

Equal Lives

Essex County Council's
5 year plan for services for people
with physical and sensory impairment
(2006 – 2011)



Contents

1. Introduction	1
2. Achievements to date	3
3. Essex performance against national indicators	8
4. Disabled population of England	9
5. Disabled people in Essex	10
6. National and local priorities	11
7. Underpinning values	13
8. Outcomes for people who use services	13
8.1 Improved health	14
8.2 Improved quality of life	18
8.3 Making a positive contribution	22
8.4 Exercise of choice and control	24
8.5 Freedom from discrimination or harassment	25
8.6 Economic well-being	27
8.7 Personal dignity	28
9. Re-investment plan to deliver this 5 year plan	30
10. Targets for 5 years to 2011	31
11. Consultation	32
Appendix 1 - Relevant legislation and government guidance	34

1. Introduction

The first Equal Lives strategy in 2001 identified a clear aim for social care services for people with physical and sensory impairments. This was that services should be designed and delivered in ways that enable people to remain independent by exercising choice and control over their own life styles and circumstances, and it detailed our 5 year plan.

Local authorities have a key strategic role in delivering a more joined up system of support services for disabled people. Building on the first strategy, the County Council believes that investment in services for disabled people should be determined by the aim of enabling disabled people to fulfil their roles and responsibilities as citizens. This strategy has been developed jointly with disabled people. Milestones in implementing this strategy and its progressive reform will be set out annually within the Adult Social Care Business Plan.

This strategy identifies the County Council's 5 year plan to improve services for the following groups and their carers:

- people with physical impairments, whether or not conditions are congenital, acquired or progressive;
- deaf people;
- deafblind people;
- visually impaired and blind people;
- hard of hearing people;
- people with serious ill health;
- people with HIV or AIDS;
- people approaching the end of their life.

For the purposes of this paper, they are collectively referred to as 'disabled people' and as such are not age specific. However it will be important to ensure that there are seamless joins between the services set out in this strategy, Older People's Strategy, Opportunity Age, and those provided by other parts of Essex County Council's Adult Social Care Services. The benefits of this strategy are seen as integral to the delivery of a holistic service to be developed with NHS services, local housing authorities, other partner organisations and contractors. Locality planning will provide a focus to further the aspirations of this strategy.

Much reference is made to 'individual budgets' within this document. Their purpose is to promote independent living by providing people with choice, empowerment and freedom. Individuals will be able to:

- choose whether to receive their support in the form of a cash direct payment or direct provision of services whereby the County Council would hold the budget on behalf of the person using services or their carer, or a mixture of both;
- have access to a support planner to assist in designing and negotiating a care plan, whether mainstream or voluntary services or statutory care services;
- 'buy' elements of their care or support package, and so stimulate the social market to provide the services people actually want;
- transfer a share of the budget to something more appropriate where services fail to meet their needs or the outcome their vision demands;
- create packages of support that are flexible e.g. more culturally sensitive or more suitable for a rural location;
- shape and control the services they are willing to buy and shift the culture of care planning.

Individual budgets, along with Direct Payments, will therefore be the means by which the investment pattern of social care monies to support people with physical and sensory impairments in Essex can be radically changed over the next 5 years.

Appendix 1 lists the various pieces of government guidance that this strategy responds to.

2. Achievements to date

The first Equal Lives strategy aimed to deliver services which would:

