separate carer's commissioning plan that is being developed that sets out the council's vision for carers and how we will work with other agencies to support carers. Some of the key actions that the council will take during the lifetime of this plan are set out below.

### **Expected changes**

- We will develop respite options and the use of personal budgets to enable carers to make their own choices about how and when they take a break from caring.

- We will continue to provide day opportunities to disabled people where the need for respite has been identified in their carer's assessment (and there are no alternative services available).

## **Section 6**

### **Conclusion**

Over the next 4 years the council will be focussing on addressing the needs of disabled people, who have higher, and more complex, levels of need. The direction of government policy is to increase opportunities for independence, choice and control and disabled people have said that they no longer want traditional services. There is a need to move away from outmoded, traditional models of care that encourage dependency. Instead new models of care and support are being introduced through the development of services like supported housing, personal budgets and employment opportunities. The council will work with its partners, such as health and the voluntary sector to develop preventative services that will either stop or delay an avoidable deterioration in residents' needs. This approach is intended to encourage greater user choice, control and dependence and lead to more positive outcomes for disabled people and their carers and families.

**Section****7****To be completed following consultation****Delivery Plan 2011/12**

<b>Key Priority Area</b>	<b>no</b>	<b>Key Action (s)</b>	<b>Lead</b>	<b>Timescale</b>	<b>Outcomes</b>	<b>Resources</b>
Information and Advice	1.					
Advocacy	2.					
Brokerage and Support Planning	3.					
Accommodation services and support/ Housing Supply	4.					
Aids and Adaptations	5.					
Day Opportunities	6.					
Employment	7.					
Health	8.					
Transport	9.					
Nothing about disabled people, without disabled people	10.					
Autism	11.					
Transition from Children's to Adult's Services	12.					
Carers	13.					

## Appendices

### Appendix 1: Information from Consultation Exercises

Telephone questionnaire for carers who support service users attending Woodside, Parkview, Phoenix and Rural Activities Garden Centre day services. This survey received 36 responses:

- 5 carers expressed a wish for continued musical interest in the future. This was also highlighted in December 2009 when 100% of service users interviewed at Woodside said they liked listening to music.
- Half of all carers expressed ideas for future activities which included music, craft, swimming, sport and visiting community events. All of these activities could be met by the use of personal assistants (PAs)
- 57% (20 out of 35) service users attend other activities including college, social clubs and respite care.
- 43% (15 out of 35) of service users do not attend any other activities. With a personal budget they may be able to access activities in the community.
- 6 carers spoke about work and work experience opportunities for service users and the value of maintaining these.
- 6 carers spoke of continuing with college courses.
- Carers do not yet have a clear understanding of personal budgets. They do not identify the benefits of receiving a budget and are concerned that personal budgets will mean the end of day services for everyone
- Carers rely on Hillingdon Transport for taking their family member to day services. This allows them further respite time. 32 service users (91%) take Hillingdon Transport to day services. However 26 out of 35 (71%) service users with a learning disability (Service user survey, January 2011) do take public transport with support. Day trips and outings with a personal assistant could take place using public transport where appropriate. Service users also make use of Taxis, and Dial a Ride.
- When looking at general use of transport around the borough 9 service users used public transport, 21 service users are transported in private cars but use is also made of Dial a Ride, taxis and mini cabs.
- 65% (22) service users have a Freedom Pass.
- 35% (12) service users received DLA Mobility.
- 15% (5) Service users are in receipt of Motability Allowance.

### Recommendations

- There is a need to increase the information and support that is available for carers to understand how using a personal budget can achieve greater choice, control and independence.
- We need to increase the amount of information available to carers in a format that they understand and that relates to their circumstances.

Carers could benefit from meeting in small groups to discuss their concerns and be given ongoing support.

Front line staff should be encouraging people to access activities, clubs and events in and out of the borough.

- Specific lists including cultural and religious groups who deliver community activity in and around Hillingdon should be collated so that carers can be made aware of the wider services available to meet their cultural and language needs.
- It would also be beneficial for front line staff to have a general list of community information that they could give to carers.

Face to Face survey of service users who attend Woodside day centre and the Rural Activities Garden Centre RAGC (Responses from 26 service users from Woodside Day Centre and 9 service users from Rural Activities Garden Centre)

- Some service users enjoy swimming: 3 service users said this was something they did when not at the day centre. 2 service users said they would like to go swimming in the future using personal budgets. In the current carer's survey, parents also said they wanted swimming to be included on day care programmes. Services, like swimming can be accessed with a personal budget. The refurbishment of Highgrove Leisure Centre will give service users with a physical disability increased access.
- 12 service users attend a variety of community activities, clubs and groups.
- 6 service users listed their college course as an activity they take part in outside of day services.
- Half of the service users questioned said they do not take part in any other activities other than going to the day centre and a third spend their free time at home with their family, or doing activities with their family.
- We found that some service users did not fully understand the benefits of receiving a personal budget and 13 service users said they had never heard of it. We need to increase the information and support that is available for service users and carers to understand how using a personal budget can achieve greater choice, control and independence.
- Many of the service users with a learning disability who completed this survey can use public transport with support. 20 out of 35 service users said they travel by public transport.
- 30 out of 35 service users use Hillingdon Transport to attend day services and 11 service users also said they use Hillingdon Transport to get to other activities.
- 11 service users also use private transport including a family member or staff member.

