CITY AND COUNTY OF SWANSEA

Draft Physical Disability and Sensory Loss/Impairment Commissioning Strategy

Chapter 1
Introduction

The population served for the purposes of this Commissioning Strategy in the City & County of Swansea encompasses:

- Disabled people aged 18-64 and all people with sensory loss/impairments over the age of 18
- Those disabled young people who are in transition from Child Disability Services to Adult Services
- People with HIV, Cancer and Multiple Sclerosis

The Equality Act 2010 defines disability as having a physical or mental impairment that has a substantial and long-term adverse effect on carrying out normal day-to-day activities. The social model of disability advocates that it is society which creates attitudinal and physical disabling barriers and it is a positive approach to disability and focuses on removing barriers to equality. The City and County of Swansea is committed to the social model of disability which has been recognised by disabled people and was formally adopted by the Welsh Government in 2002.

'Physical impairment' includes hearing and visual impairment. 'Long-term' is regarded as lasting for 12 months, or for more than 12 months or the rest of a person's life. 'Substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed

A progressive condition is one that gets worse over time. People with progressive conditions can be classed as disabled. There are special rules about recurring or fluctuating conditions e.g. arthritis. However, you automatically meet the disability definition under the Equality Act 2010 from the day you're diagnosed with HIV infection, cancer or multiple sclerosis.

Throughout this document, the terms sensory loss and sensory impairment are used. Both terms should be understood to include people with either a hearing loss, visual impairment or dual sensory loss. Sensory impairment is used as this term is felt to be more inclusive. However, there are occasions when the term 'sensory loss' is more appropriate, i.e. when describing people who lose their sight or hearing. The term deaf is used to describe two groups of people; people who use a signed or visual language as their preferred language and associate themselves with the deaf community and part of a linguistic and cultural minority and people who are hard of hearing or deaf who often use a spoken language as their preferred language. They may not associate with deaf culture and community.

This Commissioning Strategy considers the population we serve and how it is changing; it also considers how well placed the services we currently provide or commission are in delivering the wellbeing outcomes of the population in the future and how they need to change to deliver both the requirements of the Social Services and Wellbeing (Wales) Act 2014 and also the requirements of the Sustainable Swansea. The Commissioning Strategy has been co-produced and the contents are

a reflection of what physically disabled people and people with sensory loss/ impairment have told us. The action plan attached to this Commissioning Strategy has also been co-produced.

Chapter 2
Policy context

The Social Services and Wellbeing (Wales) Act 2014 came into effect on 6 April 2016 and provides the legal framework for improving the wellbeing of people who need care and support, carers who need support and for transforming social services in Wales. It reforms social services law, changes the way people's needs are assessed and the way in which services are commissioned and delivered. People with care and support needs will have more of a say in the care and support they receive and there is an emphasis on supporting individuals, families and communities to promote their own health and wellbeing.

The Act introduces common assessment and eligibility arrangements, strengthens collaboration and the integration of services particularly between health and social care, and provides for an increased focus on prevention and early help. Local Authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change.

The Act also promotes the development of a range of help available within the community to reduce the need for formal, planned support. Local Authorities will continue to work with people to develop solutions to immediate problems and reduce the need for complex assessment and formal provision of care. Where people have complex needs, which require specialist and/or longer term support, local authorities will work with people and their families to ensure that high quality and cost effective services are available at the right time and in the right place.

Local Authorities and their partners will ensure that people can easily get good quality information, advice and assistance, which supports them to help themselves and make the best use of resources that exist in their communities without the need for statutory support.

The Act supports Local Authorities to continue the shift from a deficit and dependency model, to a model which promotes wellbeing and independence focused on individual outcomes rather than service targets and objectives.

The Equality Act came into force on 1 October 2010. The Act brings together over 116 separate pieces of legislation into one single Act. The Act simplifies, strengthens and harmonises the current legislation to provide a discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Local Arrangements

Our vision for health, care and wellbeing in Swansea in the future is that:

"People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives. Our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce".

Our Social Services Model to deliver this vision is based upon the following six key elements:

- Better prevention
- Better early help
- A new approach to assessment
- Improved cost
- Working together better
- Keeping people safe

This Service Model comprises four levels of health, wellbeing and social care support for our population. We think it will help us to deliver "better support at lower cost".

This Commissioning Strategy will support the delivery of Swansea's corporate priorities with particular emphasis on safeguarding vulnerable people and building sustainable communities:

- Safeguarding people from harm
- Improving Education & Skills
- Transforming our Economy & Infrastructure
- Tackling Poverty
- Transformation & Future Council development

At the same time, across Wales, public sector funding is under increasing pressure and therefore in Swansea, we need to reduce expenditure on adult social care. Added to this pressure is a growing population, which is placing additional demand on our service. This means we need to save money and meet the additional demands placed on our service whilst delivering the requirements of the Act.

