**Consultation Copy**

# Wiltshire's Physical Impairment Strategy 2009 – 2014

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(April 2009)**

## 1.0 Introduction

This joint commissioning strategy offers a vision together with series of recommendations for achieving the life outcomes desired by people with physical impairments in Wiltshire. It is based on solid evidence and the current views of service users and carers 'Service Users Views' a series of consultation events carried out by Geraldine Bentley in 2008 (Appendix 1), and is intended to be a working document that should be re-visited annually, and updated in consultation with all stakeholders. In this way future strategies and the commissioning of services will be relevant and informed by the changing needs of people with physical impairments.

In many respects the strategy represents a new departure in devising a strategic commissioning framework. It has been developed from the onset in partnership with health, social care, carers and disabled people. It is framed within the government's personsalisation agenda for health and social care, and unlike traditional strategies, with an emphasis on specifying what services will be contracted, the intention has been to establish the principles, outcomes, objectives and a series of proposals that will underpin an outcome-based approach to commissioning. This, in turn, will provide the flexibility and real choice held out to disabled people by Individual/Personal Budgets and the personalisation of health and social care. It will increase choice, independence and the quality of life of disabled people.

This document takes into account recent national and local policy developments, and reflects the consultation carried out with service users, carers, service providers and Wiltshire County Council staff between March and April 2008. Following consultation the final strategy will include more detailed action plans based on the feedback we receive.

This strategy has been developed for people with physical impairment between the ages of 18 and 64 years. It acknowledges that people beyond this age also have physical impairment and many of the needs of this service user group will continue into old age, for these reasons it will have close links to the Older Peoples Strategy and the Carers Strategy, as most community care services are generic and apply across the age spectrum. It has been developed using the social model of disability.

## 1.1 Aim
This strategy has been developed in order to ensure that we are moving towards the principle that people with a physical impairment can say "I have the same life chances as other people".

## 1.2 Definition of People with Physical Impairment
The Disability Discrimination Act 1995 defines a disabled person as 'a person who must have (or have had) a disability or impairment which has lasted or is expected to last, at least a year, and that substantially limits their ability to carry out day-to-day activities'.

## 1.3 The Social Model of Disability
The social model of disability is the overriding model used in this document; it acknowledges that it is society that places barriers in the way of disabled people

through prejudice, discrimination in access to services, employment, social life experiences and disabling processes which prevent equal participation in society.

## 2.0 National Context
The commissioning strategy has been formulated within the context of the government's policies about transforming health and social care. The main thrust from these documents is that health and social care services need to work together to deliver a seamless service and in doing this the primary aim must be to move towards fitting services round people not people round services.

## Our health, our care, our say 2006
Focuses on reforming health and social care to give people high quality support to meet their needs. The White Paper outlines the Governments aspirations' for flexible and responsive services which promote individual's control and independence. With a greater emphasis on prevention and the move to fitting services round people not people round services.

## Independence, Well-being and Choice 2005
Recognised the role all citizens had in making a positive contribution to society. It highlighted the rights of all individuals to control their own lives and included proposals for extending the scope of direct payments and the introduction of Individualised or Personal Budgets.

## Improving the Life Chances of Disabled People 2005
This document set out an ambitious vision for improving the life chances of disabled people. 'By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society'..

## Putting People First 2007
Recognises that as society changes a new adult care system will have to be developed which meets the individual needs of people and carers. 'Putting People First' addresses all adult services.

## Independent Living 2008
Sets out a vision and outcomes framework for an independent living strategy which;
- Offers disabled people the same choice, control and freedom as every other citizen
- Ensures support is based on individuals own choices and aspirations
- Offers greater access to housing, transport, health employment and leisure opportunities
- Promotes participation in family and community life

## 3.0 The Wiltshire Context
Wiltshire is a predominantly rural county in the South West of England. In 2007 it had a population of approximately 452,600. There are populations in excess of 10,000 in the following urban centres, Wootton Bassett, Chippenham, Calne, Devizes, Melksham, Trowbridge, Westbury, Warminster and Salisbury.

**Table 5 Demographic data and total numbers of people in Wiltshire with physical impairment receiving a service from DCS**

| Area | Males | Females | 18 - 64 | 65+ |
|---|---|---|---|---|
| North Wilts | 91 | 144 | 235 | 1,119 |
| South Wilts | 130 | 146 | 276 | 1,326 |
| West Wilts | 62 | 114 | 176 | 1,052 |
| Kennet | 63 | 64 | 127 | 704 |
| **Total** | **346** | **468** | **814** | **4,201** |

**(Please refer to appendix 2 for a more detailed breakdown)**

In line with the national broad priority areas [1] Wiltshire is committed to providing services which:

- Promote the health and well-being of the population; so that people stay out of the care system wherever appropriate
- Supports health by promoting better self-care and treatment in a community setting or in people's homes
- Ensures people have fair and prompt access to care, to the point where waiting should no longer be an issue for the majority of service users
- Promotes the user experience and promotes maximum information and choice, as well as a positive experience so that service provision is more consumer focused

CSIP's [2] experience of working in partnership with disabled people identifies the following values as essential to commissioning services with and for disabled people:

- Services centred on the social model of disability
- Fast response with flexible options recognising the needs of individuals and families
- Empowerment for choice and control, making decisions, taking risks and harnessing opportunities that non-disabled people take for granted
- Disabled people enabled to be as independent as they wish; to live at home and access affordable transport, education, leisure and employment/meaningful activity
- Disabled people, families and their carers are fully involved throughout the commissioning cycle and in developing services that are enabling and empowering
- Personalised health and social care services which reflect 'best value'
- Evidence base across health, housing and social care to inform a commissioning strategy, and,
- A skilled and trained workforce

**4.0 Drivers for Change**

In Wiltshire there are many drivers for change these focus on the guidance and good practice required in order to develop modernised and appropriate services. Some of these are outlined below, they set targets which change the face of services and give service users, carers and communities the chance to change and challenge the way things are done.

## 4.1 Local Agreement for Wiltshire

This Joint Commissioning Strategy has to be aware of and connect with the Local Agreement for Wiltshire (LAW). This agreement forms a new framework for the relationship between central and local government. From June 2008, the LAW will be used to monitor the performance of local authorities and the things they provide alone or with partners. The LAW will focus on up to 35 targets selected from a set of 198 National Indicators. The new arrangements are based on a stronger role for local authorities to lead their communities, shape their areas and, with other local service providers, to innovate and respond to local needs.

## 4.2 Community Area Boards

These Boards are being set up across Wiltshire's Community Areas to ensure that there is local democratic accountability and to ensure that public service providers are held accountable for the services they provide. Sitting on each Board will be Wiltshire Councillors, Wiltshire Health Service, the Police and other main service providers. Each Board will have its own Community Area Partnership which will be responsible for producing a Community Area Plan based upon consultation with local people. There will also be a State of the Area Debate in which local issues are raised and priorities identified. This research and information will form an important part of the work of the Community Area Board who will listen to people's issues and set priorities for the area. Service providers will use this information to set their strategies and plans for their work and this in turn will be monitored by the Community Area Boards and Partnerships.

