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Opportunity and Independence: Joint Strategy for Physical Disability and Hearing or Sight Loss 2012-2020

East Lothian Physical Disability and Sensory Impairment Joint Planning Group

18 June 2012	East Lothian Physical Disability Joint Planning Group revised
9 August 2012	East Lothian Health and Social Care Theme Group revised
20 December 2012	East Lothian Community Health Partnership Subcommittee
15 January 2013	East Lothian Council Cabinet Meeting

Foreword

Welcome to 'Opportunity and Independence', East Lothian's joint Strategy for people aged 16 and over with a physical disability or hearing or sight loss. Our vision for developing support and services in East Lothian until 2020 has been informed by the priorities of people with disabilities and their carers. Our challenge is to realise this vision.

At present, we face greater demands and more acute levels of need as East Lothian's population is rising quickly and people are living longer. Public bodies are facing their greatest financial challenge in a generation. Working more collectively and effectively with our partners will yield economies. However, the extent of the challenge we face requires us to develop our services differently in the future.

This Strategy therefore describes the changes and actions we see as necessary. We remain committed to the dialogue with the public that we began during the consultation on the Lothian strategy 'Our Lives, Our Way' and continued through our local event 'Our Lives, Our Opportunities'. We look forward to continuing that dialogue with you.

Donald Grant, Cabinet Spokesperson for Health and Social Care, East Lothian Council

Michael Ash, Chair, East Lothian Community Health Partnership

Acknowledgement

Many thanks to all those who have contributed to this Strategy. Your energy and commitment has enabled the Joint Planning Group to develop a vision of the way forward based on your comments and ideas.

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Opportunity and Independence

Executive Summary

This Strategy for East Lothian describes the future development of health and social care services for people with a physical disability, including hearing or sight loss, and for their families and carers. It sets out the way in which services will be developed between 2012 and 2020.

The Strategy has been developed in partnership with people who use services, their families and carers, East Lothian Council, NHS Lothian, East Lothian Community Health Partnership and voluntary and private sector service providers in East Lothian. It sets out the steps we will take to improve both services and the outcomes experienced by service users.

This Strategy underlines our commitment to work collaboratively to ensure that the support and care available is provided to a high standard. We will work in tandem with wider service redesigns underway, for example in response and rehabilitation, telehealthcare and respite services. We intend to make sure that anyone can access services and other resources when they need them, regardless of income or where they live.

While aiming to ensure that there is an integrated network of support in East Lothian, this Strategy focuses on four main themes:

- Raising awareness of the impact of physical disability on the lives of East Lothian residents
- Ensuring access to information and opportunities during the day, at evenings and weekends, for example through a community information centre
- Promoting self-management: developing services which focus on supporting people to manage long-term conditions and disabilities themselves
- Ensuring access to intensive day support for people with complex disability.

Section 1 of the Strategy summarises our purpose, values and outcomes, while section 2 describes the local context, including demographic changes.

Section 3 describes the extensive consultation and partnership working with both members of the public and other stakeholders which has informed the development of our Strategy.

Section 4 looks at the developments within our organisations and culture which will support the planned changes in services and resources and Section 5 outlines the national context and the factors driving those changes.

Section 6 outlines the significant elements of the plan and Section 7 sets out how we will engage with communities, both geographical and communities of interest, on specific projects and on any ongoing matters.

The Action Plan sets out the action our partnership will take to deliver the vision we have set out in the Strategy.

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1. Introduction

1.1 Purpose

This Strategy for East Lothian describes the future development of health and social care services for people with a physical disability, including hearing or sight loss, and for their families and carers. It sets out the way in which services will be developed between 2012 and 2020.

The Strategy has been developed in partnership by people who use services, their families and carers, East Lothian Council, NHS Lothian, East Lothian Community Health Partnership and voluntary and private sector service providers in East Lothian. It sets out the steps we will take to improve both services and the outcomes experienced by service users.

While focusing on physical conditions, we recognise that individuals have a range of needs and that these may be addressed by other plans, for example for older people, for people with a learning disability or those affected by mental health problems.

Within East Lothian, services are being reshaped to take account of the growing elderly population. Of the resources being developed, many will also benefit younger people with a physical disability or sensory impairment. We take this opportunity to acknowledge that our Strategy builds on the work of East Lothian's Joint Older People's Strategy.

1.2 Values

The Joint Planning partners in East Lothian subscribe to the values set out in *Our Lives, Our Way*¹. These include:

- **Equality of opportunity** - access to mainstream and specialist services when and where required and to opportunities open to everyone
- **Being informed** - receiving information in good time and in an appropriate format so that people can make informed choices and decisions
- **Self-management** - a person, with the assistance of an advocate if necessary, has as much control as they want over their life and, if relevant, in how their health or social care is assessed, provided and monitored
- **Choice** - about opportunities and alternatives

¹ Our Lives, Our Way: Lothian Joint Strategy for Physical and Complex Disability 2008-2013

- **Enabling services** - people are assisted to minimise the impact of their disability, to maximise their independence and to live independently in the community with a reduced need for institutional social or health care
- **Risk enablement and management** - people are assisted to manage identified risks in order to live their life as they wish
- **Dignity** - the uniqueness of each individual is recognised and respected regardless of disability and circumstances
- **Inclusion** - people are valued and included as equal partners in planning and reviewing services
- **Scrutiny** - people provide feedback about how they experience and perceive services. This monitoring and evaluation information is acted on and used to improve service provision and design. The outcome is fed back
- **Justice** - disabled people are equal citizens and have a right to maximise their potential and dreams like any other citizens.

1.3 Strategic outcomes

East Lothian Community Planning Partnership Board is responsible for the development and delivery of services and service improvement for the people of East Lothian, as detailed in the current *East Lothian Single Outcome Agreement*²

There is confidence amongst the Planning Partners that the shared priorities and key areas of action reflected in the Single Outcome Agreement are the most important issues across East Lothian for people, communities, businesses, organisations and our environment.

In relation to this strategy and the lives of people with a physical disability and their carers, we embrace the following extracts from the Single Outcome Agreement and will build on these throughout this Strategy and attached action plan:

In East Lothian we live healthier, more active and independent lives

- Increased positive mental health and wellbeing
- People live healthier, more active and independent lives in their own homes and communities for as long as possible
- Reduced and more responsible use of alcohol and drugs
- The gap in health inequalities is reduced.

Fewer people are the victim of crime, disorder or abuse in East Lothian

- Reduced fear of crime
- Reduced incidence of violence against women
- Reduced incidence of hate crime.

² Our Plan for the Future of East Lothian: Single Outcome Agreement 2011.

http://www.eastlothian.gov.uk/downloads/file/4873/east_lothian_single_outcome_agreement_2011

In East Lothian people in housing need are able to access and sustain their choice of housing, including independent living, where appropriate

East Lothian has strong vibrant communities where residents are responsible and empowered with a positive sense of wellbeing.

- The third and community sectors are thriving and resilient
- Communities are well informed and influence decisions that matter in their local areas
- Our community celebrates its diversity and seeks to challenge prejudice
- People are creative and active in learning, culture and sport in their communities
- Young people and children are involved in community life and their achievements are recognised.

The *Quality Improvement Strategy*³ (see diagram below) gives a commitment that, through a range of quality improvement programmes, we will support staff to provide person-centred, safe, effective and efficient care to every patient, every time.

It is well recognised that many of the determinants of health lie outside the direct influences of health services. Part of the health improvement role of health services is to engage with partner organisations in order to influence those determinants of health. This is done through health improvement partnerships and plans which form part of the Single Outcome Agreement for that area.

Listening to and involving people who use NHS Lothian's services is an essential component of the quality improvement of the services. By working together we can improve services influenced by the needs and standards of those who use our services. As a result, services will be better targeted, more effective and more likely to meet the expectations of those who use them.