In the document "Better Support at Lower Cost" (2011)[1] the Social Services Improvement Agency notes:

"It is increasingly recognised that the twin goals of improving efficiency and delivering better outcomes for service users are not necessarily in conflict with each other. Some councils recognise that the kinds of service transformation they are now contemplating would make sense in terms of service improvement even if current financial constraints…. were not present"

[1] "Better Support at Lower Cost" SSIA 2011

Our Commissioning Strategy therefore needs to deliver:

- The vision for Social Services
- The co-produced outcomes for physically disabled people and people with sensory impairments in Swansea
- The requirements of the Social Service and Wellbeing (Wales) Act 2014 and Disability and Equalities Legislation
- Our Corporate Priorities, and
- The savings required through the Sustainable Swansea Programme

Chapter 3
Commissioning and Governance Arrangements

Our arrangements for strategic commissioning have been co-produced during 2016. The purpose of the Strategic Commissioning Group is to ensure a strategic approach to commissioning services for physically disabled and sensory impaired people in Swansea. The Strategic Commissioning Group will:

- **Develop insight** into what outcomes are important to people using services, and what kinds of support could achieve these outcomes
- **Effectively plan** support and activities to meet the needs and deliver outcomes, building on the strengths if individuals and communities in which they live
- **Improve delivery and quality** of services

The Strategic Commissioning Group will oversee the co-production of:

- Commissioning Strategies and action plans
- Service changes
- Procurement Plans i.e. what we want to purchase from the pr
- Contract registers
- Market Position Statement
- Service specifications
- Evaluation and review of the effectiveness of services to deliver improving outcomes

The Strategic Commissioning Group will be guided by the principles of co-production in undertaking all of the above functions. We will:

- Define people who use services as people with assets and skills
- Break down the barriers between people who use services and professionals
- Build on people's existing capabilities
- Include reciprocity and mutuality
- Work with peer and personal support networks alongside professional networks
- Facilitate services by helping organisations to become agents for change rather than just being service providers.

Chapter 4
Population Assessment

How many people have a physical disability and how is this changing over time?

Calculating numbers of physically disabled people in the population is complicated, since there is no one, definitive source of information and no 'set' population. It is also difficult to accurately predict numbers of people who are likely to become disabled over time, either as a result of a deteriorating condition or as a result of accident. The Population Assessment recently undertaken across Western Bay highlights this area as a gap in our knowledge.

How many people have a sensory loss/impairment and how is this changing over time?

- The largest cause of visual, hearing and dual sensory loss is the ageing process.
- It is estimated that 1 in 10 people over 65 have some degree of age-related macular degeneration.
- 1 in 5 people aged 75 and over are living with sight loss.
- There are more than 11 million people in the UK with some form of hearing loss; one in six of the population.
- By 2035, it is estimated that there will be 15.6 million people with hearing loss in the UK - that's one in five of the population.
- There are approximately 250,000 people in the UK with both hearing loss and sight loss. Of these 220,000 are aged 70 or over.
- As many as 2 in every 1,000 children are estimated to have sight loss.

Risk factors – visual loss/impairment:

- It is believed that people with sight loss are 1.7 times more likely to have a fall and 1.9 times more likely to have multiple falls. Of the total cost of treating all accidental falls in the UK, 21% was spent on the population with visual impairment.
- Smokers double their risk of developing age related macular degeneration a painless eye condition that causes the blurring and gradual loss of central vision. Smoking can make diabetes-related sight problems worse, and has been linked to the development of cataracts.
- Obesity has been linked to several eye conditions including cataracts and age related macular degeneration. Obesity also has a strong link with diabetes and an exacerbation of sight deterioration in diabetic retinopathy.
- People from African/African-Caribbean populations are considerably more at risk of developing glaucoma and have higher risk of age-related macular degeneration. People from Asian populations are at higher risk of cataracts. Both groups are at higher risk of diabetic eye.

- An estimated 60% of stroke survivors have some sort of visual dysfunction following a stroke. The most common condition is some loss of visual field which occurs in 30% of all stroke survivors
- Uncontrolled high blood pressure can cause blood vessels in the eye (retina) to tighten and cause damage to the eye which causes vision problems.
- Older people with sight loss are almost three times more likely to experience depression than people with good vision.
- Adults with learning disabilities are far more likely to be visually impaired than the general population.

Risk factors- hearing loss/impairment:

- Prevalence of hearing loss/impairment is higher in Black and Minority Ethnic (BME) communities, particularly in more recent migrants from countries with low levels of immunisation against conditions such as rubella.
- There are environmental factors linked to a greater risk of a hearing impairment, for those people regularly subjected to loud noise.
- People with hearing loss are also highly likely to have problems such as tinnitus and balance disorders which contribute as risk factors for falls and other accidental injuries.
- Those who become suddenly deafened through trauma or infection are likely to experience emotional distress and find it difficult to cope with the sudden, negative impact on their health and well-being.
- People with hearing loss/impairment may also have other additional disabilities or long-term health conditions that limit their daily activities such as arthritis and mobility problems. This often means that barriers to inclusion and feelings of isolation are worsened.

What issues do physically disabled people and people with sensory loss/impairment face?