## 4.3 Joint Strategic Needs Assessment (JSNA)

The objectives of the JSNA are to provide a top level, and rounded view of need within Wiltshire communities. The JSNA builds on and progresses the objectives of the White Paper, Our Health, Our Care, Our Say (2006) which outlined the need to promote:
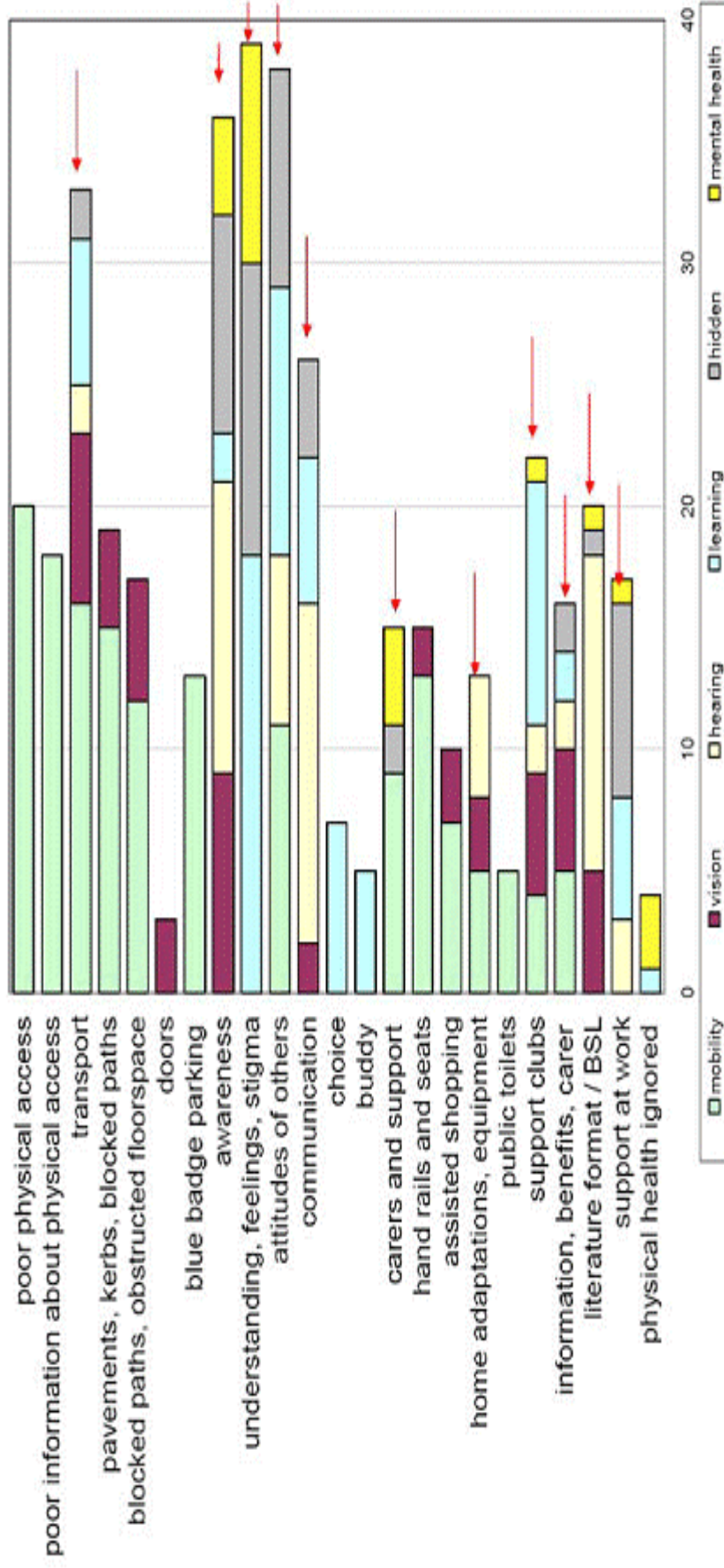
- Better health prevention and early intervention for improved health, independence and wellbeing
- More choice and stronger voice for individuals and communities
- Tackling inequalities and access to services
- More support for people with long term conditions

The JSNA sets priorities against the need to provide services across health and social care that are relevant and important to Wiltshire's population. Nationally statistics about disabled people have been poorly collected and recorded; this has now been recognised by Government. Many of the statistics about disabled people in Wiltshire are based on estimates. Documents like the JSNA should have an impact on the way data is collected and the value it is given in developing services relevant to people.

The chart on page 6 illustrates some of the common issues and barriers identified by disabled people in Wiltshire.

**JOINT STRATEGIC NEEDS ASSESSMENT**

**Common Barriers and Issues**



Categories (y-axis): poor physical access, poor information about physical access, transport, pavements, kerbs, blocked paths, blocked paths, obstructed floorspace, doors, blue badge parking, awareness, understanding, feelings, stigma, attitudes of others, communication, choice, buddy, carers and support, hand rails and seats, assisted shopping, home adaptations, equipment, public toilets, support clubs, information, benefits, carer, literature format / BSL, support at work, physical health ignored

Legend: mobility, vision, hearing, learning, hidden, mental health

## 4.4 LINk Schemes

Another forum for looking at the performance of our commissioning strategy will be the Local Involvement Network (LINk), which will replace the Patient and Public Involvement (PPI) Forums. Made up of members of the public, local user groups and representatives from voluntary and community organisations, the LINk will ensure that the views of patients and members of the public are taken into account so that services improve.

## 4.5 Adult Health and Social Care Framework

This framework is being developed by DCS and Wiltshire NHS and will make the decisions on the commissioning priorities for DCS and the Wiltshire NHS. The board is made up of people from DCS and Wiltshire NHS and will take into account the priorities identified by service users and carers.

## 5.0 Values and Principles

To help realise the life outcomes wanted by disabled people, this commissioning strategy will conform to and be tested against the following principles:

- Social model of disability
- Promotion of independent living
- Transparency, discussions and decisions are open to all
- Accessibility, to alternative formats and the use of plain language
- Outcome-based approach which focuses not on activities, but on results people want for themselves
- Recognises the importance of commissioning safe services in line with the *No Secrets* guidance [3] (DH/Home Office 2000) and the *Policy and Procedures for Safeguarding Vulnerable Adults in Swindon and Wiltshire* [4] (2006)

The strategy will also use the outcomes from Our Health, Our Care, Our Say to drive forward an outcome based agenda that will:

- Improve health and emotional well being
- Improve quality of life
- Enable individuals to make a positive contribution
- Increase individuals choice and control over the services they receive
- Ensure individuals are free from discrimination
- Increase economic well being
- Allow individuals to maintain personal dignity and be treated with respect

This strategy also has a role at several levels including the opportunity:

- To influence by informing local policy and planning to promote independence and well-being
- To develop community support and services to enable disabled people to achieve their potential
- To enable individuals and their carers to get the help they need, when they need it and how they want it
- To affect by working in partnership other areas of work e.g. transport and housing to promote inclusion

## 6.0 Objectives

The principles listed above sit within the following key, linked objectives of our commissioning strategy.