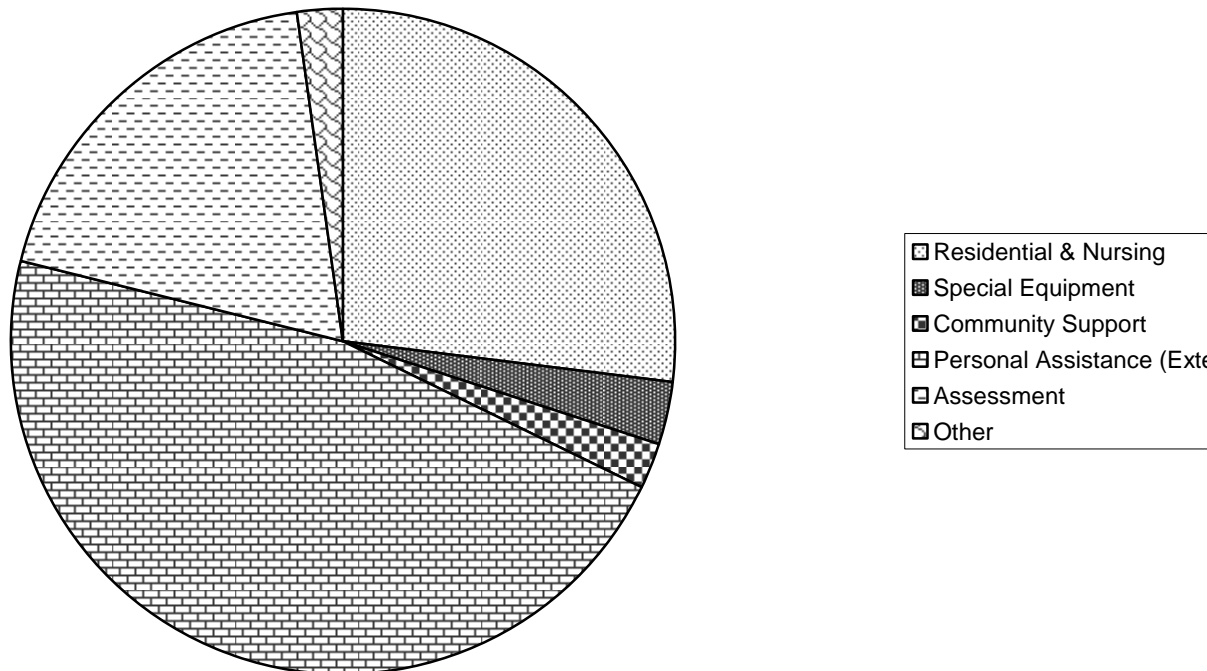
- enable people to express and exercise choice and control throughout their lives (independent living); and
- increase disabled people's ability to be more socially included.

These aims were embraced across several parts of the organisation, not just Adult Social Care Services. In line with that first strategy, there were significant changes between 2001 and 2005/6, including:

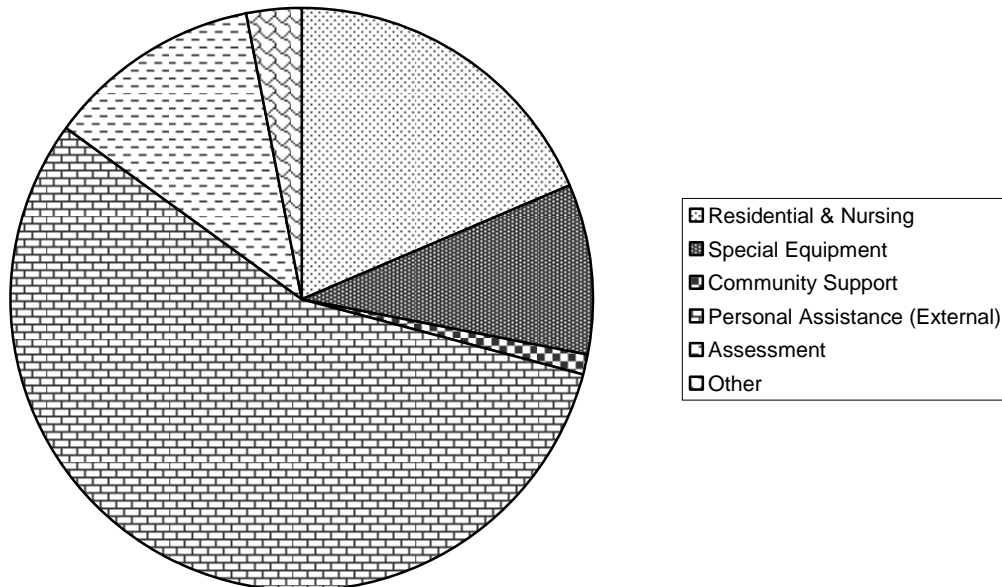
- improved range of good quality and accessible information about services available by end 2005;
- more holistic assessments and reviews, with both disabled people and carers, that considered their aspirations and abilities, and the barriers they face;
- greater availability of advocacy to support independent living and for people from black and minority ethnic groups;