Despite the difficulties of calculating definitive population numbers, information gathered for the needs assessment from nationally compiled research reports and statistics and from locally held discussions with disabled people, highlights the following key issues:

Employment

- Disabled people are nearly 7 times as likely as non-disabled people to be out of work.
- In the UK around 1 in 4 blind or partially sighted people of working age are in employment.
- The consequences of being unemployed are well documented and include high rates of poverty, stress and physical ill health, feelings of boredom and powerlessness, increased incidence of mental ill health, loss of confidence and self-esteem, and social exclusion.
- The longer a person remains unemployed the less likely they are to find work, since employers are reluctant to take on those with a record of unemployment. If the person is disabled they must also clear barriers associated with negative and stereotyped attitudes towards disability

Social Justice

- People who are disabled or who have long-term ill health are more likely to suffer reduced life chances in education, employment, accommodation, family life and relationships and leisure opportunities.
- Those people who experience multiple problems become disproportionately more likely to experience social exclusion and to suffer 'justiciable problems' i.e. problems that lead them to resort to civil law. In fact, ''long-standing ill-health or disability was the most influential predictor of justiciable problems being reported. …' ('Causes of Action: Civil Law and Social Justice.' The Final Report of the First LSRC Survey of Justiciable Problems, Legal Services Commission, 2004 found more up to date one 2010.
- 'Causes of Action' notes that disabled or ill respondents report domestic violence twice as often and clinical negligence four times as often as others.
- Problems in finding employment, or with debt if unemployed, or discrimination once in work, were also reported as were problems with neighbours (exacerbated by spending longer periods of time at home).

Access

- Access is a fundamental issue of prime concern to disabled people and affects all aspects of life on a daily basis. Access encompasses not only problems to do with physical barriers in the built environment – such as steps, kerbs, narrow doors, lack of adapted toilet facilities, lack of disabled parking bays etc., but also information, transport, and language.

Transition

- The years of transition from childhood to adulthood (from age 14—25), can be fraught with difficulty and uncertainty for all young people, but especially for those who are disabled.
- At this life stage there are high levels of uncertainty about future service provision and reduced education, employment, and leisure opportunities in comparison with non-disabled people of similar age
- Employment is important as is education

Housing

- Disabled people are prone to being 'selected out of home ownership', are 'often relegated to housing of poorer standard ', and report problems relating to homelessness.
- Leaving home, an important life stage on the road to adulthood can become a potentially insurmountable hurdle because of scarce accommodation options. As a result disabled people may live with their parents in the family home for much longer periods of time than their non-disabled peers.

Health

Self-reported general health is an important measure of the health of the population, commonly used in decisions relating to health and social care resource allocation. The latest census analysis suggests that this measure can overlook the health and social care needs of a significant number of disabled people, particularly amongst the elderly and those living in deprived areas. The way in which people judge their general health changes as they age and this is strongly influenced by the area in which they live across

England and Wales. In 2011, 4.3 % (2.4 million people) of the population said they were in very good or good general health despite having a disability. The statistics demonstrate that:

A disability is not a barrier to 'Good' health

The likelihood of being in 'Good' health despite a disability however decreases with age. This may be because children with a disability (or the parents and carers of children with a disability) have a more positive outlook than adults when it comes to thinking about their general health. The findings may also reflect more adequate health and social care provision among the young disabled population, allowing them to overlook the limitations of their disability.

Men who are disabled are more likely to be in 'Good' health than women

Among the disabled population males are more likely than females to be in 'Good' health despite their disability, particularly when their disability limits them a lot in their day-to-day activities. Differences are most noticeable at younger ages which may reflect different social and cultural attitudes to health among males and females at different ages.

There is a strong relationship between where you live and how you view your general health

Disabled people living in more affluent areas are more likely to be in 'Good' health than disabled people living in more deprived areas. This may be because people living in more affluent areas are more able to overcome the limitations of their disability and so judge their general health more favorably. It may also because people living in more affluent areas have better access to adequate health and social care than people living in more deprived areas.

Other health related issues:

- Most disabled people use the same health services as everyone else – GP practices, dentists, clinics etc. However many find their ability to access these services hampered by physical barriers, staff attitudes and lack of training, and poor or inappropriate information provision.
- There are particular issues for disabled people who use a wheelchair but who can't physically access dental practices in the city. Some have difficulties in accessing their own GP practice.
- Many disabled people talk of health care staff not listening to them or recognizing their own expertise about their bodies and conditions.
- For Deaf people, waiting times for interpretation services can make having to go to hospital in an emergency a very frightening experience, as they are often unable to understand what is happening to them and what they need to do.

Leisure and Recreation

- Many disabled people talk of their desire to keep fit, lose weight, eat well and prevent long term health problems from occurring. However, there is limited

access to mainstream leisure facilities, and a lack of specialist help or support as an alternative.

- Many gyms and swimming pools are still not wholly physically accessible to people who use wheelchairs. For example, entry to the building may be possible but not to the changing rooms, or there may not be specialised gym equipment, or staff on hand to alert blind people when equipment is free.