³ Quality Improvement Strategy, NHS Lothian 2011-14

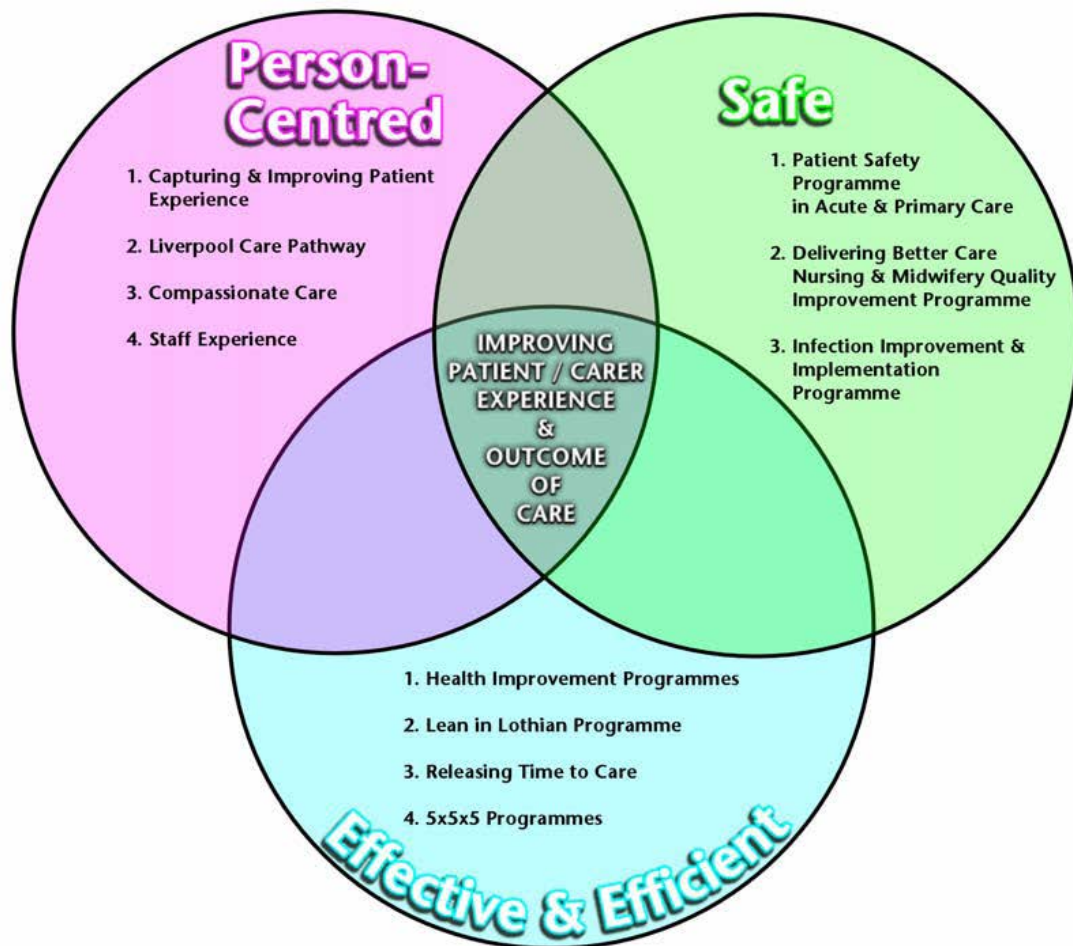


Diagram 1 Quality improvement Programmes, Quality Improvement Strategy

The Strategy for disabled people and their families in East Lothian also seeks to build on the central tenets of NHS Lothian's evolving Clinical Strategy:

- Shifting the balance to primary and community based services and care at home.
- Only delivering those services in hospital that require to be delivered in hospital
- Redesigning hospital processes to reduce length of stay and maximise efficiency.

2. Local Context in East Lothian

2.1 Demographic change

East Lothian has an estimated total population of 96,830⁴. In general, the health of the population in East Lothian is very good. Male life expectancy (75.8 years) and female life expectancy (80.3 years) is significantly higher than the Scottish average, and has been rising steadily over time. However, male life expectancy varies by almost ten years between the most affluent and the most deprived areas of the county. This highlights the fact that, although we are living longer, healthier lives, some groups in the community are not benefiting as much as others from improvements in health.

The working age population is significantly lower than the Scottish average, whilst those aged 0-15 years and 65+ are significantly higher and both groups are forecasted to continue to grow. Between 2010 and 2020, the population of older people aged 65 and over is expected to increase by 24%⁵. Alongside this, East Lothian has a higher percentage of lone pensioner households.

Overall East Lothian's population is projected to increase by 30% by 2033⁶.

All the research regarding incidence and prevalence figures for physical disability indicates that there are no projected spikes in any particular condition or illness that predict a significant increase in numbers of children and/or working age adults who have a physical disability.

The consistent indicator of increase in physical disability is age-related i.e. the increase in volume and intensity of need because of physical disability relates directly to the increase in the demographic of older people.

It is reported⁷ that the prevalence of disability significantly increases with age. This is represented in the table below.

Table 1 Analysis of disability in the Scottish population by age and gender, Scottish Public Health Observatory 2010

Scottish Population 2010	% of Males with disability	% of Females with disability
Age Group 60 - 69	35	30

⁴ East Lothian Community Health Profile 2010

⁵ East Lothian Older People's Strategy 2011, figures based on General Register Office for Scotland population projections

⁶ East Lothian Single Outcome Agreement 2011

⁷ Dimensions of Diversity, Scottish Public Health Observatory 2010

Age Group 70+	48	52
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Unfortunately the Dimensions of Diversity report and the CHP Health Profile use slightly different age groupings for analysing their statistics. However, whilst acknowledging that caveat, we can still apply the averages to the East Lothian population to give us the detailed understanding demonstrated in the table below.

Table 2 Estimated people aged 65+ in East Lothian with a disability

	East Lothian Population 2010	Scotland Population	Estimated people aged 65+ in East Lothian with a disability
Adults Aged 65 - 74	9,238 (9.5%)	464,800 (9%)	3,002
Adults Aged 75+ (Adults aged 85+)	8,029 (8.3%) (2,080 (2.1%))	401,940 (7.7%) (104,400(2%))	4, 014

Given the significant proportion of individuals in these age groups with disability, it is essential that strategic and operational developments for older people are developed with issues of physical disability as a fundamental consideration.

2.2 Population Description

*The Disability Discrimination Acts*⁸ define disability as encompassing a wide range of people, approximating to 25% of the UK population. This definition ensures the protection in statute of people's human rights and their right to equal treatment. However in order to target or redesign health and social care services a more focused definition is required. In this Strategy, we have used the definition of disability from *Our Lives Our Way*⁹:

A disabled person with complex needs, for the purposes of this Strategy, can be described as a person who has:

- Needs which stem from a physical and/or sensory impairment
- Needs which are complex i.e. severe and likely to have a combination of impairments (physical and mental)

⁸ Disability Discrimination Acts 1995 and 2005

⁹ Our Lives, Our Way: Lothian Joint Strategy for Physical and Complex Disability 2008-2013

- Activity limitation which prevents or interferes with the person's ability to undertake normal daily living tasks.
- An environment which restricts their ability to participate, stopping the person from leading as full and satisfying a life as they would wish.

2.2.1 Hearing/Sight Loss

East Lothian Council's *Single Equality Scheme*¹⁰ provides the following information about people with hearing or sight loss:

'In 2006, 308 people were registered as blind in East Lothian, nearly half of whom are women over the age of 65. Approximately one in every 1,000 children is deaf at three years old. This rises to two in every 1,000 children aged nine to 16. A high proportion of severely or profoundly deaf people have other disabilities as well. For example, among those aged under 60, 45% have additional disabilities – these are more likely to be physical disabilities. Among severely or profoundly deaf people over 60 years, 77% have some additional disability. For 45%, this means significant dexterity or sight difficulties, or both'.

The report on *Access to Social Services in Scotland*¹¹ tells us that, over the age of 60, 55% of us will experience a hearing loss. 40% of those who are deaf are likely to experience mental health issues compared with 25% of those without hearing difficulties.

2.2.2 Age range distribution

The prevalence of disability rises with age. In the *2007- 08 GP Patient Survey*¹², slightly more than 15 % of the population defined themselves as physically disabled.

Table 3 Self-reporting of physical disability 2007 - Working Age - UK

Age Range	Male % of Population Disabled	Female % of Population Disabled
16 - 24	7	8
25 - 34	9	10
35 - 44	12	13
45 - 59	22	26

¹⁰ East Lothian Single Equality Scheme 2010

¹¹ Access to Social Services in Scotland 2012, Action on Hearing Loss Scotland

¹² GP Patient Survey 2007- 08, Department of Health

Some more detailed consideration of what that means for East Lothian is demonstrated below:

Table 4 Self-reporting of physical disability 2007 - Working age - estimates for Scotland and East Lothian

Statement	No. of People across Scotland (% and numbers) working age	No. of People in East Lothian - working age
Population within working age (2010)	3,234,000	60,746
9% of Scottish adults (5% male and 4% females) of working age are unable to work and categorise themselves as permanently sick or disabled	291,060 disabled people	5,467 disabled people
Adults of working age are claiming incapacity benefit/ disability living allowance	181,104 5.6%	3,495 4.5%
A further 11% (1% male and 10% female) of working age are unable to work because they are carers for home/family	355,740 (general)	6,682 carers (general)
47% of people who note themselves as permanently sick and/or disabled smoke	136,798	2,569
Wheelchair users	96,000 (total) Registered with NHS Boards	2,591 (total) registered with NHS Lothian

Further relevant information regarding the circumstances and needs of disabled people and their families in East Lothian is in direct relation to socio-economic factors¹³:

- Employment (for disabled people) is lower and income is lower. After housing costs, nearly a quarter of people living in a disabled household were in poverty in 2007/08, compared with 17% of those living in non-disabled Households
- Economic activity rates are low for disabled people. In 2007, 44% of disabled people of working age were in employment in Scotland, compared with 80% of non-disabled people. It is well established that across Scotland disabled people are more likely to live in deprived areas. 27% of those living in the most deprived quintile reported a disability in 2005/06, compared with 10% in the least deprived quintile.
- The proportions of the population hospitalised because of chronic obstructive pulmonary disease, coronary heart disease, cerebrovascular disease and asthma are all significantly lower than the Scottish average, and diabetes is significantly less common than in Scotland as a whole.