- 51% of all externally purchased personal assistance to working age people with physical and sensory impairments during 2004/5 were via Direct Payments.

Independent Living 2001- 2002 split of spend



Independent Living 2005 - 2006 split of Budget
(at 2001 - 2002 prices)



- increased availability of short term breaks through Direct Payments – nearly £64,000 representing 33% of expenditure on short term breaks;
- direct payments also funding day breaks, transport, short term breaks, equipment and carers' support services;
- steady decrease in the total number of people supported to live in permanent residential care between 2001–2005; this is expected to level out;
- the majority of the 157 people who were discharged between 2001–2005, moved into or returned to homes of their own;
- support provided to disabled people accessing educational facilities via direct payments;
- more support to enable people to move to employment – in the 18 months from January 2004 a new employment adviser assisted 16

people to secure paid employment with a further 8 currently searching for a job (a second adviser has been recruited to increase the numbers);

- enabling/rehabilitation service within Community Support;
- Adapted Housing Registers are improving prospects of suitable re housing for disabled people;
- wider access to equipment provision through non–Occupational Therapy assessors;
- over 50% increase in the number of people receiving equipment between 2001–2005 from an integrated service, enabling more people to remain independent – 207% increase in deliveries annually, some of which will have been to the same people;
- minimal delayed discharges through use of both intermediate and interim care beds (NHS and social care respectively) and dedicated hospital link workers and home from hospital schemes;
- four new supported housing schemes for disabled people needing additional assistance to sustain their tenancies, often for the medium term;
- extra 1,000 hours of interpreting and communication services for deaf, deafblind, deafened and hard of hearing people during this period, and growth in interpreting for those from minority ethnic groups whose first language is not English;
- more mobility and rehabilitation training for blind, partially sighted and deafblind people - rehabilitation officers worked over a 5 year period with a minimum of 580 people aged 18–64 and 256 over 65;
- new communicator – guide scheme for deafblind people has grown by 21% between 2001–2005;

- two new nationally recognised development posts – deafblind development co-ordinator and deafblind club co-ordinator;
- increased use of the Independent Visitors' Scheme to increase confidence, offer disabled role models and reduce isolation;
- partnership and joint working with disabled people at all levels of decision making in relation to policy and strategy development, service design, monitoring and delivery;
- development of an Essex Centre for Inclusive Living;
- establishment of the Basildon Progression Centre;
- more collaborative working across the Council to ensure a focused approach to the needs of disabled people;
- regular established forum where disabled people and Essex Highways and Transportation staff work together to identify barriers disabled people face when travelling, and plan potential solutions;
- fully accessible buses on a network of key routes across Essex;
- 155 bus drivers and 400 taxi drivers in Basildon completed the Driver Training Scheme;
- improved communication on access issues between rail transport providers and access groups across Essex with improvements for disabled train passengers beginning to be evident;
- solutions to barriers that disabled people face in accessing public transport are now integral within Essex's long-term local transport plan that identifies changing transport patterns across Essex and develops an improved public transport infrastructure;
- 73 Essex libraries have a full range of accessibility features on computers, including magnification and speech software (through People's Network);

- Library Direct (previously the home library service) offering a more flexible approach to customer needs, e.g. home library customers with computers can place requests from home;
- a range of more inclusive reading activities for visually impaired and deaf people through a greater selection of large print and audio books, access to Booktalk groups and Essex Book Festival events;
- regular, successful events for deaf British Sign Language (BSL) users integral to the annual Essex Book Festival, in partnership with the Royal Association for Deaf People and Adult Social Care Services;
- Essex County Council's website is now accessible to people with differing requirements (complying with the national W3C standards).