- The first objective is that the strategy must advance the personalisation agenda. In doing this the major focus will be on creating the structural changes in the policies and practices

of statutory organisations that will allow individuals, as budget holders, to empower themselves.

- An important part of bringing this about will be to transform institutional and stakeholder assumptions about the way health and social care are to be delivered. Included in this will be easy access to relevant information and advocacy

- To facilitate this transformation it will be necessary to find ways to create a more flexible market response to the demands of a new group of consumers, who will, like the providers, need to be made aware of how the new system operates and their more pro-active role within it.

## 7.0 Getting the help and support you need when you need it

Access to information is an essential key to participation and inclusion. Disabled people need access to all information in accessible formats to provide a basis for the informed choices they need to make in every day life.

The following five core information principles have been developed from the Office for Disability Issues, (February 2007) project 'Improving Information for Disabled People' [5] They are essential to underpinning good service and information design and delivery.

1. Ensure that disabled people are involved from the start
2. Provide information through a range of channels and formats
3. Ensure information meets users' needs
4. Clearly signpost other services
5. Always define responsibility for information provision

There should be universal information, advice, support and advocacy services available for all people needing support irrespective of their eligibility for public funding i.e. to include those who self-fund and all carers.

## 7.1 Working in Partnership

The aim of this strategy is to identify the actions Wiltshire Council and Wiltshire NHS can take to plan and commission services with appropriate partners, ensuring that services are integrated and complementary, and enable us to make the best use of resources and provide the best experience we can for people who use our services and the people who care for them. In order to do this Wiltshire Council and Wiltshire NHS will:

> Develop an options appraisal to look at how we can develop an integrated team which specialises in the development and provision of services for people with physical impairment.

## 7.2 Citizenship and Inclusion

This strategy recognises that all individuals are citizens first and foremost, regardless of disability, race, age, gender, sexual orientation or ethnic group. As citizens there should be no barriers to their inclusion in society and their personal contribution to their community.

> Work with other areas of the council to ensure that the rights physically people have as citizens first is central to everything they do.

## 7.2 Individual Budgets and Direct Payments

Involves a resource allocation system that identifies how much money a person is entitled to for their care, leaving the individual in charge of spending it to meet their own needs. It recognises that people are experts in their own needs. Self directed support focuses on what people want to achieve rather than simply finding out about their needs. In order to do this Wiltshire Council will:

Ensure that everyone coming to social care for services for the first time is offered and supported to develop an individual budget to meet their needs.

Offer each person an individual budget and the support needed to manage it at their annual review

## 7.3 Advocacy and Peer Support

The term advocacy can be used to describe a range of advocacy services including self advocacy, peer advocacy and group advocacy.

Advocacy services enable individuals to identify, quantify and present their needs and concerns to others, particularly services providers and practitioners in ways that are positive, representative, accessible and appropriate.

Developing and using advocacy services enables disabled people to gain skills in participation, presentation, involvement, negotiation and in time gain the confidence to address their own issues. Advocacy also familiarises statutory service providers with the direct representation needs of disabled people.

In order to ensure that everyone with a physical impairment is able to access advocacy and/or peer support, Wiltshire Council and Wiltshire NHS will:

Work with the third and voluntary sector to develop advocacy services, as well as working with service user groups to develop peer advocacy through training and support to people with a physical impairment

## 7.4 Transitions

Better planning and communications of need is required across service areas and between social care services and Wiltshire NHS in order to achieve the aim of providing seamless person centred care. The importance of designing policies around the needs and priorities of young disabled people in the transition into adulthood is a critical factor in getting the right services for that young person as they move into adult services.

Systems for gathering information should include what is important to young people themselves such as being able to go out with their friends and access to technology and communication equipment for those who need it.  Transitions are not just about the move from childhood to adulthood, but also covers areas of people's lives for example gaining employment, relationship breakdowns or bereavement. In order to develop a smooth transition at any stage in a persons live, the partners in this strategy will:

Continue to develop the new system of working with the Department of Children and Education to ensure that young people who may need adult services are identified at the year 9 (age 14) annual review of their special educational needs, and that at this review the people who has responsibility for their guardianship are give information about the services available to these young people once they finish their education.

Wiltshire Council will also work with specialist organisations for example: Job Centre Plus, Relate and Cruise amongst others to highlight the need people with physical impairment may have at other times in their life.

## 7.5 Involvement

People who use services should run and control their own involvement groups.

A Wiltshire wide service user group will be set up to address future issues relevant to physical disabilities. This group may want to develop working groups which specifically monitor the performance of commissioned services. This group will be involved early on in policy and service development, and have a key role in the change and modernisation agenda. This group will have direct links to the Joint Commissioning Boards. In order to make this happen:

> Wiltshire Council and Wiltshire NHS will set up a jointly run group for the participation of people with physical impairments, the group will meet on a quarterly basis but will also be informed by the views of people who are unable to attend meetings, through surveys, a service user web forum and informal meetings held at residential placements or day centres.

## 7.6 Employment, Income and Benefits

Recent national policy identifies the interdependence between work, health, and well being in establishing effective commissioning. Commissioners are tasked with encouraging service providers to recruit locally and provide structured opportunities for individuals who have experienced long-term illness or disability to gain or return to work.

The barriers faced by disabled people in training and employment are substantial. Employers need to be made aware of the benefits and support available in employing people with a physical impairment e.g. Access to Work. This strategy has a role to play in encouraging employers to recognize the important role disabled people have to play in the work force.

In 'Service Users Views' (appendix 1):

90% of people thought that services should be commissioned which enable useful employment and occupation.

To enable people with a physical impairment to have the same life chances as other citizens, Wiltshire Council and Wiltshire NHS will:

> Work with Job Centre Plus and their Disability Employment Advisor's to highlight to potential employers the benefits of employing someone with a physical impairment.
>
> Promote these benefits internally to our own organisations.
>
> Ensure that people, who are unable because of their physical impairment to access mainstream employment, are able to access supported employment.

## 7.7 Transport

Transport has been indentified as one of the major barriers for disabled people in accessing many services including employment, education, social and leisure opportunities. Lack of transport can seriously constrain people's lives, particularly in rural areas.

There is a need for a mix of public, private and community transport services to meet the needs of disabled people so as to provide a maximum range of choice and service.

Wiltshire Council and Wiltshire NHS will review the availability and quality of community transport services and carry out a feasibility of developing a community transport scheme, which enables people with physical impairment to travel more easily to access, employment and leisure activities.