Income and Poverty

- Disabled people have a disproportionate risk of being poor, i.e. of having an income below 60 per cent of the national median average.
- Disabled people face costs additional to those of non-disabled people in meeting their everyday needs. For example, major expenditure may be required to purchase equipment essential for independence, or more may need to be spent on heating, clothing and recreation.
- **Disabled People's Costs of Living: 'More than you would think'** by Noel Smith, Sue Middleton, Kate Ashton-Brooks, Lynne Cox and Barbara Dobson with Lorna Reith, Joseph Rowntree Foundation (2004), and more recently; **Disability And Minimum Living Standards**: ***The additional costs of living for people who are sight impaired and people who are Deaf*** by Katherine Hill, Abigail Davis, Donald Hirsch, Matt Padley and Dr Noel Smith, Centre for Research in Social Policy and University Campus, Suffolk, (2015) both highlights the added costs associated with living with an impairment and the latter emphasises the additional costs for people to participate in society and maintain independence. Interpretation services are key.
- **Disability and Poverty** Joseph Rowntree Foundation, Augusta 2016, Tinson, Aldridge, Born and Hughes states that disabled people make up 28% of people in poverty and a further 20% of people live in a household with a disabled person. It recommends strategies for; supporting people back into work through reducing the disadvantages people face in the labour market, reducing the costs of disability for people, and increasing resources available to support people.
- **Out of Sight, Visual Impairment and Poverty in Wales,** The Bevan Foundation/RNIB Cymru 2012
- Maintaining warmth during the winter months is a particular issue for many disabled people. Households lacking central heating or good insulation are more expensive to keep warm.

'Being Disabled in Britain: A life less equal' 2017, Equality and Human Rights Commission highlights that across education, employment, health, justice, political involvement and leisure, people with disabilities are likely to still have less opportunity to exercise their rights.

https://www.equalityhumanrights.com/sites/default/files/being-disabled-in-britain-executive-summary.pdf

What do we know about future demand from physically disabled people and people with a sensory loss/impairment?

People who access services highlighted the following:

- Increased demand as people are living longer
- More people lives are saved through medical intervention requiring support
- Younger disabled people are not necessary going to want current traditional residential services leading to increased demand for accessible housing provision and more supported living options
- People are becoming more independent and require services that maintain this independence
- More people are living alone
- Families need more support
- Transition to adult services needs improving
- Need to plan services through life stages
- People expect the co-production of services
- People's expectations will continue to change
- Need to increase direct payments
- Train more people on how to communicate appropriately - communication should not be seen as the service user's problem. Explore the wider use of new and emerging technologies to improve communication
- Tailoring services better to meet the needs of people with sensory loss
- More needs to be done to ensure the design of all public services meets the needs of people with sensory impairment – e.g. street furniture, street crossings and temporary works
- More needs to be done to ensure public transport system is adapted appropriately
- Use specialist organisations such as the Royal National Institute for the Blind to help design good, accessible public services
- Continue to promote the role of support workers in helping people to access services

Western Bay Population Assessment highlighted the following future demand issues:

- It is anticipated that the numbers of children with hearing loss/impairment will increase slightly over time due to the projected modest increase in the number of people in younger age groups in the Western Bay area.
- It is estimated that 4% of the working age population in Wales wear hearing aids or are profoundly deaf. The rate at which hearing loss/impairment occurs, increases very significantly by age. The vast majority of people with hearing loss are elderly. The growth in the expected numbers of adults expected to experience a hearing impairment could be attributed to the growth in the population aged 65 and over.
- The numbers of people with dual sensory loss doubled over the period 2006/7 to 2014/15
- It is anticipated that the numbers of people with sight loss will also increase

http://www.westernbaypopulationassessment.org/wp-content/uploads/2017/03/Sensory-PDF-2.pdf

What Matters to Physically Disabled People and People with Sensory Loss/Impairment?

We asked people with a disability and their carers what a good life looks like and this is what they told us:

Independence through improved access
Access to equipment
Access to transport
Access to information
Access to services

Friendship/relationships
Peer support

Choice and control
Seen as expert in own life
Being able to 'dip in and out' if things change

Feeling valued and respected
Being listened to

Wellbeing
Hope

Issues for commissioning from the Population Assessment

- Develop an outcomes framework to capture what matters to people and support people to do more of what matters e.g. Access, independence, choice and control, equality, respect and relationships
- Introduce co-productive approaches within individual and strategic planning and service delivery to deliver more of what matters to people
- Improve communication with citizens
- Peer led approaches to improving access
- Improve access to health and reducing health inequality
- Assessing and meeting carers' own support needs
- Understanding the level of demand and needs within the BME community in Swansea than we do currently
- Supporting people into work or work related activity
- Tackle social isolation, discrimination
- Appropriate Housing
- Consider pilot projects which look at improved prevention practice e.g. Rehabilitation Support for people with visual impairment

Chapter 5
Outcomes to be delivered through this Strategy

Outcomes Framework

The City and County of Swansea undertook a co-productive approach in the development of a specific set of outcome statements for physically disabled people and people with sensory loss/impairment in Swansea to sit within the National Outcomes Framework. An outcome refers to the change that will occur following a particular course of activities or interventions.

- **Wellbeing (*I know and understand what care, support and opportunities are available to me and I get the help I need, when I need it, in the way I want it*)**

  In Swansea this means:

  I receive Information that works for me. It is provided jargon free, in my language and is fully accessible within the Equality Act.

  I am equipped with information about services and told about what's on in a timely way

  I make a difference by helping to plan, develop and deliver services by passing on what I have learnt

  I receive a joint, shared needs assessment that captures my history

- **Physical and mental health and emotional well-being (*I am happy and I am healthy*)**

  In Swansea this means:

  My physical and mental health needs are met

  I am treated as an individual, non-judgmentally, trusted and believed

  I am supported to remain independent or rebuild independence

  My communication needs are considered and met to enable me to make joint decisions and establish self-management partnerships

- **Domestic, family and personal relationships (*I belong and I have safe and healthy relationships)***

  In Swansea this means:

  I am able to join in, meet new people and make friends

  I am able to meet up with similar people to share experience, engage in peer support communities and self-management partnerships.