## **Recommendations**

- Service users in a previous supported housing survey (December 2009) wanted to experience more outings, trips and days out. Increasing the use of travel passes could reduce the reliance on Hillingdon Transport and combined with planned trips to London landmarks and other places of interest would provide alternatives to day services and meet the needs of service users who have stated in the survey that they would like to go out on day and shopping trips.

- Service users who are interested in the same activities could share a Personal Assistant in order to access activities in the community. This would make good use of personal budgets with service users who have similar interests.

Face to Face survey of service users who attend Asha and Grassy Meadow day centres. Responses were received from 68 service users at Asha Day Centre and 32 service users from Grassy Meadow Day Centre

- Some service users did not fully understand the benefits of receiving a personal budget and 13 service users said they had never heard of it. We need to increase the information and support that is available for service users and carers to understand how using a personal budget can achieve greater choice, control and independence.
- 12 service users described how they could benefit from having a Personal Assistant (PA). They said that this would help them with activities such as shopping and attending activities. One to one assistance could be met by employing a PA from a personal budget.
- 24 service users said they felt unable to manage a budget due to their frailty or lack of ability.
- 63 out of 69 service users and carers felt that Asha day centre met their cultural and language needs. Not all service users from Asha day centre understood that there are other community based groups and activities that could also meet their cultural and language needs. Specific lists including cultural and religious groups who deliver community activity in and around Hillingdon should be collated so that service users and carers can be made aware of the wider services available to meet their cultural and language needs.
- The majority of service users use Hillingdon Transport to get to their day centre. Day centre users are also using Dial a Ride, private transport, public transport and taxis to attend personal or community activities. The use of Hillingdon Transport needs to be reviewed to ensure that this service is responding to priority need and to ensure alternative transport solutions are being used in the best way.

## **Recommendations**

- The work of the in-house brokerage team should be promoted. Brokerage is a new role, designed specifically for self directed support. Brokers are objective market experts who know what support options are available. They are responsible for developing a set of different support options that will meet the outcomes in a resident's support plan. The resident then chooses their favoured options, with as little or as much help as they require.
- Front line staff should be encouraging people to access activities, clubs and events in and out of the borough. They could direct users/carers to our on-line library catalogue of community information to help them access these services: <http://www.librarycatalogue.hillingdongrid.org> – It might be beneficial to create a favourite list of activities likely to be interesting for people currently accessing day services.
- It would also be beneficial for front line staff to have a general list of community information that they could give to service users and carers.

- 55% of service users said they have a Freedom pass. The use of Freedom passes should be reviewed to ensure they are providing the maximum value for money.

Priorities Identified by Disabled People at the Disabilities Assembly April 2010

Issue	What People Think Needs to Happen
Communication	<ul style="list-style-type: none"> <li>• Individuals should be responded to in a reasonable time</li> <li>• To be able to text services e.g. taxi, GP, hospital, Social Services, leisure centres to book services</li> <li>• RNID are developing an emergency 999 contact by text for Deaf people</li> </ul>
Information	<ul style="list-style-type: none"> <li>• Council, police and PCT should visit disabled groups to inform them of their rights and how to claim for benefits, services and voluntary groups.</li> </ul>
Employment x3	<ul style="list-style-type: none"> <li>• An end to disability discrimination</li> <li>• Raise the UN Convention on the Rights of Persons with Disabilities with everyone</li> <li>• Scheme for finding a job</li> <li>• Support in finding a job</li> <li>• High % of deaf people are unemployed but the Disability Employment Advisers have no idea of the services provided by Deering, RNID and RAD- need to improve partnership working</li> <li>• Deaf awareness should be given to all employers and the job centre.</li> </ul>
Education and learning	<ul style="list-style-type: none"> <li>• More education about how to use computers</li> </ul>
Transport x7	<ul style="list-style-type: none"> <li>• Drivers need to pull up to the kerb to allow people on/off buses</li> <li>• Bus shelter needed at the end of Cowley Road/Church Road (on both sides of the road)</li> <li>• Improve ramp and disabilities access</li> <li>• Kerbs are too high</li> <li>• No low floor taxis</li> <li>• Access to Uxbridge Bus garage needs to be improved. It can be very confusing if you have a learning disability and can't read.</li> </ul>