Wiltshire Council will use its influence to ensure that commercial transport companies take into consideration the needs of people with a physical impairment when developing bus and train routes and accessible vehicles.

## 7.8 Where you live

Housing is increasingly recognised as the key to ensuring disabled people can live active lives and remain independent.

The recent national housing strategy, Lifetime Homes, Lifetime Neighbourhoods (February 2007) outlined the interdependence between health, social care and housing in ensuring the wellbeing of people and identified the need for an integrated approach to housing needs. The document also identified the need for:

- Investment in new housing – both social housing and shared ownership.
- A single advice and information point about housing and a commitment to strengthen local housing information services.
- Investment in Home Improvement Agencies and handyperson schemes and development of a more strategic role for these agencies.
- Increased funding to Disabled Facilities Grant (DFG) and new DFG thresholds and criteria.
- Adoption of a target for new homes built to Lifetime Home Standards by 2011 (public housing) and 2013 for all new housing, and encouragement of good design.

As housing responsibility changes in April 2009, under Wiltshire's unitary authority status, more opportunities will become available to ensure that the housing needs of people with a physical impairment are recognised and acted upon.

In Wiltshire we have too much residential and nursing home care both in and out of the county for people with physical impairment, this needs to change so that people can have choices about where they live and in what kind of accommodation. In order for this to happen we need to:

Work with our housing partners to increase the numbers and availability of appropriate housing and housing related support, including extra care housing for people with physical impairment.

Review the reasons why and the appropriateness of residential and nursing home placements to ensure that people are not in these placements because of limited choice in their communities

## 7.9 Carers

Wiltshire has a Carers' Policy and Strategy which has been written, adopted and is monitored by the Department of Community Services, Wiltshire NHS, Avon and Wiltshire Mental Health Partnership, Carers Support Organisation and Carers. This has been written against a backdrop of increasing legislation in recognition of the contribution made by carers, and the requirements of statutory agencies to recognise the role carers' play and to support them.

The Carers' Policy and Strategy is based on the following principles which are also recognised by this strategy:

- Carers are partners in service provision
- The care carers give constitutes financial savings to the statutory services
- Investing in better support for carers will result in better care and choices for the cared for person
- Most carers do not recognise themselves as carers. They are not always recognised by the statutory agencies and therefore may not have access to necessary support

In relation to people with Physical Impairments, carers tell us that one of the most important things they need to continue in their caring role is specialist respite care. In 'Service Users Views' (appendix 1):

94% of carers identifying ongoing problems with access to appropriate and adequate respite care. In order to make sure carers have better access to respite care, Wiltshire Council and Wiltshire NHS will:

> Develop jointly plans to implement and improve the availability and quality of short breaks for carers.

To ensure that the views of carers are central to our work we need to:

> Help carers groups to set up specific groups for the carers of people with physical impairments along the lines of the North Wiltshire group, so that we can meet regularly with them to talk about the things that are of concern to them in their caring role and the people they care for.

**References:**

**1.** National Standards, Local Action. Health and Social care Standards and Planning Framework DH 2005/06-2007/08

**2.** CSIP, Action Planning Workbook, for the strategic commissioning of services for people with a physical and /or sensory impairment 2008.

**3.** "No Secrets". DH/Home Office 2000

**4.** Policy and Procedure for Safeguarding Vulnerable Adults in Swindon and Wiltshire, 2006

**5.** Office for Disability Issues, 'Improving Information for Disabled People' February 2007

**APPENDIX ONE**

# Wiltshire's Physical Impairment Strategy 2009 - 2014

## Service Users views

### *Background to survey*

We would normally undertake our own consultation process for service users, carers and members of the public when carrying out a commissioning strategy such as this, to ensure people with physical disability and sensory impairment have a say in how their services are shaped for the future. However, a survey had already been carried out[1] on behalf of Wiltshire County Council in April 2008, with responses from 72 people with a physical disability or sensory impairment. The questionnaire asked people to agree or disagree with 17 statements about the commissioning of future services.

### *Sample /Respondents*

It is not clear from the information received what size the sample group was, or the breakdown of respondents such as age, gender, residence, ethnic origin etc. as these have not been recorded. It is therefore, difficult to gauge what the response rate was, or the full meaning behind some of the responses, as depending on people's circumstances they may have very different views e.g. if someone was living in a residential home and had not heard about alternatives, it might be difficult to give a view about this.

**Q2  There is a need to commission a range of services that will lead to useful occupation and employment.**
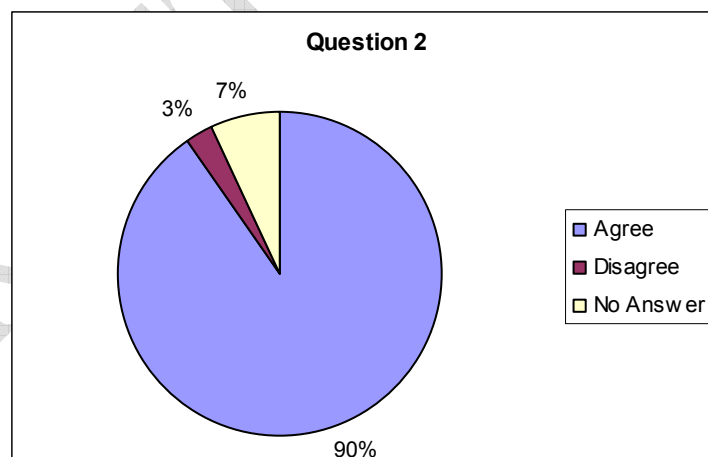


> 90% of people think that services should be commissioned which enable useful employment and occupation – this may not be a function of Wilts County Council Department for Community Services, and liaison needs to take place with the Department of Work and Pensions re employment opportunities for people with physical disabilities and sensory impairment.

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[1] Survey carried out by Geraldine Bentley as part of PI strategy in April 08

**Q3  There should be specialist home care services to meet the needs of people to enable them to continue to live in their own home.**

**Question 3**

3%  4%

93%

- Agree
- Disagree
- No Answer
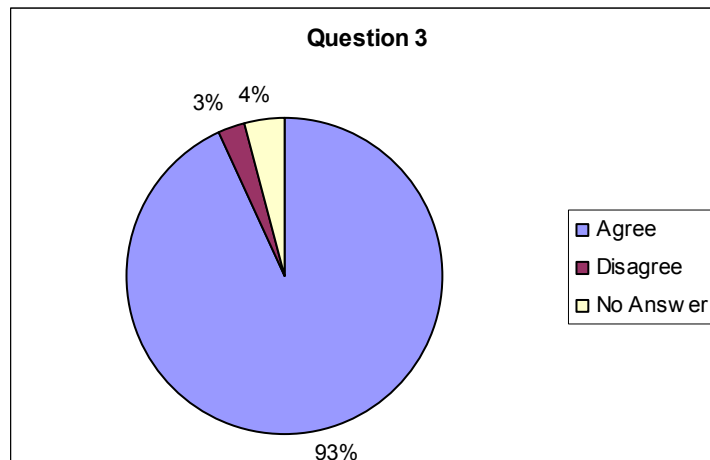
➢ Whilst 93% of people think there should be specialist home care services for people with physical disabilities there is a shortage of this facility – Leonard Cheshire provide this at Cobbett House in Warminster, but it is unclear as to whether there any other providers locally.