With consideration of the statistics given above from recognised sources, East Lothian Council/Community Health Partnership could reasonably expect to be considering delivering a range of services to in the region of 5,000 people of working age because of issues related to physical disability and/or sensory impairment.

The table below shows numbers of adults with physical disability receiving services from East Lothian Council Adult Wellbeing Service, having been assessed as having critical or substantial levels of need in August 2010 and July 2011.

Table 5 Services to adults with physical disability 2011 (East Lothian Council)

Age	Total numbers 2010	Percentage 2010	Total numbers 2011	Percentage 2011
16-24	89	4.55	97	4.93
25-34	104	5.32	106	5.39
35-44	286	14.63	263	13.38

¹³ Dimensions of Diversity 2010 Scottish Public Health Observatory

45-54	545	27.88	546	27.77
55-64	931	47.62	954	48.52
Total	1,955	100%	1966	100%

The table shows an overall rise in the number of people allocated services between 2010 and 2011. The main increase is in the age groups 16-24 and 55-64, which aligns with information available to community planning partners and in the *Community Health Profile*¹⁴ in relation to these two age groups showing particular population growth in East Lothian.

Whilst we recognise that there will be many people within the overall figure of 5,467 who do not wish to receive services or require services, the figures of people actually receiving services, 1966, suggests there are some 50% where there may be possible unmet need.

2.2.3 Carers

National prevalence figures suggest that there are approximately 12,500 unpaid carers in East Lothian, of whom 50% are of working age, who make an essential contribution to the health of those they look after and who may need support to continue in their caring role.

The joint planning partners are committed to working together to increase support to carers.

‘As carers we are not seen and treated as part of the team. Many of us look after our family member 24 hours per day.’

*The Carer Information Strategy*¹⁵ aims to ensure that staff recognise carers as partners in care and that carers are well informed and supported in their caring role. Activity across East Lothian funded by the Carer Information Strategy 2008 - 2011 includes:

- Support to Alzheimer's Scotland to facilitate direct support and provision of information to carers
- Respite to young carers
- Peer support group for carers/ development of other support groups.

¹⁴ East Lothian Community Health Profile 2010

¹⁵ Carer Information Strategy 2008-11 NHS Lothian

However, whilst some of this activity has included carers of disabled people, it has in the main been generic activity. In acknowledgement of that, NHS Lothian Carers Information Strategy awarded the Lothian Physical and Complex Disability Joint Strategic Programme Board one year's funding in 2011/12 to develop accessible web-based information for carers of people with disabilities. This work has been commissioned from the Office of Public Management, and is underway, with conclusion of the project expected by December 2012. Progress will be reported via the Joint Strategic Programme Board - Physical and Complex Disability.

A Respite Strategy is currently being developed for East Lothian.

2.2.4 Service users and carers from BME Communities within East Lothian

In 2007, the Minority Ethnic Carers of Older People Project (MECOPP) was commissioned by East Lothian Council and NHS Lothian to undertake community development and outreach work in East Lothian to gain a clearer picture of the size and location of ethnic minority communities and their needs as potential users of a wide range of services. The lack of infrastructure around the minority ethnic community was highlighted, with services are not seen as accessible, particularly by the Chinese community. Awareness and understanding of minority ethnic cultures and values was considered to be low among health and local authority staff.

During the period 2010 – 2011, MECOPP's work¹⁶ evolved into a commissioned service to undertake support work with carers and the cared-for person from BME communities to support access to relevant mainstream services. This project identified families from a range of communities including Bangladeshi, Pakistani, Chinese and Indian.

Some of the outcomes included:

- Maximising welfare benefit uptake, including council tax rebate
- Facilitating access to carers assessments
- Facilitating access to community care assessments
- Assisting people to engage with housing
- Assisting people to access health and social care services e.g. GP appointments, occupational therapy assessments, equipment and housing adaptations.

There was a demonstrable positive impact of creative responses to raising awareness of the health needs of particular communities e.g. a health fair for the Bangladeshi community focusing on diabetes and heart disease.

¹⁶ The Issues: East Lothian Minority Ethnic Carers and People Needing Services 2007 MECOPP

Subsequent initiatives have included the development of interpretation and translation services, including telephone translation services offered throughout NHS Lothian services to facilitate engagement in health appointments and decisions relating to the individual's healthcare.

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3. Consultation

3.1 *Our Lives, Our Way*

In 2007, prior to formal agreement on the final Lothian strategy, a 3 month period of public consultation took place to discuss the draft Lothian Joint Strategy¹⁷. This included:

- People attending mainly condition-specific support groups were given the opportunity to talk to a member of the Joint Planning Group. 14 groups, a total of 84 people, participated in discussions on the recurring themes
- Seven additional people were consulted with individually on request. Open 'surgeries' were held in Haddington and Musselburgh
- A dedicated phone line was managed by East Lothian Community Care Forum.

As an underpinning principle for ongoing and future community consultation and engagement, East Lothian Community Planning Partnership¹⁸ has adopted the National Standards for Community Engagement.

3.2 Community Action Research

To inform the development of the day opportunities element of this Strategy, East Lothian Community Care Forum¹⁹ was commissioned by East Lothian Council in 2010 to pilot a Community Action Research project led by service users and carers. This asked people with a physical disability or hearing or sight loss in our communities what day, evening and weekend opportunities they value and would like to see developed.

The research found that what is most highly valued is:

- Spending time with people whose company you enjoy
- Having good support from staff and volunteers

¹⁷ Our Lives, Our Way: Lothian Joint Strategy for Physical and Complex Disability 2008-2013

¹⁸

East Lothian Community Engagement Strategy and Action Plan 2010 – 2013

This can be accessed at: www.eastlothiancommunityplanning.org.uk/engagement

¹⁹Community Action Research Team: Day activities for people with physical disabilities and/or complex need 2011 East Lothian Community Care Forum

- Enjoyable activities which are valued by others: including opportunities to access learning and employment; to go shopping, to the cinema, theatre or museum
- Having accessible information about all services, groups and support available in East Lothian
- Healthy activities such as using hydrotherapy pools, swimming pools, exercise classes and sporting activities.

Service developments following on from this engagement is discussed in detail in Section 6 of this document.

3.3 Our Lives, Our Opportunities Event

The community action research was followed up by a three day Rapid Improvement event²⁰ in 2011, where the joint planning partners met with a wide range of stakeholders to agree the future shape of accessible day opportunities with integrated networks of support.

Day 1 defined the outcomes that service users and carers are looking to achieve:

- I have access to work opportunities
- I can be as independent as possible
- I take part in community life
- I can access education and learning
- I have the social life that I choose
- I can manage my health
- I feel safe
- I get good quality support when I need it
- I get support to continue in my caring role (family or unpaid carer).

Days 2 and 3 mapped out areas of current service provision and found that, whilst people with intensive care needs may require centre-based day care, there is a need to plan a much wider range of support options, the majority of which should be aiming to support people to take their places in the community. These support options included:

- Intensive day support for people with complex needs who live at home
- Ongoing support to help people manage their conditions themselves
- A community information and activity hub
- Support and training to access mainstream resources.

Key messages from these consultations are outlined in Section 4 "Planning for a

²⁰ Our Lives Our Opportunities: Summary report 2011 East Lothian Community Care Forum

Different Future" and Section 6 "Our Plan for Action" outlines developments which take account of these messages.

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4. Planning for a different future - organisational development and culture change

4.1 Increasing choice and control

People affected by disability and their carers want to be fully involved in their assessments and in the development of their care plans. They want their views listened to and acted upon. To achieve this we will ensure an inclusive and responsive approach to the delivery of services using person-centred approaches to assessment and the provision of services.

People want to be in control of their lives, including their financial situations. While many people indicate a preference for self managed care, there is some anxiety about arranging and managing their own care. East Lothian Council is currently promoting Self-Directed Support and is developing the supports to enable people to take up this opportunity.

'In order to have choice, we need to have things to choose.'

In our society, people are encouraged to go to college, develop careers, take part in regular leisure and sporting activities, travel widely and have families. For many people, risk is an accepted part of life. People have to take risks to achieve their aspirations. In accordance with the *UN Convention on the Rights of Persons with Disabilities*²¹ we promote the right of disabled people to hold the same expectations.