	<p>Bus stops should be colour coded.</p> <ul style="list-style-type: none"> <li>• Fairness in transport services like Capital Call and Dial-a-Ride</li> <li>• Stop anything other than buses parking at the bus stop</li> <li>• Bus shelter needed in Shaftesbury Waye- it is very difficult for disabled people to stand in the rain</li> <li>• Improve reliability of Dial-a-Ride</li> <li>• Improve public transport for Hillingdon Hospital</li> <li>• Ensure audible announcements are on public transport all the time</li> <li>• Better information for sight and hearing impaired people</li> </ul>
Access to Services and Activities x8	<ul style="list-style-type: none"> <li>• Need to make services more simple and practical in awareness</li> <li>• All new pools need to be accessible to people with high support needs including hoists, waterproof slings etc</li> <li>• Changing places, changing lives toilets are required in the community especially in places like The Chimes and Pavilions</li> <li>• Podiatry access needs improving</li> <li>• Continuing with good mental health services</li> <li>• More free activities e.g. bowling and computers</li> <li>• Large print and tactile signs for visually impaired people</li> <li>• Shop access is not always good</li> <li>• More accessible leisure facilities</li> <li>• No social groups for older people</li> <li>• Long waiting lists for activities</li> <li>• Make sure lifts work</li> <li>• No access to the swimming pools in Uxbridge or Hayes (need adult changing tables, hoists and waterproof slings)</li> </ul>
Road/Pavement repairs x4	<ul style="list-style-type: none"> <li>• Potholes should be filled in</li> <li>• Paving slabs should be replaced</li> <li>• A proper procedure for responding to complaints</li> <li>• Pot holes in Pield Heath Lane and across the Borough are dangerous</li> </ul>



Cost of Living x2	<ul style="list-style-type: none"> <li>• Availability of benefits</li> <li>• Better funding for disabled people</li> <li>• Making people aware of money that they have</li> <li>• Control in managing finances</li> </ul>
Crime and Anti-Social Behaviour x4	<ul style="list-style-type: none"> <li>• Stronger and clearer means of dealing with crime and anti-social behaviour especially where corporate</li> <li>• Safety from criminal interference to one's person or home</li> <li>• Better lighting at entrances and in the street</li> <li>• Police should take action even when offender is under 16</li> <li>• Report the police to the Independents Complaints Commission if they do not respond to dealing with minors.</li> </ul>
Housing	People with learning disabilities should have some access to priority housing- housing dept will say people are adequately housed if living with parents (this is against Valuing People that states people have a right to be independent)
Carers who are disabled	Care management should support the carer and their concerns as carers put the disabled person first ignoring their own needs.

## Appendix 2: Eligibility for the Provision of Transport to Adult Social care Services

### **Background**

Current social care policy promotes maximum possible independence for residents/customers. In extending this principle to council provision of transport services, this policy sets out the criteria that will be used to determine whether an individual's travel needs can be met through independent travel arrangements. Where the council does provide transport services this will be based on assessment of need, identify targets where appropriate and will be subject to review.

### **Principles**

This policy is based on the assumption that service users will travel independently to make use of care provision, and based on the following principles:

- Hillingdon council promotes full and independent lives for all its residents and acknowledges that in order to fulfil a person's potential for independence council transport will only be considered after a process of assessment and where all other alternatives have been exhausted. This will include identification of other support that may be available and identifying the benefits that an individual may be able to use for transport costs.
- transport provision/funding is not guaranteed as part of a care package
- transport will not be offered as an incentive to take up services.

### **Process**

There are 4 stages in the assessment of eligibility for transport provision:

- access to existing transport
- assessment of mobility
- assessment of ability to travel independently
- identifying transport for those people who are eligible

### **Access to existing transport**

- Individuals will **not** be eligible if they have a vehicle that they can access and either drive themselves or is in their name.
- Individuals will **not** be eligible if they hold a freedom pass and are able to use this.
- Individuals who currently hold Disability Living Allowance (mobility) component will be expected to use this to pay for support in transport costs that are incurred.

### **Assessment of mobility**

This will include:

- ability to walk outside unsupported
- any need for non self propelling wheelchair/walking aids
- ability to get in and out of a property
- ability to get in and out of a vehicle
- risk of falling
- ability to weight bear during transfers
- any involuntary movements whilst mobilising

### **Assessment of ability to travel independently**

This includes both physical and social reasons:

- complexity of mobility problems identified above
- availability of informal care network
- communication difficulties that impact on the ability to use transport
- psychological factors (e.g. mental health)
- evidence and experience of/risk of harassment
- other factors affecting personal safety (identified and recorded by assessor)

Following this the assessor will be able to determine whether the individual is able to travel independently, needs some form of training or assistance to enable them to travel independently, or is unable to travel independently.

### **Identifying Appropriate Transport**

This may include-

- provision within a personal budget
- assistance with public transport from an escort
- independent Travel Training
- taxi journeys including shared taxi journeys
- minibus travel
- Shared car ownership (e.g. schemes like Streetcar)

Transport should be included as an element of every service review/annual review.

Young people in transition will have their needs reassessed including transport need.