3. Essex performance against national indicators

During 2004–2005, Essex County Council provided the following for people of working age (18–64) with physical and sensory impairments:

- of the need assessments of disabled people newly referred to Essex Social Care Services, 60% were completed within 4 weeks of the first contact;
- 3,047 disabled people received some kind of support from Essex Social Care Services to help them live independently at home;
- 1,335 people already known to Social Care Services received one or more reviews of their circumstances, needs and services;
- in total, 1,297 nights of respite care were provided;
- at any one time there were 160 people being supported to live in residential care;

and the following to disabled people of all ages:

- 19,374 people received community equipment to help them manage everyday activities (NB this excludes wheelchairs, nursing equipment and hearing aids);
- 89% (43,237) items of equipment and minor adaptations were delivered within 7 working days;
- 2,837 people had OT assessments or reviews, 606 (21%) of which were completed within 28 days of first contact;
- 100% of people were sent a copy of their care plan.

1.2% of Essex County Council employees declared themselves as having a disability within the terms of the Disability Discrimination Act 1995, a proportion we aim to increase significantly.

4. Disabled population of England¹

About 21% of the total adult population² is disabled, and experience disadvantage in many aspects of daily life. Compared with non-disabled people, disabled people are:

- more likely to live in poverty (having on average less than half the income earned by non disabled people);
- less likely to have educational qualifications;
- 50% more likely to be economically inactive;
- 25% more likely to experience problems with hate crime or harassment;

¹ Improving the Life Chances of Disabled People 2005

² General Household Survey (ONS) 2002

- more likely to experience problems with housing;
- more likely to experience problems with transport (most often identified by disabled people as their biggest challenge);
- 27% of disabled 19 year olds are not in education, training or employment, compared with 10% of non disabled 19 year olds.³

5. Disabled people in Essex

The Essex County Council area has a population of 1,312,700, of which:

- 137,150 stated they have a limiting long term illness;⁴
- 121,000 working age adults are disabled;⁵
- 45,000 are in receipt of Disability Living Allowance;⁶
- 20,800 working age people are in receipt of long term Incapacity Benefit;⁷
- 5,900 working age people are in receipt of Severe Disability Allowance;⁸
- 38,000 are from black and minority ethnic groups (who are less likely to report impairment than the white population);⁹
- 50% of disabled people are without a job and want to work;¹⁰
- 75% of blind and partially sighted people of working age are unemployed;¹¹

³ The Youth Cohort Study 2003

⁴ 2001 Census

⁵ Labour Force Survey

⁶ Department of Works and Pensions Feb 2004

⁷ Department of Works and Pensions Nov 2004

⁸ Department of Works and Pensions Nov 2004

⁹ 2001 Census

¹⁰ Labour Force Survey

¹¹ RNIB 2002

- 1,312 were born severely or profoundly deaf;¹²
- 1,445 people are registered with Essex Social Care as deaf;
- 1,090–1,640 people use British Sign Language as their primary language;¹³
- 1,435 people are registered with Essex Social Care as hard of hearing (a number known to be an under representation of the total numbers in Essex);
- 43,760 have a sight problem (ranging from those registered blind to people who cannot read a newspaper or recognise a friend across the street even with glasses);¹⁴
- 3,500 were born with a visual impairment;¹⁵
- 656 people are registered as deafblind (104 of whom are under 65);
- 835 carers have asked for their details to be held on the Carers database so that they can receive information regularly.

6. National and local priorities

The government has identified four key goals as the most important determinants of disabled people's life chances¹⁶:

- to empower citizens with choice and control over how additional needs are met;
- to support families with young disabled children;
- to ensure smooth transition into all aspects of adulthood;
- to improve employability.