**Q4  There should be more accessible accommodation available to enable people to live in the community.**

**Question 4**

1%  7%

92%

- Agree
- Disagree
- No Answer
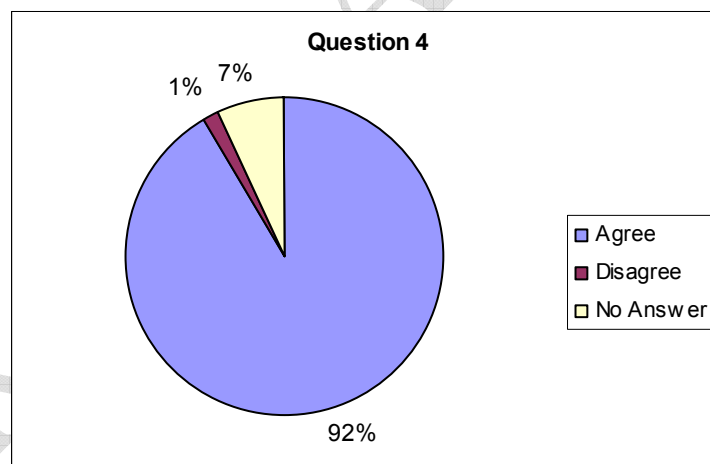
➢ 94% of respondents thought that there should be more accessible accommodation, which was also a view expressed by care management teams who identified this as a problem.

**Q5  There should be specialist respite provision for service users and carers.**

**Question 5**

0%  6%

94%

Agree
Disagree
No Answer
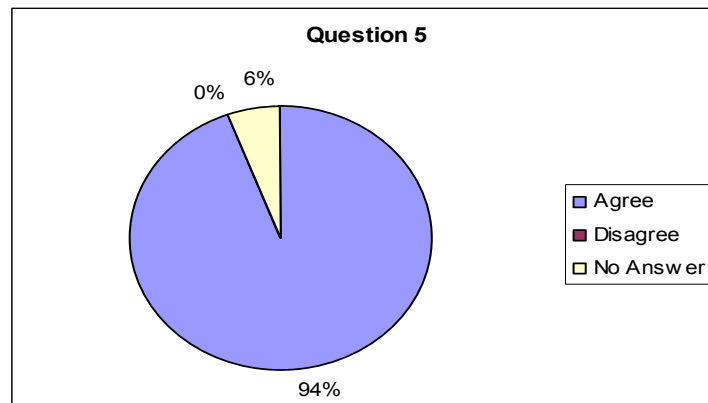
➢ 94% identified the need for more respite care, which is an ongoing problem frequently identified by carers in Wilts across all service user groups. However, one provider of a specialist nursing home said they often had beds vacant which had been block booked by Wilts PCT.

**Q6  There should be stimulating and interesting daytime opportunities that are community based.**

**Question 6**

11%

4%

85%

Agree
Disagree
No Answer
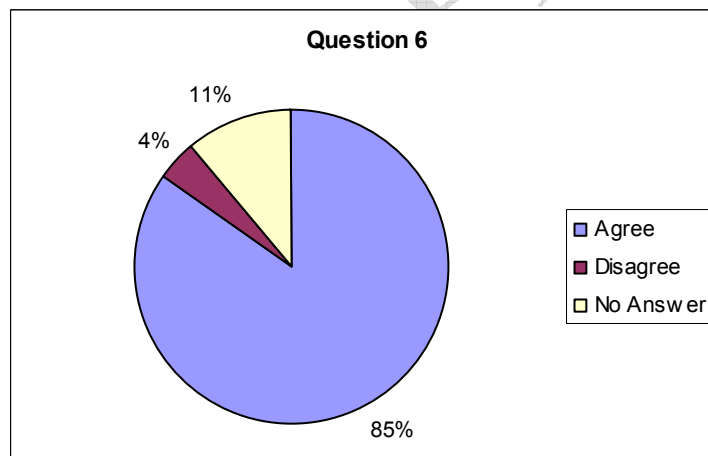
➢ Less people identified day opportunities as a need, although still a high percentage at 85%. This may be because more people identified the need more for occupation and employment rather than day opportunities, and the idea of day centres and day care services is perhaps now outdated.

**Q7.  There should be more accessible specialist transport services**



Question 7

- Agree
- Disagree
- No Answer

13%
3%
84%
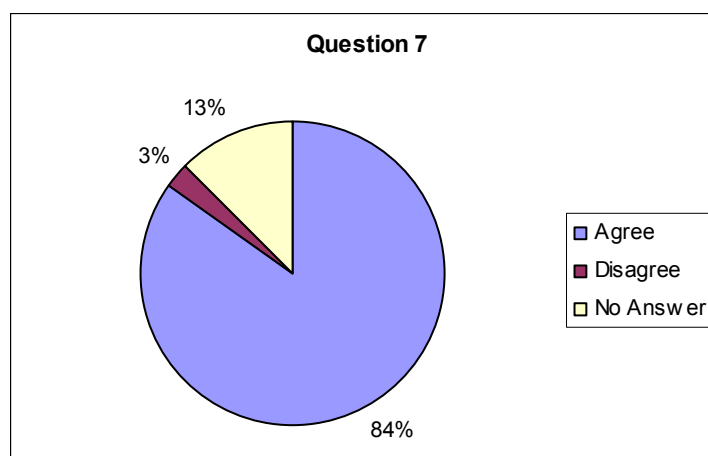
➢ 84% of respondents identified transport as a need which is still a high percentage and an ongoing issue in rural Wiltshire although not as a high a percentage as some of the other issues. Perhaps people have more access to their own transport, or ring and ride etc. The three establishments we visited provided support staff to take people either on public transport, or taxi, or minibus so this was less of an issue for this service user group.