'We want to take risks - to do what we want to do – to be allowed to take steps towards being more independent of our carers'.

4.2 Information, advice and advocacy

To have real choice in the services they use, people need access to good quality information in an accessible format, from somewhere they can access easily and online.

People want choice and control over their lives, irrespective of their needs as a person with a disability, and to have access to the same activities and services as everyone else. Many are not able, or may not feel able, to speak up and make their views known. They may need an advocate – someone who will express their views and needs on their behalf. In a recent consultation on independent advocacy in East Lothian²², participants said:

²¹ Convention on the Rights of Persons with Disabilities 2006 United Nations

²² Consultation feedback on Lothian Independent Advocacy Action Plan 2012-16

‘(We need to) ensure feedback from collective advocacy influences Community Planning. Identify point of contact/ communication flow with Community Planning’.

‘Advocacy groups should work in partnership with community organisations to improve links and share information and be more visible’.

(We were reminded that there are groups with no current service in East Lothian: people with physical disability need access to commissioned advocacy services).

‘(Statutory Organisations) should always listen to the lived experiences of people we are designing/ delivering services for/to and with; act on it and be prepared to change as a result’.

Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives. Independent advocacy organisations are separate from organisations that provide other types of services. An *independent* advocate will not make decisions behalf of the person/group they are supporting.

Currently the following services are available in East Lothian:

- Children: East Lothian Anti Bullying; East Lothian Children's Rights
- People with Learning Disabilities: Partners in Advocacy
- People with Mental Health Support Needs: Consultation and Advocacy Promotion Service
- Older People: Edinburgh Advocacy and Representation Service

Separate to the above – there is also the provision of Non-Independent Advocacy for Carers provided by Voices of Carers Across Lothian.

4.3 Recognising the skills of service users and carers and the added value through Co-Production

Co-production emphasises that people are not passive recipients of services and have assets and expertise which can help improve services.

To act as partners, both users and providers must be empowered. Co-production means involving citizens in collaborative relationships with more empowered

frontline staff who are able and confident to share power and accept user expertise²³.

The joint planning partners in East Lothian are committed to ensuring that people who use health and community care services exercise their right to have a say about decisions that affect their lives.

Service users have played a key part in informing the development of this strategy through the joint planning group, consultations and also the independent and public Equality Forum which monitors and influences the work of the Joint Planning Group.

The joint planning partners are committed to supporting all partners to enter into collaborative relationships to support the full implementation of this Strategy and associated action plan.

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²³ Co-production: an emerging evidence base for adult social care transformation 2009 Social Care Institute for Excellence Research Briefing 31

5. Drivers for change

5.1 Legislative and policy framework

Health and social care services are developed within a legislative framework and supported by national policy. The Scottish Executive's reports, *Changing Lives: 21st Century Review*²⁴ and *Better Health, Better Care*²⁵ acknowledged the increasing demand on services, with demographic change and rising public expectation.

The Scottish Government recognises the need for health and social care services to work together more closely, and in December 2011 the Health Secretary outlined the Government's ambition for integrating health and social care services. Key messages include:

- Community Health Partnerships will be replaced by Health and Social Care Partnerships, which will be the joint responsibility of the NHS and local authority, and will work in partnership with the third and independent sectors.
- Partnerships will be accountable to Ministers, leaders of local authorities and the public for delivering new nationally agreed outcomes
- NHS Boards and local authorities will be required to produce integrated budgets for older people's services to bring an end to the 'cost-shunting' that currently exists
- A smaller proportion of resources - money and staff - will be directed towards institutional care and more resources will be invested in community provision.

Whilst the integration agenda focused initially on services for older people, the expectation is that this will eventually apply across all adult services. Current Scottish Government policy encourages services to provide:

- Whole system working: health, housing, social care and community services, including the voluntary and private sectors will enable local partnerships to tackle complex problems
- Person-centred care: joint services will involve people who use services, and their carers, in redesigning and delivering them
- An outcome focus: integrated planning will ensure people get the support they need, and services will be able to evidence their ability to deliver better outcomes.

Our aim is to ensure that people can access services quickly when they need them. We will work in a person-centred way to develop the most appropriate

²⁴ Changing Lives: 21st Century Review 2006 Scottish Executive

²⁵ Better Health, Better Care 2007 Scottish Executive

support and resources to deliver the best possible outcomes for people using services and for their carers.

*Caring Together*²⁶ recognises carers as equal partners in the delivery of care and fully acknowledges carers' expertise and the quality of care they give. Caring Together sets out ten key actions to improve support to carers over the next five years, focusing on improved identification of carers, assessment, information and advice, health and well-being, carer support, participation and partnership.

*Self Directed Support – A National Strategy for Scotland*²⁷ describes how people who receive a social care service can have a choice of 4 different options to direct their support, including the option to receive the money as a direct payment and choose their own provider.

*The Equality Act*²⁸ ensures that everyone has the right to be treated fairly and protects people from discrimination on the basis of certain characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex, sexual orientation, marriage and civil partnership.

*Principles of Inclusive Communication*²⁹ and linked performance indicators aim to help public authorities make their communication more inclusive, and to help deliver effective, well organised and equally accessible services that provide value for money.

*The Patient Rights (Scotland) Act*³⁰ protects in statute, for the first time, the rights and responsibilities of all patients of NHS Scotland. This will include a Patients Rights Charter plus a suite of underpinning healthcare principles that will be the key tenets of the NHS in Scotland. The Act gives all patients the right that the health care they receive should:

- consider their needs
- consider what would be of optimum benefit to them
- encourage them to take part in decisions about their health and wellbeing, and provide information and support for them to do so.

In order to ensure people receive the support they may require to be appropriately included in decision regarding their healthcare, an independent Patient Advice and Support Service has been commissioned by Scottish Government to:

- Provide information about the NHS and what it does

²⁶ Caring together: The Carers' Strategy for Scotland 2010-15, Scottish Government

²⁷ Self Directed Support – A National Strategy for Scotland 2010 Scottish Government

²⁸ Equality Act 2010 Home Office

²⁹ Principles of Inclusive Communication: Information and self-assessment tool for public authorities 2011 Scottish Government

³⁰ Patient Rights (Scotland) Act 2011 Scottish Government

- Help patients and members of the public to know and understand their rights and responsibilities when using the NHS
- Help people who wish to give feedback or comments, or raise concerns or complaints on the care they have received
- Tell patients about other support services, like advocacy, interpretation or translation services, which might be helpful to them.

5.2 Community planning

East Lothian's Health and Social Care Theme Group oversees the planning and implementation of service redesign. Our community care planning processes are currently being reviewed to ensure they align with Community Planning performance reporting systems, including the Single Outcome Agreement. Local Area Forums, currently operating in Dunbar and Musselburgh, offer an opportunity for increased public involvement in Community Planning.

It is a key action for this strategy to ensure that the voice of people with a physical disability across East Lothian is appropriately represented throughout these community planning structures.

5.3 Shifting the balance of care

In support of the overarching national principle of *Shifting the Balance of Care*³¹, and associated Improvement Framework, the Strategy encompasses the key national themes, including:

- Maximising flexible and responsive care at home with support for carers
- Integrating health and social care and support for people in need and at risk
- Reducing avoidable unscheduled attendances and admissions to hospital
- Extending the scope of services provided by non medical practitioners outside acute hospital
- Improving access to care for remote and rural populations
- Improving palliative and end of life care.

This Strategy commits us to developing a model of care which will deliver better outcomes for people with physical disabilities. We will provide better access to community services, improve discharge pathways for people leaving hospital and provide more effective support to carers.

To achieve this, we will ensure that we develop a range of integrated community-based services to support more people with physical disabilities to live safely at

³¹ Building a Health Service fit for the Future 2005 Scottish Executive

home. We will focus our resources on people with the highest levels of need and we will develop practical support services in the community to support people whose needs are less complex.

5.4 Shared objectives

Across Lothian we have established a multi-agency Joint Strategic Programme Board for Physical and Complex Disabilities and the East Lothian Joint Planning Group for Physical Disability and Sensory Impairment. This demonstrates a high level of commitment to meeting the aspirations set out in the Strategy.

Lothian Physical and Complex Disability – Joint Strategic Programme Board is a collective representation of the four Lothian Local authorities, NHS Lothian and third sector partners in Lothian. The Board has representation and active participation at the highest level from each of the partner agencies. The objectives of the Board are to ensure the implementation of the principles and values of the *Lothian Joint Strategy Our Lives Our Way*³² and to continue to deliver improvements to the accessibility and delivery of services in a way which enhances the control, lifestyle choices, health and wellbeing and opportunities of people with a physical disability across Lothian.