  I am supported with my communication needs and my mental health is considered to help me with talking to people

  I can engage in mutually caring relationships with people that support me

- **Education, training and recreation (*I can learn and develop to my full potential and I can do the things that matter to me*)**

  In Swansea this means:

  I have opportunities to try-out a range of activities

  I am equipped information about **Education, training and recreation** *services, sign posted and told about what's on to help me try-out a range of activities.*

  I can access appropriate training with support

  I have access to fit for purpose opportunities in clean and safe environments

- **Contribution made to society** (*I can engage and participate and I feel valued in society*)

  In Swansea this means:

  I am involved and play a role in the community

  I am valued as an individual, my skills are recognised and I gain respect in the community

- **Social and economic well-being** (*I am supported to work, I have a social life and can be with people I choose, I do not live in poverty and I get the help I need to grow up and be independent*)

  In Swansea this means:

I am supported to maintain employment or be supported into employment

Transport and parking are accessible and blue badges available

- **Suitability of living accommodation** (*I have suitable living accommodation that meets my need*)

  In Swansea this means:

  I am able to live in MY own home with the right support at the right time

- **Securing rights and entitlements** (I *have voice and control, I am involved in decisions that affect my life, my individual circumstances are considered, I can speak for myself or have someone who can do it for me and I get support through the Welsh language if I need it*)

  In Swansea this means:

  I am heard and given fair access to services based on my needs, I have voice, choice and control

  I am regarded as an expert in my own life, my perspective is valued and what works for me is understood

  I am offered equal choices and opportunities

  I take responsibility for my own life

  My strengths are recognised and my abilities developed.

  I am treated with regard to equality legislation and justice, my rights are upheld and reasonable adjustments made to enable me to access all services

  I am treated equally, fairly with respect, dignity, love and compassion

- **Protection from abuse and neglect** (*I am safe and protected from harm and abuse*)

Chapter 6
Current Support Options for Physically Disabled People and People with a Sensory Loss/Impairment

We asked people where they currently get support

This is what they told us:

Tier 1	**Tier 2**
Family Friends Neighbours Carers Peers Community Groups Social networking Media Charities Council Services NHS – primary Local Area Coordinators	Third sector organisations Charities Council Services NHS – secondary care Local Area Coordinators
Tier 3	**Tier 4**
Social Services – day opportunities, social workers Advocates Local Area Coordinators Supported Housing Social media - Deaf Women's Health Facebook group Third sector organisations – SCVS, Carers centre Charities Personal Assistants	Social Services – day opportunities, social workers Advocates Local Area Coordinators Supported Housing Social media - Deaf Women's Health Facebook group Third sector organisations – SCVS, Carers centre Charities - Huntington's Society Personal Assistants

Universal Services and Early Intervention -Tier 1 and 2:

The Voluntary Sector in Swansea is varied and well-used. Voluntary sector organisations provide services to, meet the needs of and engage with disabled

people who may not use Social Services. Groups range from being small, community based and volunteer led, to large national bodies with paid fieldworkers.

Some groups provide support and information on particular impairments or health problems; others raise money for research into specific conditions. Some take on a lobbying and campaigning role in order to break down the physical and social barriers faced by disabled people.

Many groups are peer run and offer highly valued peer support and social interaction.

Swansea Disability Forum is made up of representatives from these local disability groups and voluntary sector organisations. It campaigns on issues, which affect physically disabled people and people with a sensory impairment.

Swansea Association for Independent Living (SAIL) is a local voluntary organisation of disabled people working to eliminate the barriers preventing disabled people from living full and independent lives.

Swansea Access for Everyone (SAFE) is a local access group who work towards achieving a built environment that is accessible to everyone.

Swansea Council for Voluntary Service (SCVS) is the umbrella organisation for voluntary activity and works to support and develop the voluntary sector by providing information, advice and support services and by representing the views of the sector to government and policy makers.

Co-production Network is a group made up of Citizens, service providers, social workers, commissioners and carers and it supports co-productive activity within Social Services.

The Stroke Association offers support and information for people who have had a stroke and their carers.

Information, Advice and Assistance RNIB Cymru, Action on Hearing Loss Cymru, Deafblind Cymru, Guide Dogs Cymru and Sense Cymru are working together to provide information, advice and support to people with sensory loss in Wales.

Locally Swansea commissions Cardiff Institute for the Blind to provide information, advice and assistance for people with visual impairment.

Vision Impaired West Glamorgan provides specialist equipment and grants to people with a visual impairment**.**

The Carers Centre provides a range of information, advice, support, services and events for Carers.

Disabled Facilities Grant Individuals can apply for a grant regardless of tenure to make adaptations to properties.

For smaller adaptations, Care and Repair offer advice and assistance for disabled owner-occupiers on repairs, adaptations and maintenance issues.

Community alarms provide an emergency telephone link for older and disabled people. The purpose of the alarm is to give added security to individuals or to provide reassurance for their informal carer.

Integrated Community Equipment Service provides a range of equipment for people to live more independently.