**Q8  There should be a reduction in spending on long-term nursing / residential care so that funding can be used for community-based resources.**

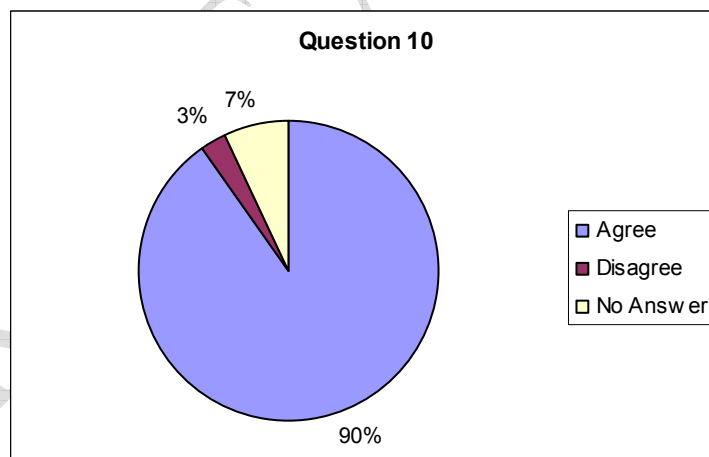

Question 8

- Agree
- Disagree
- No Answer

22%
36%
42%
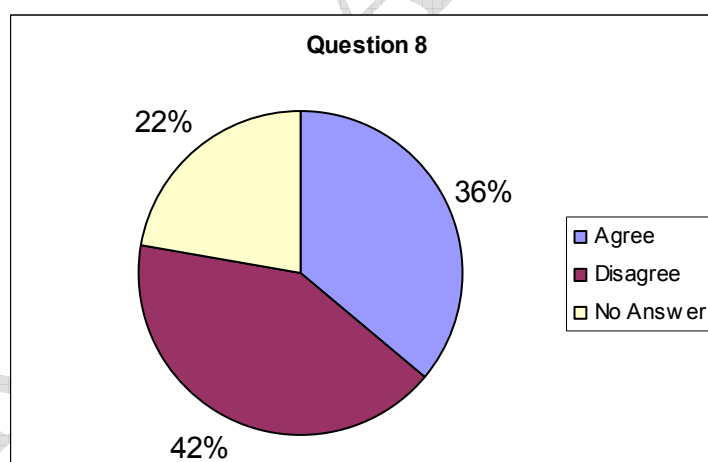
➢ Only 36% of respondents agreed that there should be a reduction in spending on long term residential care. This may be because people accept that there is a need for residential care without more community based resources or may want residential care in instead of community services? This is worthy of further investigation as there may be also be a need to change entrenched attitudes? See comments by Great House manager re people's perceptions and reluctance to move into supported living at Cobbett House, but now would not wish to go back to residential care.

**Q9  There should be an increase in the use of Direct Payments by service users to enable them to manage their own care package.**
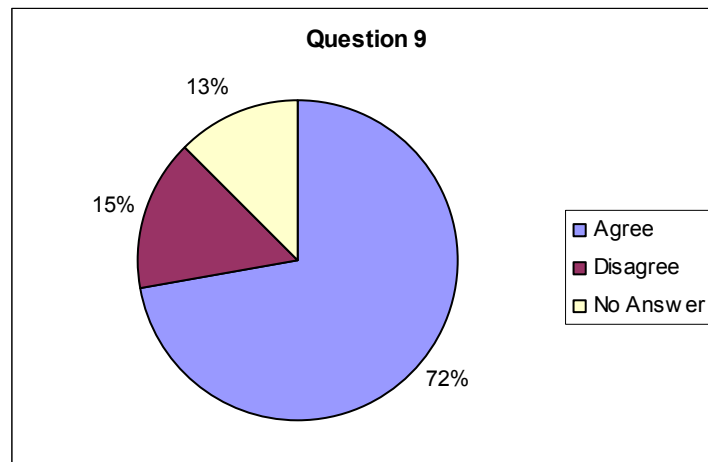


> There is certainly not a unanimous opinion that there should be more direct payments with 72% of respondents considering there should be an increase. Wiltshire has a high number of people currently using direct payments (149). With the introduction of individual budgets this suggests that perhaps not everyone will want to arrange their own service via direct payments.

**Q  10 There should be an increase in the level of appropriate support to enable people to live more independently in their own home.**



> This concurs with an earlier question about the need for more support for people to live independently with 99% of respondents thinking that this is a need.

**Q11 There should be adequate residential and nursing care provision solely within Wiltshire.**

**Question 11**

11%

15%

74%

- Agree
- Disagree
- No Answer
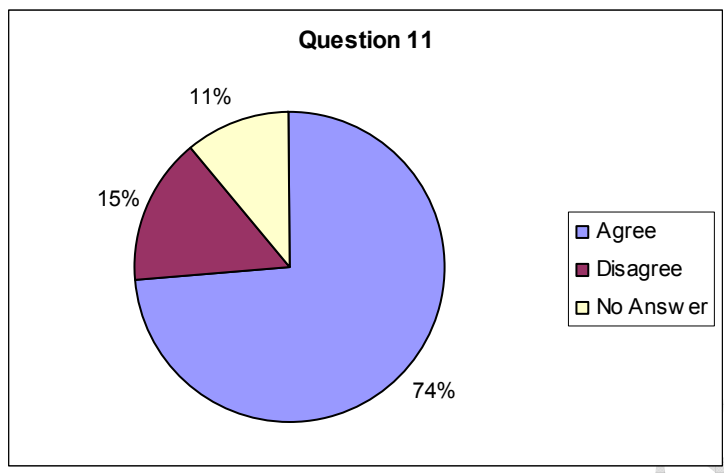
➢ 74% of respondents agreed that there should be more residential accommodation within Wiltshire rather than people having to move outside Wiltshire which currently happens. This may also be a reflection of an earlier point made about people's expectations and perceptions that residential care is the only option – if there was more awareness and availability of independent supported living accommodation then the response to this question may differ.

**Q12 There should be services available for disabled people from Black and Minority Ethnic communities delivered in a culturally sensitive way.**

**Question 12**

13%

24%

63%

- Agree
- Disagree
- No Answer
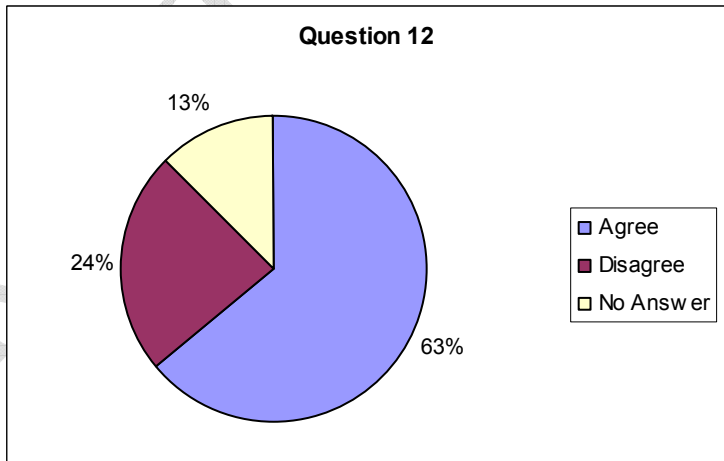
➢ Although a relatively low number of respondents agreed with this comment (63%) this is a difficult response to comment on as the majority of residents were likely to have been from white British ethnic origin so were not in a position to make a judgment about this – see demographic data section 2. 1. It may be worth carrying out some more consultation and engagement with people from the BME population.