¹² RNID

¹³ Royal Association for Deaf People 2005

¹⁴ RNIB 2002

¹⁵ RNIB 2002

¹⁶ Improving the Life Chances for Disabled People 2005

In each of these areas this vision is based on:

- removing barriers to inclusion;
- meeting individual needs; and
- empowering people.

The National Service Framework for Long Term Conditions¹⁷ also identifies quality requirements which must be achieved by 2015:

- a person centred service;
- early and specialist rehabilitation;
- community rehabilitation and support;
- vocational rehabilitation;
- the provision of equipment and accommodation;
- the provision of personal care and support;
- palliative care;
- supporting family and carers.

Essex County Council is committed to a clear customer focus in all its workings, and its strategic objectives for the coming four years are:

- improving our role in community leadership;
- ensuring better services;
- promoting Essex;
- guaranteeing value for money.

Within these it is committed to having a workforce well informed about disability equality to support its aim to be customer focused.

¹⁷ National Service Framework for Long Term Conditions 2005

7. Underpinning values

Essex County Council aims to ensure that disabled people are able to lead full and active lives, to help individuals overcome barriers to inclusion, and to support the wishes and human rights of people using services. Disabled people and the County Council have agreed that the design and delivery of services will best be improved if the work is based on the following values.

That we will:

- seek to transfer control and choice away from professionals, to disabled people as individuals, or disabled people's organisations;
- put our expertise at the service of disabled people and in their control;
- embrace the 'social model of disability' and pursue its consequences, ranging from challenging barriers to personalised responses to need;
- change the assumption that impairment means the automatic need for 'care', by seeking alternative means of maintaining people's independence.

8. Outcomes for people who use services

In partnership with disabled people, Essex County Council proposes that services for people with physical and sensory impairments should deliver the following outcomes, as detailed in the government's March 2005 Green Paper entitled 'Independence, Well being and Choice':¹⁸

- improved health;
- improved quality of life;

¹⁸ 'Independence, Well-being and Choice', Department of Health 2005

- making a positive contribution;
- the exercise of choice and control;
- freedom from discrimination or harassment;
- economic well-being;
- personal dignity.

This Equal Lives Strategy is structured around each of these outcomes. Several services such as transport could fit equally well under more than one of these headings, but to avoid duplication they are only referred to under one.

The design and development of services will need to be sensitive to local needs and resources, and will often be achieved in partnership with other statutory, independent and voluntary organisations as well as service user organisations. Therefore the County Council will strengthen its ability to work at a local level, and work to ensure that all services consistently achieve these outcomes.

8.1 Improved health

Disabled people should be supported to enjoy good physical and mental health (including protection from abuse and exploitation), have access to appropriate treatment and support in managing long-term conditions independently, and have opportunities for physical activity.

This aspiration is shared with the NHS and district and borough councils, with the County Council responsible for only some of the services contributing to improved health amongst disabled people.

What we will do both for disabled people and for carers:

1. Transform the approach to assessing and reviewing people's needs by ensuring that holistic, needs-led assessments and reviews:
 - are timely and culturally sensitive;
 - use an integrated and interdisciplinary system of assessment and care planning with an understanding of each other's roles and skills;
 - work in partnership with Mental Health and Learning Disability services to ensure arrangements for service users who need these services;
 - focus on aspirations, abilities and skills, and seek creative solutions, and are not driven by traditional service models or availability;
 - consider what gives individuals pleasure, and how such aspirations can be achieved through access to mainstream facilities as well as services within the voluntary and community sector (VCS);
 - consider how barriers can be overcome to sustain people's community involvement, and encourage ongoing community participation to build and sustain confidence and self esteem;
 - explore employment opportunities with disabled people and carers at various times;
 - explore volunteering opportunities with disabled people and carers to promote their social inclusion and active citizenship;
 - consider a person's sense of safety in their local community as well as in their home;
 - promote healthy living and active life styles that support individual well being;
 - consider building and sustaining friendships and relationships and sexual well being;
 - consider self management of medication;
 - support parenting by disabled people;