Housing ADAPT assists disabled people to find suitably adapted accommodation. This is a strong partnership between the City & County of Swansea, Coastal Housing Group, Gwalia Neighbourhood and Family Housing Association, which enables us to make the best possible use of the adapted properties in Swansea, as well as significantly improve and streamline the process of applying for adapted accommodation.

Concessionary Travel Everyone aged 60 and over and people with certain disabilities are entitled to free travel on local bus services in Wales.

People who are unable to travel on their own on health grounds are able to apply for a **Companion Travel Pass** which allows both the disabled person and a companion to travel free of charge.

Railcards are available for both disabled and older (60+) travellers, allowing holders to buy rail tickets at a discount.

Local Area Coordination is support to keep individuals and communities strong and connected. This support currently covers only certain parts of Swansea.

The Common Access Point is the first point of contact with the Local Authority and this approach seeks to support people to access available services; both in the community and the Local Authority depending on the level of need.

Our **Third Sector Broker** sits within the Common Access Point and supports and develops knowledge of the third sector.

More Formal Support - Tier 3 and 4:

Integrated Community Hubs

There are 3 Integrated Community Hubs covering Central, West and North of the city. The hubs geography aligns with the local GP networks and provides integrated services including:

- District nurses
- Occupational Therapy
- Physiotherapy
- Social Work

- Mental Health Link workers
- Dementia Support Workers
- Domiciliary Care (Rapid Response, Reablement and Complex Needs)

These integrated services provide a simplified system of assessment and service provision, which supports a shift towards strengths based approaches that will focus on prevention and early intervention. The aim of which is to reduce or delay people developing more complex needs by providing rapid access to information, assistance and support when it is needed.

Swansea Vale Resource Centre

The Centre provides a short term Rehabilitation Service that enables people who have a physical impairment to live more independently. The aim is to enable people to find new ways of doing things that they are finding difficult, and to look for practical solutions to encourage greater independence.

Within Swansea Vale the **Sensory Services Team** provides specialist advice, support and practical assistance for adults with a physical or sensory disability who have difficulty managing. Services might include:

- equipment and adaptations to help someone manage at home
- training and skills to maximise independence
- assistance with personal care
- support with mobility impairment

Home Care Service / Domiciliary Care

Longer term Domiciliary Care (help at home with personal care) is provided through a range of providers.

Direct Payments People can opt to receive a Direct Payment to help them pay for and manage their own social care services. Direct Payments are a more flexible way of delivering social care services to those who are eligible for Social Services support.

Individuals use the money to:

- Employ someone directly to help support them (a Personal Assistant)
- Buy care from a private registered care agency
- Make own arrangements instead of using Social Services day care or respite care
- Purchase Social Services provision using the Direct Payment

Direct Payment statistics for people with a physical disability

Purpose	March 2016	February 2017
Short Break	99	115
Day Opportunities	2	6
Help at Home	4	5
Total	105	126

Supported Living

This means living in ordinary housing as a tenant, usually shared living with 2-3 other people with a disability with an appropriate level of tenancy and domiciliary support. This could mean 24-hour support through to much lower levels depending upon the person's needs. Additional support can be accessed on a 24-hour basis. It is always the intention to increase independence and reduce levels of support over time if possible.

Residential Care

This means living in a residential care home or nursing care home with personal care/nursing care.

Short Breaks

- Short break (respite) at home: A fully trained support worker will come to your house for up to 3 hours a week.
- Short break in a local authority care home
- Day service: A day out of the house for the person you care for
- Shared Lives: staying in a family home with specially trained families who will provide the care and support you need.
- Direct payments: Instead of Social Services, organising support you can organise services yourself to suit your needs, giving you more flexibility and control over the arrangements you make.

Abertawe Bro Morgannwg University Health Board (ABMU Health Board) In addition to the Integrated Community Hubs, ABMU provides a comprehensive range of hospital and community health services for Swansea, Neath Port Talbot and Bridgend, including the Swansea population of approximately 250,000. Services are provided from 9 hospitals with over 1,800 beds and in a range of community premises. These include psychiatric day centres and resource centres, health centres, health clinics, hired premises, GP surgeries and in patients' homes.

ABMU Health Board 'Take Time for Yourself Team' – an award winning team who promote the importance of making health care information and communication accessible to patients who are deaf, hard of hearing, blind, partially sighted or have dual sensory loss.

ABMU Health Board Audiology and eye clinics provide assessment and rehabilitation for children, young people and adults.

Chapter 7
How well are current services (across the four tiers) delivering these outcomes?

Current arrangements for understanding the impact of services

Commissioning and Service provision have moved to an increasingly outcome focused way of working and systems and processes are being developed to support this. Some of our contracts are outcome focused and performance is measured against the delivery of outcomes (particularly in Supporting People). The new Supported Living Framework sets out clear expectations of an outcome focused, co-productive approach and performance will be measured against outcomes at an individual and strategic level. However, this is not currently routine it is therefore difficult currently to be certain about how well current services are delivering outcomes when outcomes are neither expressly specified nor measured across the piece.

What do people think about services?