**Q13  There should be more equipment available to enable people to live in their own homes.**

**Question 13**

8%
4%

[ ] Agree
[ ] Disagree
[ ] No Answer

88%
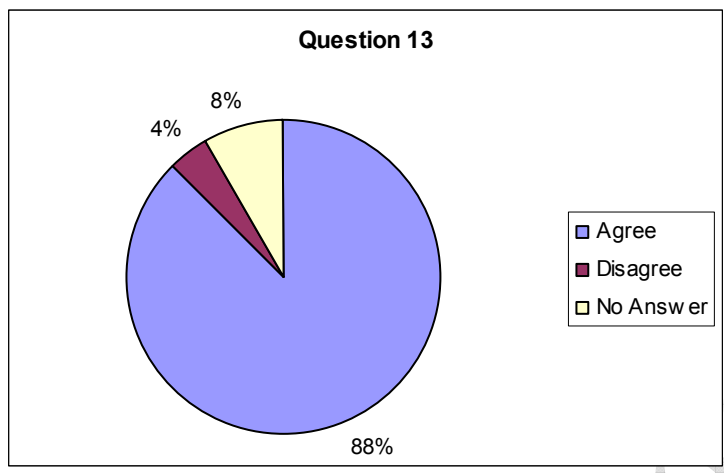
➢ 88% of respondents thought that there should be more equipment available. There is currently a joint equipment service in place across Wilts, and equipment should be relatively easy to access and free at the point of delivery. However there are a high number of respondents who think that more equipment should be available and an area to be targeted by commissioners.

**Q14.  There should be more effective partnership between health and social care services**

**Question 14**

10%
0%

[ ] Agree
[ ] Disagree
[ ] No Answer

90%
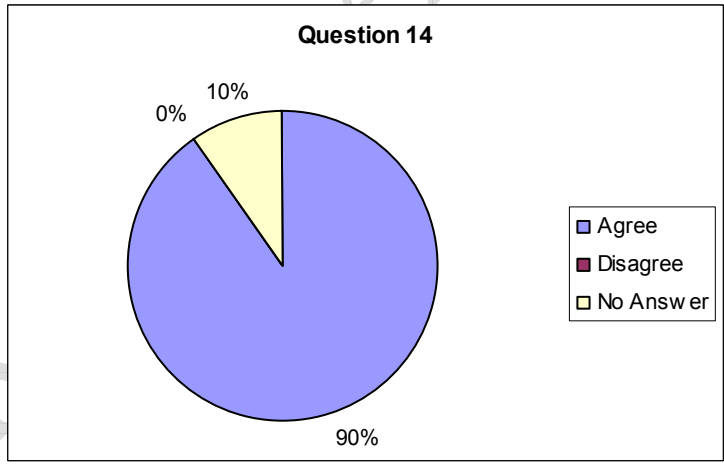
➢ A high percentage of respondents thought that health and social care should be working more closely together which suggests that a joint commissioning strategy may be useful.

**Q15 :There is a need to change the working pattern of social care professionals to allow the service user to have choice and control in his/her own life.**
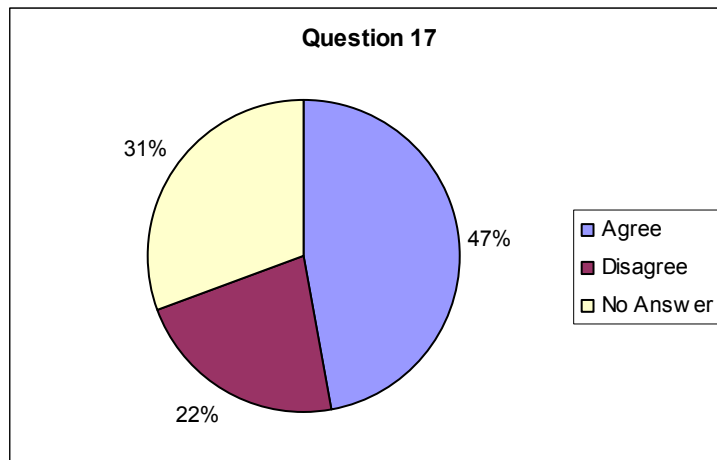
**Question 15**
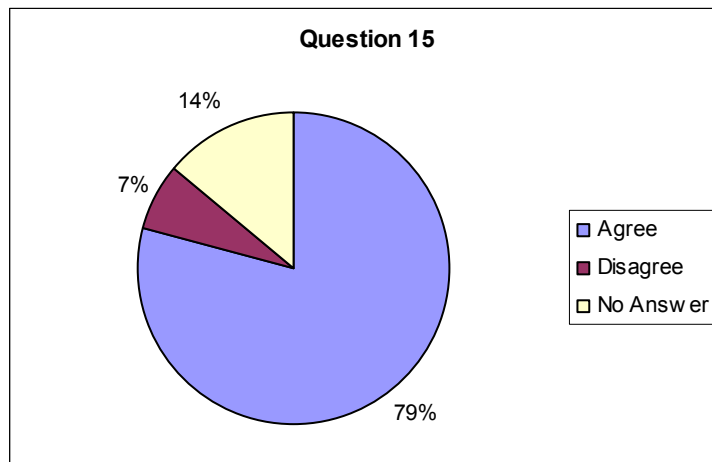


➢ 79% of respondents felt that social care professionals needed to change their work pattern to allow the service user to have more control over their lives. There has traditionally been a very medical model applied to disability and this response may be a reflection of this. This may also indicate a need for staff training and awareness particularly around the "incontrol "methodology with the move towards personalisation.

**16. There should be a complete change in both service provision and service provider for…… (no service stated by any respondent)**

**Question 16**
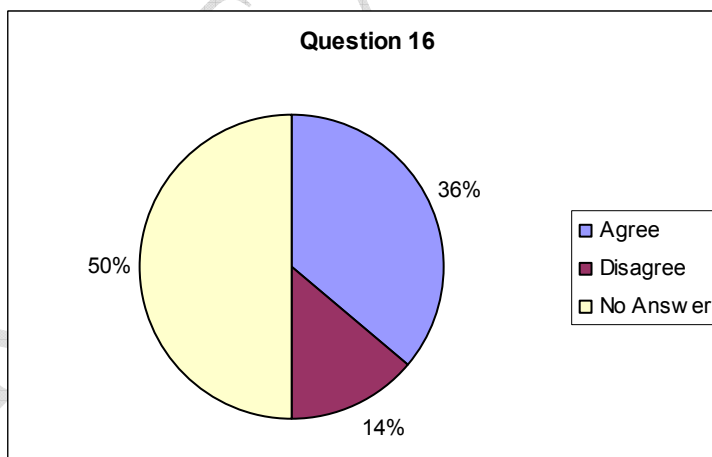


➢ There were mixed views about this statement with only 36% of respondents thinking that there should be a complete change to the type of services provided. No one made any suggestions about new services but it is sometimes it is hard to imagine or envisage alternative services if no suggestions or ideas are given.