- transparently reflect the negotiating process in trying to meet unmet need because of limited resources or other factors.
2. Provide training for all assessors in Older People and Physical Impairment teams to provide a basic range of equipment.
 3. Explore opportunities to create local joint teams with health and housing (for social work and OT teams) to create single points of access that better serve people with complex needs.
 4. Ensure that all staff are better able to signpost disabled people and carers to other services and options.
 5. Develop means whereby, with access to good information, disabled people and carers can undertake a self assessment and/or self review.
 6. Measure the cost effectiveness of rehabilitation and mobility training for blind and deafblind people.
 7. Increase the capacity for mobility training for older visually impaired and deafblind people, and provide a career structure to further develop capacity.
 8. Support the development and maintenance of preventative services.
 9. Develop an Expert Carer Programme to give carers the necessary skills and strategies to cope with the role of caring for a relative, friend or neighbour.
 10. Work with partner organisations to ensure the protection of vulnerable adults from abuse.
 11. Work with NHS Trusts to develop seamless palliative care services.

What we will seek to influence in partnership with disabled people and carers:

12. Work with NHS partners to identify then overcome barriers disabled people face in accessing health care, ranging from GPs to acute hospital in and out patient care, from physical features to staff attitudes and expectations; thus to include ongoing programmes of awareness for staff.
13. Access to appropriate health and social care when new health problems arise that are not associated with the person's particular impairment, supported by advocacy if required.
14. Increased take up of the Expert Patient Programme which empowers people to be strong self advocates within the NHS.
15. Joint assessment and IT (information technology) systems that share information (with the person's consent) and avoid people having to repeat themselves (through the NHS National Programme for IT and in ways similar to the older people's Single Assessment Process.
16. Development of effective sexual health counselling services for disabled people across the county.
17. Appropriate preventative services e.g. dietary advice and managing it within a limited budget, availability of the right equipment (at home, GP surgery and out patients), accessible exercise courses, sexual health education, and advice about substance misuse and dependencies.
18. Increase employment opportunities through links with Disability Employment Advisors.

8.2 Improved quality of life

Disabled people and their carers should be supported to access leisure facilities, social activities, life long learning courses and universal, public and commercial services; to have security at home, access to transport and confidence in safety outside the home. (The term 'universal services' refers to all facilities, services or groups open or available to the public, whether local or national.)

This aspiration is also shared with district and borough councils and the Police authority, and the County Council is only responsible for some of the services that contribute to improving the quality of life of disabled people.

What we will do for both disabled people and for carers:

1. Provide a comprehensive range of information about universal as well as social care services, readily available in different places and formats, this to include local transport options.
2. Support the availability of role models for disabled people.
3. Present timely solutions to the barriers preventing people from getting out of their homes, including temporary solutions wherever possible.
4. Ensure that all carers have their views taken into account when considering how best to make provision for a disabled person, and promote a carer's assessment/review to consider their ability to manage their caring role on an ongoing basis.
5. Support young people through their transition to adulthood, including further or higher education, and in learning to live independently, by working with young people from age 14 in partnership with children and young people's service, adult social care and education services.

6. Support major housing adaptations to people's homes through recommendations to housing authorities and, exceptionally, loans or grants towards shortfalls in Disabled Facilities Grants.
7. Develop a housing strategy to meet the needs of disabled people across Essex, then develop a range of accommodation options which generate a sense of safety for people at home – type, location and mix. Link with the Adult Social Care Housing Strategy.
8. Work with Supporting People to support the development and use of move-on accommodation.
9. Support Home Improvement Agencies (HIAs) in the delivery of services to improve people's home environments, including assistance with Disabled Facilities Grant applications, benefit maximisation, handyperson's schemes, home safety audits and gardening schemes.
10. Support the voluntary sector to develop 'low level' support services for disabled people and carers that will prevent or delay people's need for social care services and improve their well being and quality of life, ensuring well trained volunteers. Monitor the services provided and assist organisations with accessing funding.
11. Provide appropriate long term residential care choice to families and friends for the small number of individuals with the most complex needs for whom this is their choice.
12. Provide interim residential care in preparation for people living in their own homes, usually including training in life and independent living skills.
13. Develop regular training for all transport service providers, including Community Transport and Community Link drivers, extending the earlier project in Basildon, and initial awareness of disability issues prior to disability equality training.