We asked family carers, providers and commissioners tell us how well current arrangements are delivering outcomes. This is what they told us:

Staffing

- Some 'Excellent' staff, **however**
- Staffing shortages
- No cover for specialist social care workers when sick or on holiday

Quality of Services

- Some 'Excellent' services and staff
- User led organisations like SAIL
- Continual improvement
- Some good projects
- Respite in Ty Cila
- Alternative therapies for people with progressive conditions
- Sight loss rehabilitation services at Swansea Vale – support independence and gave information
- Rehabilitation services for people with physical disability, **however**
- Lack of joined up services
- Poor access to services
- Lack of choice
- No Welfare Rights service in Swansea (Deaf Community)
- Direct payments are difficult to understand and take a long time to set up

- No provision for people with progressive life limiting conditions (Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Huntington's etc.)
- Alternative therapies service cut for people with progressive conditions
- Lack of respite for carers
- Respite provided isn't flexible
- Transport – lack of access to
- Difficult to manage services with different client groups – competing needs

Approaches

- Some co-productive approaches

Information

- Lack of accessible information which is not available in one place
- Not enough information about direct payments given by social workers

Communication/information

- Lack of communication
- Social services not informing people when worker is off sick
- No British Sign Language clips on council website
- Deaf people being told to phone
- People using Jargon
- Crisis situations could be prevented by better communication
- Never hearing back or getting regular updates after meetings
- Train people to communicate with people with sensory loss
- Explore the wider use of new and emerging technologies to improve communication
-

Process

- Lack of opportunity to shape and influence
- Process is slow and too complicated– e.g. referral process
- People not knowing where they are in the process of accessing services
- Lack of transition planning
- No discharge package from hospital
- Lack of planning – e.g. people with progressive conditions
- Lack of timely intervention
- People not seen in context of family unit. 'Come and look at all our needs and provide a flexible response to the family'
- Poor assessment process
- No ongoing social work support (and not knowing family)
- Not seeing people holistically – may have both physical disability and mental health for e.g.
- No direct referrals (for preventative services like Swansea Vale)

Access

- In emergency people don't know where to turn (Deaf Community)
- Lifeline phone service not accessible for Deaf people
- Poor British Sign Language interpretation (Deaf Community).

- Information only provided in written English (Deaf Community)
- Domiciliary care staff not being able to communicate via British Sign Language
- Given forms by reception staff and cannot read English (Deaf Community)
- People not understanding that English is second language (Deaf Community)
- Do more to ensure the design of all public services meets the needs of people with visual/sensory impairment
- Use specialist organisations such as the Royal National Institute for the Blind to help design good, accessible public services
- Do more to ensure public transport system is adapted appropriately for people with visual/sensory impairment
- Continue to promote the role of support workers in helping people to access services

Resources/Funding

- Lack of finances
- Time limited funding means short term services/projects
- Not enough capacity in RAISE (3rd sector Welfare Rights service)
- No independent advocacy for people with physical and sensory loss
- No befriending service
- No counselling support post trauma
- Current post trauma model is limited and doesn't meet everyone's needs
- Lack of access to physiotherapy, Occupational Therapy and speech and language
- Third sector signposting but no support for carers
- Low pay scale for Direct Payment Personal Assistants

Issues for Commissioning:

Our systems for measuring the impact of services need to be developed to focus increasingly on the measure measurement of outcomes and the action plan for this strategy needs to address the issues raised by individuals in relation to their perception of the current performance of services.

Co-productive approaches which support citizen involvement in service design, delivery and review will be built so services can more responsive to the needs of physically disabled people and people with sensory impairment/loss.

Chapter 8
What do we spend?

What do we spend on services for physically disabled people and people with a sensory loss/impairment?

The budgets for physical disability and sensory loss/impairment services sit within the Integrated Services, Mental Health and Learning Disability and service provision budgets. It is difficult to disaggregate the budgets that sit within integrated services to identify the element spent on physically disabled people and people with a sensory loss/impairment.

Assessment and professional support

Sensory Services Team - £160,700
Integrated Teams - £9,292,800
Intake Support - £340,700

Internal Service Provision

Swansea Vale Resource Centre - £575,400
Ty Cila - £786,900
Social Centres - £7,800
Home Care – the budgets are not disaggregated

External Provision:

Supported Living

£513,599 across 3 external providers (some of this sits within Mental Health/Learning Disability budget and some with the Integrated Teams)

Residential/Nursing Care

£757,119 across external providers (20 individuals, some high cost placements)

Domiciliary Care

£933,200

Information, Advice and Assistance for People with Visual Impairment
£34,000 - Cardiff Institute for the Blind

Direct Payments:

Independent Living Service Team - £177,829
Actual Packages:
Day Care - £21,288
Domiciliary Care - £827,356
Short Term - £21,641

Aids/equipment

Community Alarms - £3,700
Community Equipment Pooled Fund- £548,700
Call monitoring system - £77,000
Aids and Adaptations (Disabled) - £52,500

Issues for commissioning from spend information:

- Identifying who is the lead commissioner for physical disability and sensory loss/impairment provision
- Support a co-productive approach to commissioning and service delivery and monitoring and review
- Direct, track and monitor spend from a population perspective

Chapter 9
What needs to change to deliver these outcomes?