In East Lothian the joint Planning Group with responsibility for Physical Disability and Sensory Impairment works with East Lothian's Equalities Forum which facilitates user and carer involvement in the joint planning process. Key issues raised in either of these groups are submitted to the Lothian Strategic Programme Board for consideration as appropriate.

5.5 Resources

East Lothian Council is committed to working with each of the partner agencies individually and collectively to deliver the Strategy through a programme of service redesign, cost release and reinvestment in our shared priorities to achieve an increase in the accessibility and responsiveness of services to people with a physical disability in East Lothian.

³² Our Lives, Our Way: Lothian Joint Strategy for Physical and Complex Disability 2008-2013

6. Our Plan for Action

Our aspiration is for each theme introduced in the Strategy to become part of a jigsaw which, when complete, will result in a seamless joined-up service for people with a physical disability in East Lothian.

6.1 Independent living and staying well

Outcome 1

In East Lothian we live healthier, more active and independent lives

- Increased positive mental health and wellbeing
- People live healthier, more active and independent lives in their own homes and communities for as long as possible
- Reduced and more responsible use of alcohol and drugs
- The gap in health inequalities is reduced.

6.1.1 Equity of access and meeting needs at different levels

We will use our resources to:

- Enable more people to live independently and to keep well
- To provide the support needed to access mainstream services
- Support people with the highest levels of need
- Promote equity of access to the specialist services provided.

Through individual assessments of need, carried out to the national standard, service users and carers will be able to access the support required. To access Adult Wellbeing services, an assessment of need is required. This may be in the form of self-assessment for lower level need, for example to access simple occupational therapy equipment and minor adaptations, or a fuller assessment of need, which will be completed by a social worker or occupational therapist. East Lothian Council uses the Scottish Government's *Eligibility Criteria*³³ for access to social care services. The eligibility framework prioritises risk into four categories: critical, substantial, medium and low. Access to community care services in East Lothian will be provided if a substantial or critical risk is identified. This Strategy recognises, however, the need to provide easily accessible services for people whose needs are not

³³ National Standard Eligibility Criteria and Waiting Times 2009 Scottish Government

assessed as substantial or critical. Three levels of care will therefore be developed:

Table 6 Accessing care and support

Level 1: Community resources

To ensure that people continue to live independent lives and can access advice and information on housing, health, income and benefits and support services. This will be delivered through a network of community-based services including community activity and information 'hubs' (see 6.1.5 below).

Level 2: Health and Community Care services

Following assessment of need, we will work with people focusing on personal choices, ability, the promotion of self-care, self-management or supported self-management, offering individuals a choice of care and support to make the changes they agree will improve their quality of life.

Level 3: Intensive support

Intensive support involving a number of resources to enable individuals to be as independent as possible at home or in a community or hospital setting.

Action

- ❖ Gather information about the level of disability and the diversity of need in East Lothian including complex sensory loss, speech loss, or other communication difficulties
- ❖ Ensure that services are commissioned to meet needs at different levels following the implementation of Self-Directed Support.

6.1.2 Self-Directed Support

Self-directed support aims to develop the opportunities provided by traditional direct payments to increase the numbers of people making active choices about the manner in which their care and support is organised and delivered.

Following assessment and agreement on the levels of care and support required, people can choose from four options:

- To have their services organised and delivered to them directly from the local authority

- To have a direct payment/ individual budget and, with support if required, organise and manage their services
- To have an individual service budget – which the individual plans the use of, but the finance is managed by a third party on their behalf; or
- To have a selection of all of the above.

In 2010-11, 161 people received a direct payment in East Lothian, of whom 28 have a physical disability. From 2013, following a community care assessment or self assessment, people in East Lothian will be supported to consider how they wish their service to be organised and delivered using the four choices above.

Action

- ❖ Report on the numbers of people selecting from the four self-directed support options by the end of the financial year 2013/14.

6.1.3 Improving transitions for younger and older adults with physical disabilities

Improving services for younger and older adults with physical disabilities will require strategic integration of the plans for children’s services, services for older people and those for people with physical disability and hearing/sight loss. We will ensure that protocols are in place to enable the sharing of resources and funding.

‘People don’t want to retire from day services at 65 as little else to access in some communities. Can become socially isolated again. It has to be recognised that a placement at a Day Centre is respite for families and carers and this does not change as people get older, in fact, their needs become greater’.

Developing the community information and opportunities model (see 6.1.5 below) will enable older people with physical disabilities to have more choice about the activities they undertake and support to make changes in their choices. For opportunities relating to respite, see 6.1.11 below.

East Lothian Council is currently leading a Rapid Improvement process to review younger people’s transitions.

- ❖ Work with the planning partners to remove unnecessary barriers and improve the experience of both younger and older adults accessing relevant services.

6.1.4 Improving day, evening and weekend opportunities

There are many community groups and resources in East Lothian, providing a wide range of activities. A key message from consultations with physically disabled people, however, is that people do not know how to find out what is on offer or how to access appropriate transport. A community information and opportunities hub for East Lothian will provide a one stop shop, with an accessible point of contact for adults with physical disability and/or sensory impairment wanting advice on the range of activities locally. It will provide information on disability and signpost people to activities and organisations. It will offer flexible opening hours accessible to service users and carers, including evenings, weekends and holidays. The centre will support telenetworking, and develop online resources as well as a directory of services, working with existing information and advice agencies.

The community hub model will be a key resource for people with individual budgets or wishing to have self-directed support and will provide an opportunity for individuals to develop person-centred plans. The hub will be linked to Local Area Forums across East Lothian and will be accessible to all. The community hub will enable East Lothian Council to fulfil its duties under self-directed support legislation to provide signposting and information to access services.

Local Area Coordination services would play a key role in enabling people to access the wider choice of activities and opportunities through the community hub model. The Local Area Coordination service currently has a geographical focus for its activities and we would seek to extend this across East Lothian.

Action

- ❖ Strategically disinvest from current day service models to deliver redesigned services to support individual choice
- ❖ Engage with the current Council-wide review of transportation
- ❖ Seek to expand the availability of the Local Area Coordination model across East Lothian.

Day Opportunities Model for people with a physical disability and sensory impairment

Opportunities Bureau

- Co-ordinator overseeing:
Person-centred planning for day/evening/weekend opportunities within communities in East Lothian
- Outreach
- Linking people into a supportive framework
- Signposting people to services & opportunities
- Underpinned by directory of services & opportunities.

What will make it work

- An accessible & interactive on-line directory of services
- With Facebook and Twitter
- A database to record what works and what doesn't & facility to match people with similar interests to activities
- Co-ordinator and staff skilled in person-centred planning
- Flexible and creative joint working with local agencies
- Supportive links with providers who provide support and day care.

Outputs and outcomes

- Service users leave with timetable of activities/opportunities and the appropriate support to access those opportunities
- Service users have the opportunity to extend or develop a person centred plan
- Providers have a resource to help them develop personalised support
People are supported to maintain social networks with friends
- People are supported to be independent and have choice to do what interests them
- People are enabled to make best use of self-directed support & personalised budgets
- Dependence on statutory services is reduced
- Isolation is reduced.

6.1.5 Staying well and supported self management

Keeping as well as possible is essential to improving the health and wellbeing of people with physical disabilities and their carers. People with physical disabilities are more likely to live in deprived areas: 27% of those living in the most deprived quintile reported a physical disability in 2005/06, compared with 10% in the least deprived quintile. They are more than twice as likely to be living in poverty than non-disabled people. Adults with a disability or long-term health condition are also more likely to be smokers, and heavier smokers, to be physically inactive and overweight³⁴.

The Stop Smoking Service offers an inclusive service to support individuals with mobility or functional problems to access services more easily, including home visits where necessary.

A number of posts within East Lothian Council have been developed to support people to stay well, including:

- Community Health & Activity Officer
- Recreation and Physical Activities Officer
- Ageing Well Coordinator (over 50s)
- Senior Day Services officer seconded from East Lothian Council to Enjoy Leisure.

They can offer, for example, tailor-made sessions for individuals and groups; one-to-one personal training; exercise referral schemes for adults with a long-term health condition.

³⁴Public Health Information for Scotland 2010 Scottish Public Health Observatory

Action

- ❖ Support individuals with mobility or functional problems to access Stop Smoking services more easily, including home visits where necessary.

Supported Self Management

Supported self management is a key element in assisting people to live well. The Long-term Conditions Alliance Scotland describes self management as:

- Providing support to understand medication
- Improving mental health and well being
- Better access to information, advice and support
- Care planning and sign-posting to support people to self manage
- Training staff to enable people to self manage
- Promoting telehealth support
- Person-held records
- Commissioning resources to support people to manage their conditions
- Empowering service users and ensuring more control and choice.

To further develop support for self management, we will re-use existing resources to develop a coordinated approach to assisting people to keep well from an early stage in their diagnosis, to manage their conditions better, to maintain and improve their independence and to access rehabilitation and psychological therapies.