**Q17  There is a need to maximise   the effectiveness of   the voluntary   sector contribution to the overall delivery of services.**
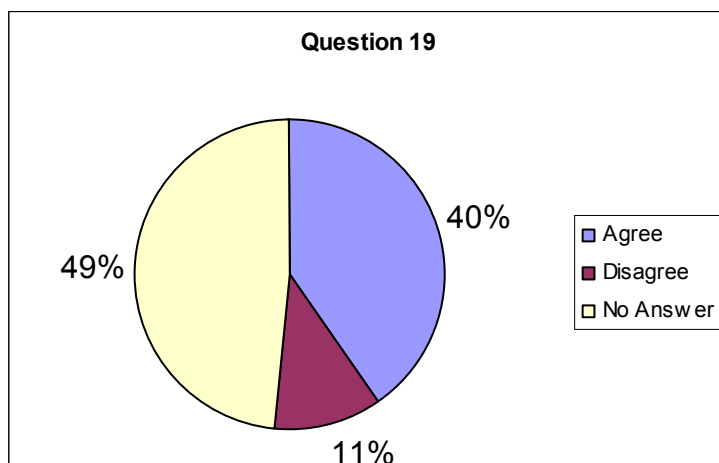
**Question 17**



➢ 47% of respondents thought that there is a need to maximize the effectiveness of the voluntary sector, but again unless people knew what this could mean in practice it may have been difficult to respond to this question.

**Q18.  The services currently provided could be improved and more accessible to Service users**

**Question 18**
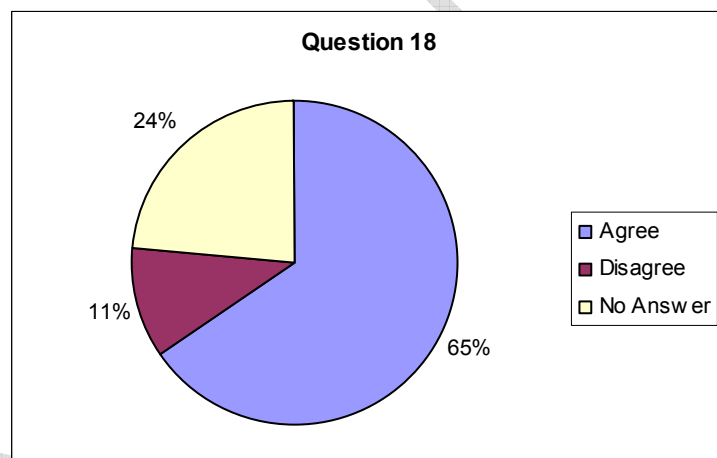


➢ 65% of respondents felt that services could be improved and more accessible - a high percentage  and highlights the need for change in the way that services are delivered.

**Q19  There is an unequal distribution of resources between localities in Wiltshire**

**Question 19**

40%

49%

11%

- Agree
- Disagree
- No Answer

➢ There was mixed response to this question with 40% agreeing that there is an unequal distribution of resources between localities and 49% not answering. Most people would probably only see this from their own perspective and this may be a difficult question for people to answer without knowing all the facts and figures.

**Q20  Of the priorities listed, which do you, feel are the most important to you?**

The following is a list of results in order of preference:

**Question 20**

Average Response between 1 and 10

A  B  C  D  E  F  G  H  I  J

**Sub-categroy**
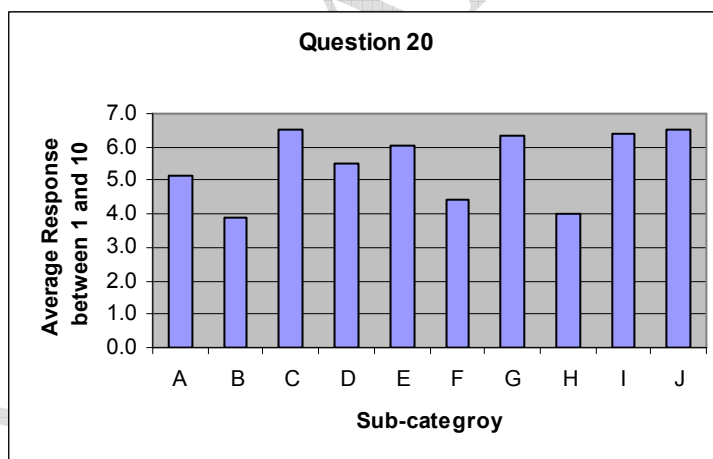
**Joint first priority:**

- Appropriate, stimulating and interesting day-time activity (J)
- Joint commissioning between Health and Social Care and the development of services ( C)
- Knowledge and support to take up a Direct Payment and on-going support to continue to manage it (I)

**Second priority:**

- Appropriate long term care and residential services ( G)

**Third priority:**

- Inclusion in the whole community ( E)

**Fourth priority:**

- Appropriate and timely referral system ( A)

**Fifth priority:**

- Accurate information, advocacy and signposting ( D)

**Sixth priority:**

- Support for family members and carers ( F)

**Seventh priority:**

- Choice and control of all personal decision making ( H)

**Eighth priority:**

- Needs assessment and planning should be person-centred (B)

*Summary*

The need for day activity was identified as a top priority along with the need to have joint commissioned services, whilst choice and control over decision making and person centred needs assessment/care planning came further down the list. However, these were based on averages and when looking at the chart there was not a lot of variation between all categories.

**APPENDIX TWO**

# Local Context

Demographic Tables – Numbers of Disabled People Known to Department for Community Services.

### Table 1 North Wiltshire District

| Age | Males | Females | Total |
|---|---|---|---|
| 18 - 49 | 43 | 57 | 100 |
| 50 - 64 | 48 | 87 | 135 |
| **18 - 64** | **91** | **144** | **235** |
| 65+ | 326 | 793 | 1,119 |
| Total | 417 | 937 | 1,354 |

Data source: DCS Performance Team 2006

### Table 2 South Wiltshire District

| Age | Males | Females | Total |
|---|---|---|---|
| 18 - 49 | 51 | 68 | 119 |
| 50 - 64 | 79 | 78 | 157 |
| **18 - 64** | **130** | **146** | **276** |
| 65+ | 419 | 907 | 1,326 |
| Total | 549 | 1,053 | 1,602 |

Data source: DCS Performance Team 2006

### Table 3 West Wiltshire District

| Age | Males | Females | Total |
|---|---|---|---|
| 15 - 49 | 39 | 59 | 98 |
| 50 - 64 | 23 | 55 | 78 |
| **18 - 64** | **62** | **114** | **176** |
| 65+ | 293 | 759 | 1,052 |
| Total | 355 | 873 | 1,228 |

Data Source: DCS Performance Team 2006

### Table 4 Kennet District

| Age | Males | Females | Total |
|---|---|---|---|
| 18 - 49 | 29 | 20 | 49 |
| 50 - 64 | 34 | 44 | 78 |
| **18 - 64** | **63** | **64** | **127** |
| 65+ | 210 | 494 | 704 |
| Total | 273 | 558 | 831 |

Data Source: DCS Performance Team 2006