14. Compile a database of information around accessibility of roads and pathways throughout Essex.
15. Undertake a scheme of visits for disabled people's groups to try out and acclimatise themselves to accessible transport without commitment to travel on a public service utilising Try a Bus and Try a Train schemes.
16. Promote Essex Traffic Control Centre information service for travellers with impairments.
17. Promote Direct Payments for transport, and design individual budgets that will facilitate flexible solutions to meet assessed needs.
18. Promote awareness and application of ILF for all eligible users.
19. Support the development of 'floating' housing support and other Supporting People service models to assist people to maintain their tenancies.
20. Support the development of other services that prevent or defer the need for intensive support, including access to mainstream community services, role models, information about equipment available, befriending, consistent encouragement and advice to people with newly diagnosed impairments/conditions.
21. Develop a plan for each of the four County Council resource centres for disabled people by 2006 in a way that will encourage local Centres for Independent or Inclusive Living to promote local networks and support people with low intensity needs and enable people to sustain their independence.
22. Establish an effective system to capture local needs that current services do not meet, to inform the development of community resources to meet them.

23. Support those disabled people who have to pay for some or all of their support from their own funds, in accessing appropriate services.

What we will seek to influence:

24. Equality of access to universal services – leisure, social, community, public and commercial services and lifelong learning.
25. Ready and consistent access for deaf people to interpreting services when dealing with all public authorities and health services.
26. Ready and consistent access to communicator guides to support deafblind people at medical appointments, through the Deafblind UK.
27. Ready and consistent access to advocacy services for people unable to communicate while attending medical appointments.
28. Support networking between the Visual Impairment Resource Centres run by voluntary organisations across Essex.
29. Local community safety partners and plans to consider particular barriers that disabled people face in feeling safe.
30. An inclusive approach to planning housing developments.
31. Support equal opportunities for travel for those unable to use public transport.
32. Improve reliability and flexibility of community transport through reduced reliance on volunteers and higher expectations on licensing authorities.
33. Disabled people’s collective voice about barriers faced in relation to transport.
34. Accessibility of public footpaths and cycle tracks.

35. Adopt a new set of Essex County Council traffic calming procedures to ensure that road humps are the solution of last resort.
36. Ensure that all buses within Essex are fully compliant with the Disability Discrimination Act by 2012.
37. Ensure that all Essex County Council community and fleet transport are fully accessible.
38. Develop a programme for protecting bus stop zones to allow buses to stop in the correct position to make use of the new raised kerbs.

Challenge illegal pavement parking.

39. Develop Community Transport Schemes' seamless coverage across Essex.
40. Equal access to learning including ICT (information and communication technology) training through improved promotion of accessible learning opportunities in libraries, adult learning, LearnDirect and other providers.
41. Libraries and Adult Learning so that they will work more closely together to market opportunity and give access through a range of venues and services such as expand Library Direct, improve the choice of large print and audio books and develop tools to support people selecting audio and large print materials.

8.3 Making a positive contribution

Disabled people should be able to actively participate in the community through employment or voluntary opportunities, maintaining involvement in local activities, and being involved in policy development and decision making.

What we will do for disabled people and carers:

1. Encourage disabled young people to explore employment opportunities with the provision of appropriate support and information.
2. Improve the availability of volunteering opportunities for disabled young people.
3. Map routes towards employment in all localities by 2006 and then plan with partner organisations to fill gaps.
4. Significantly increase the number of disabled people employed within Essex County Council in line with its Disability Equality Scheme objective.
5. Provide volunteering and work experience placements accessible to people with physical and/or sensory impairments across all parts of the County Council.
6. Strengthen the participation of disabled people and carers in local planning at all levels.
7. Support the development of the planning team structure to provide a more cohesive planning group with full representation of all impairments.
8. Establish effective communication channels between the existing impairment-specific planning teams (jointly led by disabled people) and the new joint planning forum. Strategic Planning for Adult Care in Essex.
9. Establish a jointly led planning forum to address the needs of disabled parents.
10. Publicise the influence both disabled people and carers have on County Council plans and services to a wider audience.