People told us the following needed to happen:

Re-shape services

- Opportunity to shape and influence
- Lifeline – good if had icons for emergency services (Deaf Community)
- New service in place of sign translate which could be done co-productively
- Specialist Deaf social worker (British Sign Language level 3) – could contact via face time and sort out problems efficiently
- More flexible respite
- Sitting service for carers
- Specialist input for progressive conditions

Open up the Process

- People using services being part of recruitment
- Planning of services
- Make the most of people's abilities whilst someone is well
- Mystery shopper to test quality

Improve Access

- Deaf access worker
- Deaf people using face time or skype to talk to each other – could also be used to access services
- Direct text numbers for services (Deaf Community)
- Face to face access (Deaf Community)
- Domiciliary care staff qualified to use British Sign Language specific to role (Deaf Community)

Improve Communication

- Deaf people prefer email
- Holding surgeries at Deaf Centre
- Staff having Deaf Awareness training – made compulsory
- Visual prompt for staff about working with Deaf people around deaf awareness
- Better links to other agencies

Work together better

- More joint working with health
- Use Disability Groups and Deaf Centre to co-produce services

We also asked people 'what supports do physically disabled people and people with sensory loss/impairment need to live a good life?'

This is what they told us:

- Meeting up with similar people to share experiences
- Support to remain independence or rebuild independence
- Good communication
- Reasonable adjustments to be made
- Good, accessible information
- Right level of support to meet individual needs and carers needs
- Improving access to universal services
- Next steps support to help people move on from services
- Specialist Deaf social worker (BSL level 3) – could contact via face time and sort out problems efficiently.
- Staff who have Deaf Awareness training - compulsory staff training.
- Visual prompts for staff about working with Deaf people
- Welfare Rights support
- Timely support
- Timely, efficient (and if needed direct) referral process
- Advocacy
- Flexible responses to need
- New and different relationships with professionals

We asked people 'what are your top three priorities'?

This is what they told us:

- Access to services / support (information, physical, communication and timely/ responsive).
- Specialist services (advocacy, befriending, welfare rights, progressive conditions, health services, early intervention / prevention).
- Co-production (involving people in all aspects of: their lives, services, commissioning, recruitment, and training. Creating social enterprises and user led services).

We asked people what models they want to look at.

This is what they told us:

- DIAL in Dartford – as a one stop shop for information
- Dial a Ride schemes
- Scotland in terms of user led services
- Independent Living Centres
- Guide Dogs service in North Wales working with children ('Movement Matters')
- Bridgend has information available in British Sign Language
- Gloucestershire – people with Huntington's
- Paul Williams- equality officer in Bridgend (Deaf Community)
- Residential care settings for Deaf people in Carmarthenshire
- Sheffield as a good county in terms of using continuing healthcare monies more effective Star centre in Cheltenham

- RNIB college in Hereford
- Carmarthen – early intervention scheme.

What are the Commissioning challenges?

Meeting increasing levels of need

The data tells us that we will have to meet the needs of more people with a wider range of issues including people with sensory impairment alongside other long term, complex conditions, who will require higher levels of support. In particular, older people with dementia and Black Minority Ethnic communities which may require a different access to service arrangement.

Delivering a new model of support to deliver services which support people to do more of what matters to them

The Social Services and Wellbeing (Wales) Act 2014 has prompted the development of a new model of support for people with care and support needs. We expect to see a shift in the way people are supported away from traditional, formal services to more community based, preventative and user led options. Our commissioning arrangements will adopt more co- productive ways of working and will be directed by the outcomes that have been co-produced locally.

Managing reducing resources

The financial resources we have available are reducing year on year and will continue to do so. We can deliver better outcomes and achieve savings by making better use of universal services and by promoting and supporting access to them rather than bringing people into formal service systems unnecessarily.

Making better use of the resources we currently spend will be addressed through co-productive approaches to re-modelling services and approaches. An example of this is the work that has already begun to re-model our approach to Supported Living in Swansea.

Shifting resources

8.5.4 We will manage a shift of resources away from tiers 3 and 4 towards tiers 1 and 2 of 5% over the next three years in Adult Services.

Western Bay

- Access to better range of information, advice and assistance in their care and support, such as direct payments and assistive technology, as well as support to carers, and that communication aids such as hearing loops are available at all main public access points including GP surgeries and hospitals.
- Creating communities that are inclusive and accessible to people with sensory impairment. Promoting professional and public awareness of the need for better lighting.
- Future commissioning intentions are developed through coproduction and engagement, and then made clear in that Western Bay publishes a ‘sensory plan’ aimed at improving health and well-being outcomes for local population. This should include a public health campaign, wellbeing interventions and preventative approaches to sensory impairment.

- Persons with disabilities may be more vulnerable to secondary and age related conditions and premature death
- There is a gap in information held about physically disabled people. This needs to change to help people access relevant services
- Future planned housing should be built to Lifetime Homes Standards to support healthy aging and promote independence
- Organise health care through primary and community care services rather than just around hospitals
- It is important that people with sensory impairment can access the care and support they need to enhance their well-being and to live independently.
- More work is required on prevention – stopping people losing their sight or hearing and preventing falls and emergency admissions in older population with sight problems
- The need to tackle the social isolation of people with sensory impairment by focusing on three clear priorities:
- Access to better range of information, advice and assistance in their care and support, such as direct payments and assistive technology, as well as support to carers, and that communication aids such as hearing loops are available at all main public access points including GP surgeries and hospitals.
- Creating communities that are inclusive and accessible to people with sensory impairment. Promoting professional and public awareness of the need for better lighting.