Support will be available to people living at home, in community or residential centres. Also to those in prison, as East Lothian Community Health Partnership has hosted the Lothian-wide service for healthcare in prisons since 2011.

Following a period of treatment or rehabilitation, responsibility for ongoing clinical care and support may transfer to the Community Response and Rehabilitation Service being established in East Lothian.

To sustain and improve the capacity for individuals to lead healthy lifestyles, it is important to raise awareness around nutrition and health to avoid secondary long-term conditions, for example, obesity, diabetes, heart disease or stroke in addition to an individual's physical disability. Opportunities to support individuals to self manage should be explored with existing staff groups and community involvement, for example, using telehealth innovations.

Action

- ❖ Further develop the role of the Allied Health Professional in relation to supported self-management within integrated health and social care services
- ❖ Work with planning partners to ensure people understand how to use the

Supported Self Management resource, including those in prison

- ❖ Improve access to and raise awareness of specialist dietetic service
- ❖ Raise awareness of health promotion and innovative technologies to support healthy lifestyles that include nutrition.

6.1.6 Response and Rehabilitation Service

The Occupational Therapy Service within East Lothian Council, together with Health Service colleagues, is currently developing a Response and Rehabilitation Service. This service will provide a single point of access for a multi-agency / multi-professional team supplying the emergency care service, reablement, rapid response and rehabilitation. The service aims to respond to those in crisis within 24/48 hours and also to promote and encourage independence in the community to prevent admission or readmission to hospital or long-term care. This team, consisting of both physiotherapy and occupational therapy, supports people with progressive or long-term conditions.

See also Section 6.4.3 for more information on occupational therapy.

6.1.7 Support for People with Sensory Loss

*The Long and Winding Road*³⁵ envisages what needs to be in place to improve linguistic access for deaf and deafblind people. In particular:

- All public services will be deaf and deafblind aware
- Information will be provided in a range of accessible formats.

*The Scottish Vision Strategy 2020*³⁶ is a five-year plan to develop more integrated health and social care support for people with impaired vision, promote earlier detection of sight-threatening conditions and tackle risk factors, including poor health.

A key area of work to address the issues raised above is the development of anticipatory and promotional work in relation to hearing and sight loss in adulthood. In particular, people who are able to improve their sight or hearing through screening by trained staff and the provision of specialist equipment and telecare increase their ability to manage other conditions and live independently.

Action

- ❖ Work with the specialist provider agencies during Year 1 of the strategy

³⁵ *The Long and Winding Road* – a roadmap to British Sign Language and Linguistic Access in Scotland (2009), Scottish Government

³⁶ Scottish Vision Strategy 2020³⁶ (2009), RNIB

to explore the provision of a more integrated service for people with hearing and/or sight loss

- ❖ Work with specialist provider agencies to address screening for sight and hearing loss.

6.1.8 Care at home and reablement

Building a Health Service Fit for the Future³⁷ envisages the development of a community-based rehabilitation model, providing services which support people with intense and complex needs and long-term conditions to live at home, to support individuals effectively on discharge from hospital, to prevent admission at the outset or unscheduled/emergency admission or readmission and to reduce the longer-term potential for admission to residential care.

To support our work to shift the balance of care, East Lothian Council has reviewed the Care at Home service to provide people with more choice of service, to support hospital discharge and prevent readmission where possible. The team works with the individual to identify their requirements and to build up their skills and confidence in order to establish what they are able to do themselves and what they will require help with. This allows longer-term packages of care to be provided which maximise independence and support personal care needs.

Action

- ❖ Expand reablement services to those living at home so that people of all ages have access to reablement as required. Review take-up by younger adults

6.1.9 Hospital services

NHS Lothian has a number of initiatives underway which will improve the delivery of services from hospital sites. The main initiatives include:

- The reprovision of the Royal Edinburgh Hospital. This includes relocating some services currently provided on other sites, such as the neurological rehabilitation services, to ensure that services having a clinical relationship with each other are co-located where possible
- The planning and development of the East Lothian Community Hospital

³⁷ Building a Health Service Fit for the Future 2005 Scottish Executive

- The transfer of services to the new Musselburgh Primary Care Centre.

At present, many services central to the wellbeing of people with physical and complex disability are currently under review or being redesigned. Key areas include:

- Review and redesign of services for people with progressive neurological conditions at the Lanfine Unit, Liberton Hospital
- Review of the amputation service and redesign of the Sutherland Ward, Astley Ainslie Hospital
- Review and redesign of the pathway for people with brain injury at the Charles Bell Pavilion, also at the Astley Ainslie Hospital
- Development of a network of hydrotherapy pools across Lothian to improve information about and access to existing pools.

East Lothian is engaged in these developments through the Lothian Physical and Complex Disability Strategic Programme Board.

Action

- ❖ Ensure effective communication around the redevelopment of hospital services and the impact on citizens of East Lothian.

6.1.10 Support Services for People with Complex Conditions

We will assess the need for intensive support for people with physical disability and develop appropriate models of intensive support which will be available during the day, in the evenings or at weekends.

Following assessment, people who meet the eligibility criteria will be supported to consider the four options of self directed support to identify the most appropriate way for their services to be organised. Individuals, and, where they wish this, family members, will be supported to make decisions about their care and support, for example:

- respite/ short breaks from caring
- day support services
- or
- support to live as independently as desired and as appropriate for the individual.

Services will include access to the following functions:

- Assessment
- Activity programmes, including access to hydrotherapy
- Access to specialist therapy and transport

- Rehabilitation and ongoing support as required
- Monitoring of complex and fluctuating conditions
- Information and training on the cognitive and psychological impacts of physical disability, including adjustment
- Peer support for users and carers.

From contemporary research regarding the design and commissioning of services for people with more intensive or more complex needs, there is a consistent message that people are better cared for and happier being supported to live locally. This enables people to maintain family relationships, friendships and therefore have more resilience and better physical and emotional health and wellbeing.

Action

- ❖ Seek to develop local solutions to enable people with intensive support needs
- ❖ Explore opportunities to develop support services with neighbouring authorities
- ❖ Provide training on specific conditions/disabilities for people with disabilities, carers and staff.

6.1.11 Support for carers and development of short breaks

The planning partners, local carers and their representatives are working together to increase support to carers as part of this Strategy. Across health, social care, housing services and the voluntary sector we recognise that the move towards keeping more people at home for longer will inevitably put more pressure on carers.

Action

- ❖ Provide specific information, training and support to carers of people with fluctuating or progressive conditions
- ❖ Improve information and resources available to carers of people with a physical disability through working with the Joint Programme Board for Physical Disability to deliver an NHS Lothian web-based information resource

The Community Planning Partnership is facilitating the development of a Respite Strategy with all planning partners. Carers of East Lothian are currently exploring more personalised possibilities for carers seeking a short break from caring and developing a local Short Breaks Service.

Action

- ❖ Work with the Joint Planning Partners to pilot planned respite opportunities which meet people's needs
- ❖ Increase the capacity of the Short Breaks Service to include people with a physical disability.

6.2 Keeping safe

Outcome 2

Fewer people are the victim of crime, disorder or abuse in East Lothian

- Reduced fear of crime
- Reduced incidence of violence against women
- Reduced incidence of hate crime.

The support and protection of adults at risk of harm is a high priority for East Lothian Council and its partner agencies. Through our Public Protection Committees we offer support that promotes independence, choice and empowerment by:

- Raising awareness about Adult Protection issues
- Providing information and advice to the wider community and to professionals about what we can do and what we must do
- Providing information regarding rights and responsibilities
- Providing training and development activities for all who come into contact with adults who may be at risk of harm
- Promoting access to independent advocacy services.

Action

- ❖ Engage with the East Lothian Community Safety Forum to raise awareness of disability hate crime
- ❖ Engage with the Violence against Women partnership to monitor levels of violence experienced by physically disabled people
- ❖ Engage with the Adult Protection Committee to identify opportunities for investment in independent advocacy for adults with physical disability.

6.3 Inclusive communities

Outcome 3

East Lothian has strong vibrant communities where residents are responsible and empowered with a positive sense of wellbeing

- The third and community sectors are thriving and resilient
- Communities are well informed and influence decisions that matter in their local areas
- Our community celebrates its diversity and seeks to challenge prejudice
- People are creative and active in learning, culture and sport in their communities.
- Young people and children are involved in community life and their achievements are recognised.

6.3.1 Accessing public services

Improving access to public services is one of the key drivers for this strategy. We will improve access through:

- Improving access to public buildings. Public bodies adhere to the requirements of the Equalities Act and should enable full access to services for all, including a verification programme to ensure that buildings remain accessible
- Improving access to public information, including a verification programme
- Improving access to employment support through collaborative working between East Lothian Vocational Opportunities Service, Healthy Working Lives, Working Health Services Lothian and the 'Keeping Well' Team.

Action

- ❖ Address the Equalities Act duties and the Disability Equality duty with regard to removing discrimination and improving access to public life for disabled

people in East Lothian

- ❖ Ensure that the planned online directory of information for older people is also relevant to disabled people across East Lothian
- ❖ Engage with the ELC corporate review of employment support in East Lothian.

6.3.2 Monitoring equalities

An Equalities Impact Assessment³⁸ has been carried out on this Strategy. Through duties defined by the Equalities Act, East Lothian Council and NHS Lothian have a statutory duty to monitor and report on equality. Monitoring equalities provides us with a better understanding of the accessibility and uptake of our services by people with a physical disability and enables us to understand better the diversity of populations using our services. In particular we will seek to improve take-up of Equality and Diversity training currently offered through East Lothian Council's Single Equalities Scheme as this will improve opportunities for disabled people of all ages to participate in learning, culture and sport.

Action

- ❖ Engage with local planning forums to build on the Equalities actions, to improve the monitoring of Equalities and to increase the availability and uptake of Equality and Diversity training.

6.3.3 Advocacy and peer support

Throughout 2011 NHS Lothian and the four Lothian Local authorities have, through consultation with users, carers and providers, been developing the Lothian Independent Advocacy Action Plan³⁹.

With funding from Scottish Government, NHS Lothian undertook a health needs assessment of independent advocacy to consider current provision and the gaps in resources in relation to: hard-to-reach groups, groups with statutory entitlement to advocacy and new duties or recommended best practice.

This process has delivered a five year plan for advocacy with an annual action plan developed through consultation. This aims to improve the accessibility and availability of advocacy, for example through improving access to interpreting services, and to increase investment into independent advocacy across Lothian.

Action

³⁸ The Equalities Impact Assessment carried out on this Strategy can be accessed at http://www.eastlothian.gov.uk/downloads/file/5602/physical_disability_strategy

³⁹ Lothian Independent Advocacy Action Plan 2012-16

- ❖ Ensure that East Lothian continues to be represented at the Lothian-wide Steering Group to support and develop independent advocacy
- ❖ Use East Lothian Consultation hub to communicate progress in implementing the strategy with stakeholders and the general public
- ❖ Develop access to advocacy services for people with physical disabilities.

6.4. Housing and support

Outcome 4

Local Housing Strategy Strategic Vision: Everyone in East Lothian has access to quality sustainable housing which meets the changing and diverse needs of households, within safe, inclusive and vibrant communities.

6.4.1 Housing and housing support

The East Lothian Local Housing Strategy⁴⁰ (LHS) was approved in March 2012. The LHS sets out how the council and its partners will improve housing across East Lothian.

The LHS recognises that more accessible homes are required across all tenures and that in the future more complex levels of need are likely to be met in the community. During the consultation on the LHS some concerns were raised about the availability of housing for people with particular needs and as part of the LHS Action Plan we have committed to reviewing the provision of new build affordable housing for people with particular needs.

When we are building new housing there are some design elements which can improve the accessibility of housing for people with particular needs, for example interior and lighting design for those with sensory impairment. We will work with specialist organisations to review the provision of new build housing to ensure that we incorporate good practice guidance wherever possible.

In order to support the implementation of the LHS we carried out a Housing and Housing Support Needs Assessment to find out more about the needs of people with particular needs, including people with physical disabilities and hearing or sight loss. The initial findings of the research suggest there is likely to be a gap in supply of accessible smaller properties and highlights the importance of adaptations in enabling people to remain at home.

⁴⁰ East Lothian Local Housing Strategy 2012-17

The Housing Information and Advice Strategy ⁴¹recognises the need for a joined up and consistent approach to the delivery of housing information and advice can play a crucial role in enabling households to make good housing choices. As part of the implementation of the Strategy we will develop a housing options guide which will provide individuals and housing advisors with good quality and up to date information on housing in East Lothian. For people looking for social rented housing, we will also seek to provide applicants with better advice on the availability and location of housing which will meet their needs. This will ensure that households can access the widest range of housing available. Information and advice relating to other housing tenures will also be improved.

Action

- ❖ Review good practice in new build housing for people with particular needs, including interior layout and lighting design for people with a sensory impairment
- ❖ Review the provision of new build housing for particular needs groups
- ❖ Develop housing support services with a focus on preventative support
- ❖ Develop initiatives to address current and future housing and housing support needs using the findings from the Housing and Housing Support Needs Assessment (2012)
- ❖ Explore and develop social enterprise initiatives to provide assistance with moving home, decorating etc
- ❖ Provide households with housing information and advice which maximises choice and is tailored to meet the preferences of individuals.

6.4.2 Telecare and telehealthcare

Improvements in telecare and telehealthcare for people with physical disability is one of the key contributors in shifting the balance of care towards an increase in home-based care, particularly for young people in transition to adult services. The recent research into housing support needs has identified greater use of telecare and telehealth to assist in delaying a need to access supported or residential accommodation. This is a key area of expansion for younger people with physical disabilities to enable them to remain living at home and prevent long term residential admission. Telecare also provides crucial support for carers of people with physical disabilities.

⁴¹ East Lothian Housing Information and Advice Strategy 2012-17

We will further develop telehealth and telecare solutions linked to the development of supported self assessment and of our emergency response services. The current use of telecare by people with physical disability in East Lothian equates to approximately 8% of the total for telecare.

Action

- ❖ Develop supported self assessment for minor adaptations and telecare for people with physical disability and their carers in East Lothian
- ❖ Raise awareness of innovative and radical approaches to telecare, telehealthcare and telerehabilitation.

6.4.3. Occupational therapy, equipment and adaptations

The Occupational Therapy Service alongside Housing and Registered Social Landlords have recently developed a Equipment and Adaptations Partnership agreement across all housing tenures which aims to ensure the assessment and provision of major adaptations is service user focused, delivers streamlined decision making with delegated authority, to ensure positive outcomes for people with a disability and their carers.

Due to the shift in the balance of care and ongoing work with people with a disability and/or a long term condition, occupational therapists will play an increasingly important role in enabling people to live as independently as possible in their own homes for as long as possible.

Action

- ❖ Enable people with a physical disability to live in their own homes as independently as possible, increasing access to and uptake of specialised equipment and adaptations through take-up of Self Directed Support.

7. Engagement and communication

Effective links have been established between service users and providers, carers, staff and other stakeholders. Feedback from service users and carers, consultations on a range of topics and good communication ensures that information is shared through proactive networks of information and support.

This Strategy will be circulated, approved and launched according to the following timetable:

Table 7: Engagement and communication

Stage 1	East Lothian Joint Physical Disability Planning Group	Initial draft	March 2012
2	Senior Management Team, Adult Wellbeing, East Lothian Council Senior Management Team, East and Midlothian Community Health Partnership	Revised draft circulated for approval	May 2012 June 2012
3	Engagement session		June 2012
4	East Lothian Community Planning Partnership Health and Social Care Theme Group		August 2012
5	Community Health Partnership East Lothian Sub-committee		December 2012
6	Cabinet Meeting, East Lothian Council		January 2013
7	Public launch and distribution		To follow

Glossary of useful terms

Allied Health Professionals (AHPs)

The Allied Health Professionals (AHPs) play a critical role in the assessment, treatment and rehabilitation of people of all ages. They are an essential part of a multi-disciplinary team that works with disabled people. Some may be more involved than others depending on individual needs. There are 13 Allied Health Professions: art therapists, dietitians, drama therapists, music therapists, occupational therapists, orthoptists, orthotists and prosthetists, physiotherapists, podiatrists, diagnostic radiographers, therapeutic radiographers, speech & language therapists.

Blind or partially sighted person

Is a self-explanatory term but in other documents and discussions the term visual impairment may also be used.

Blue Badge Scheme

This scheme provides a national arrangement of on-street parking concessions enabling people with severe walking difficulties who travel either as drivers or passengers to park close to their destinations. The Scheme also applies to registered blind people and people with severe upper limb disabilities who regularly drive a vehicle but cannot turn a steering wheel by hand. The Scheme is administered by local authorities who deal with applications and issue badges.

Brain injured person

This means a person who has sustained damage to their brain either through trauma, haemorrhage, anoxia or infection. The most common cause of brain injury is traumatic head injury with the most common causes being assaults, falls or road traffic accidents.

Community Health Partnerships (CHPs)

Community Health Partnerships bring together primary care and specialist services. Working with Adult Wellbeing services they ensure that local population health improvement is placed at the heart of service planning and delivery. CHPs link clinical and care teams. They work in partnership with local authorities, voluntary sector and other stakeholders, actively involving the public, patients and carers.

Deafblind person

This means someone who has lost or is losing both their hearing and their sight. In young people the most common cause is Ushers Syndrome.

Deaf person

In the context of this report this means a person who is deaf, deafened or hard of hearing.

Dial a Ride and Dial a bus are services provided by Handicabs.

Dial a Ride provides door to door transport for people with limited mobility who live in Edinburgh or the Lothians and are unable to use ordinary buses. The journey will usually be to somewhere within Lothian. The service operates 7 days a week. Dial a Bus provides transport from home to a local shopping centre for people who cannot manage ordinary buses. It operates at least once a week in most areas within Edinburgh and Lothian

Disability awareness training and disability equality training

- Disability Awareness Training tends to focus on the individual impairment or condition and will often use simulation exercises (such as putting people in wheelchairs or blindfolding them) to encourage non-disabled people to have an idea of what it may be like to have that specific disability. Their trainer may discuss medical details, which may be connected with specific conditions, and will cover issues such as etiquette and language. Someone may offer the training with no personal experience of disability.
- Disability Equality Training explores the concept of people being disabled by society's barriers and attitudes, highlighting the role of the organisation in the removal of those barriers and in the changing of attitudes. The training may include an element of 'awareness' - customer care, etiquette and appropriate language for instance. It is unlikely that simulation exercises will be used, save perhaps as a means of illustrating particular barriers. The training will always be provided by a person with personal experience of disability.

Impact assessments

Impact assessments are part of the Equality and Diversity agenda. In an Impact Assessment the service provider assesses the likely impact of any proposed changes on staff and customers of its service, against the legal requirements of equality legislation.

JobCentre Plus

JobCentre Plus is a government agency, part of the Department of Work and Pensions, supporting people of working age from welfare into work, and helping employers to fill their vacancies. They aim to increase the effective supply of labour by best form of welfare and helping unemployed and economically inactive people move into employment. They also aim to pay customers the correct benefit at the right time and to work towards parity of outcomes for ethnic minority customers.

Lanfine Unit

The Lanfine Unit provides an in-patient rehabilitation service, currently in the grounds of Liberton Hospital.

Long term

Where the effect of disability has lasted, or is likely to last, more than 12 months or for the rest of a person's life (Disability Rights Commission).

Motability

Motability is a national charity assisting disabled people with their mobility needs. Motability direct and oversee the Motability Scheme which enables disabled people to obtain a car, powered wheelchair or scooter simply by using their government-funded mobility allowances

NHS Boards – NHS Lothian

NHS Lothian is the 'umbrella' organisation for all Lothian health services, with strategic planning and leadership provided by Lothian NHS Board.

Vocational Rehabilitation

Is rehabilitation aimed at helping people return to work or occupation and/or to stay in employment.

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Appendix A Joint Planning Group

The Joint Planning Group is currently the local mechanism for ensuring that key stakeholders participate in developing the strategic plan. The membership of the group currently includes:

- Service user and carer representatives
- East Lothian Council
- East Lothian Community Health Partnership
- East Lothian Community Care Forum
- NHS Lothian
- Voluntary organisation representatives including RNIB and Deaf Action.

The Joint Planning system is currently under review.

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Appendix B Action Plan: Strategy for Physical Disability and Hearing or Sight Loss 2012

Outcome 1	In East Lothian, we live healthier, more active and independent lives		
Action	Lead	Completion date	Resources
Gather information about the level of disability and the diversity of need in East Lothian, including complex sensory loss, speech loss, or other communication difficulties	ELC/NHS(L)	2014	In place
Ensure that services are commissioned to meet needs at different levels following the implementation of Self Directed Support	ELC/NHS(L)	Ongoing	In place
Report on the numbers of people selecting from the four Self Directed Support options by the end of the financial year 2013/14	ELC/NHS(L)	2015	In place
Work with the planning partners to remove unnecessary barriers and improve the experience of both younger and older adults accessing relevant services	Health and Social Care Theme Group/Getting it Right for Children and Young People Theme Group	Ongoing	In place
Strategically disinvest from current day service models to deliver redesigned services to support individual choice	ELC	2012-2015	In place
Seek to expand the availability of the Local Area Coordination model across the county (linked to disinvestment from current day service models)	ELC	2012-2015	In place
Engage with the current Council-wide review of transportation to improve access and resources for people	ELC	2013	In place

with a physical disability			
Improve access to the Stop Smoking Service which offers an inclusive service to support individuals with mobility or functional problems to access services more easily, including home visits where necessary	NHS (L)	March 2014	In place
Further develop the role of the Allied Health Professional in relation to Supported Self-Management (linked to disinvestment from current day service models)	NHS (L)	2012-2015	In place
Ensure people understand how to use the Supported Self-Management resource(linked to disinvestment from current day service models)	ELC/NHS(L)	2012-2015	In place
Work with specialist provider agencies to explore provision of a more integrated service for people with hearing and/or sight loss	ELC	2013	In place
Work with specialist provider agencies to address screening for sight and hearing loss	ELC	2013	In place
Expand reablement services to those living at home so that people of all ages have access to reablement as required. Review take-up by younger adults	ELC	Ongoing	In place
Ensure effective communication around the redevelopment of hospital services and the impact on citizens of East Lothian	NHS (L)	Ongoing	In place
Develop local solutions for people with intensive support needs (linked to disinvestment from current day service models)	ELC	2012-15	In place
Explore opportunities to develop support services with neighbouring authorities	East and Mid JPGs	2013	In place
Provide information and training on specific conditions and disabilities to people with disabilities, carers and staff	Carers of East Lothian and specialist provider	2013	Existing

	agencies		
Provide specific information, training and support to carers of people with fluctuating or progressive conditions	Carers of East Lothian and specialist provider agencies	2012	Existing
Develop pilot planned respite opportunities which meet people's needs	Carers of East Lothian /ELC/NHS(L)	2013	Existing
Increase the capacity of the Short Breaks Service to include people with a physical disability .	Carers of East Lothian	2013	Existing

Outcome 2	Fewer people are the victim of crime, disorder or abuse in East Lothian
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Action	Lead	Completion date	Resources
Engage with the East Lothian Community Safety Forum to raise awareness of disability hate crime	EL Health and Social Care Theme Group/Joint Planning Group	2013	In place
Engage with the Violence Against Women partnership to monitor levels of violence experienced by physically disabled people	EL Health and Social Care Theme Group	2013	In place
Engage with the Adult Protection Committee to identify opportunities for investment in independent advocacy for adults with physical disability	East and Mid Adult Protection Committee and Joint Planning Groups.EL	2013	In place

	Health and Social Care theme Group		
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Outcome 3	East Lothian has strong vibrant communities where residents are responsible and empowered with a positive sense of wellbeing
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Action	Lead	Completion date	Resources
Address the Equalities Act duties and the Disability Equality Duty with regard to removing discrimination and improving access to public life	ELC/NHS(L)	Ongoing	In place
Ensure that the planned online directory of information for older people is also relevant to those with physical disability	Change Fund Delivery Group	2012/3	In place Change Fund
Improve information and resources available to carers of people with a physical disability through working with the Joint Programme Board for Physical Disability to deliver a web-based information resource	NHS (L)	2013	In place Carers' Information Strategy
Engage with the ELC corporate review of employment support in East Lothian	ELC	2012	In place
Engage with local planning forums to build on the Equalities actions, to improve the monitoring of Equalities and to increase availability and uptake of Equality and Diversity	ELC/NHS(L)	Ongoing	In place

training			
Ensure that East Lothian continues to be represented at the Lothian-wide Steering Group to support and develop independent advocacy	ELC	Ongoing	In place
Use East Lothian Consultation hub to communicate progress in implementing the strategy with stakeholders and the general public	EL JPG	2013-20	In place

Outcome 4	In East Lothian people in housing need are able to access and sustain their choice of housing including independent living, where appropriate
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Action	Lead	Completion date	Resources
Provide households with housing information and advice which maximises choice and is tailored to meet the preferences of individuals.	ELC	Ongoing	In place
Review good practice in new build housing for people with particular needs, including interior layout and lighting design for people with a sensory impairment	ELC	To be agreed	In place
Review the provision of new build housing for particular needs groups	ELC	March 2014	In place
Develop housing support services with a focus on	ELC	Ongoing	In place

preventative support			
Develop initiatives to address current and future housing and housing support needs using the findings from the Housing and Housing Support Needs Assessment (2012)	ELC	To be agreed	In place
Explore and develop social enterprise initiatives to provide assistance with moving home, decorating etc	ELC	March 2014	In place
Develop supported self assessment for minor adaptations and telecare with people with physical disability and their carers	ELC	Ongoing	In place
Raise awareness of innovative and radical approaches to telecare, telehealthcare and telerehabilitation	ELC/NHS(L)	Ongoing	In place
Enable people with a physical disability to live in their own homes as independently as possible, increasing access to and uptake of specialist equipment and adaptations through take-up of Self Directed Support.	ELC/NHS(L)	Ongoing	In place