11. Actively involve under represented groups within the Equal Lives planning structure, disabled parents and people affected by HIV and AIDS.
12. Facilitate the increased participation of disabled people from hard to reach groups.
13. The introduction of individual budgets will further increase disabled people's and carers' ability to participate in the community more actively.

What we will seek to influence:

14. The development of a comprehensive range of accessible information, available in different places and at different times, about employment and/or volunteering opportunities to allow people to make informed choices.
15. An increase in the availability of support to enable people to remain in employment either when newly diagnosed or when their condition deteriorates.
16. An increase in the availability of employment preparation for disabled people, including confidence, self advocacy skills, CV preparation and work experience, building on existing skills and qualifications.
17. An increase in the range of local opportunities both towards employment and employment training, including more work placement opportunities for disabled job seekers.

8.4 Exercise of choice and control

This will be achieved through maximum independence and access to information, by people being able to choose and control services, and managing risks in their personal lives.

What we will do for disabled people and for carers:

1. Provide a comprehensive range of information about community as well as social care services that is readily available at different times and places, in a range of formats, in addition to being accessible through hyperlinks from a range of organisations' websites.
2. Develop systems for self assessment and self review by disabled people and carers.
3. Introduce individual budgets to give people the freedom to meet their needs in the best possible way, with care or support managers/ navigators available through a disabled people's organisation, this to be an option for all by 2007.
4. Acknowledge and actively support people's rights to take and live with their own risks by ensuring that all assessment staff have undertaken the Practice and Principles of Independent Living training programme by 2007.

What we will seek to influence:

5. Development of social care information joined up with health.

8.5 Freedom from discrimination or harassment

Disabled people need equality of access to services, and should not to be subjected to abuse. All statutory, commercial and voluntary organisations share responsibility for this outcome.

What we will do for disabled people and for carers:

1. Provide assessments and reviews that acknowledge the barriers faced by disabled asylum seekers.

2. Support independent, good quality, timely and efficient advocacy services to support independent living.
3. Support a range of options to assist people considering and using Direct Payments and individual budgets.
4. Support the provision of advocacy to disabled people, including those from ethnic or other minority groups facing either discrimination or harassment.
5. Ensure equality impact assessments of all social care services, including those provided by partner and voluntary organisations.
6. Support the development of the 'voice' of disabled people from ethnic and other minority groups.
7. Provide language service professionals for deaf and deafblind people accessing Essex County Council's social care services.
8. Provide communicator guide services for deafblind people.
9. Provide language interpreter services for service users so that family members are not called on to interpret.

The development of individual budgets will provide further choice in how and from whom they secure services appropriate to their needs and wishes.

We will seek to influence:

10. An increase in public awareness of disabled people's participation in society, of the attitudinal barriers they face which need to be addressed, and so reduce the harassment they experience.
11. By working with the Learning and Skills Council to develop self advocacy or assertiveness training for disabled people and carers.
12. By encouraging the development of a consortium of statutory and independent sector organisations who commission interpreting and communicator guide services for deaf and deafblind people (including NHS services) to make access easier.
13. By ensuring maximum capacity of interpreting, lip reading and communicator guide services by supporting local training opportunities for sign language interpreters, lip reading tutors and communicator guides.

8.6 Economic well being

This includes disabled people's access to income and resources sufficient for a good diet, accommodation and participation in family and community life, and the ability to meet costs arising from specific individual needs.

Whilst benefit levels are outside the control of the County Council, it is important that it recognises the importance of this outcome.

What we will do for disabled people and for carers:

1. Ensure all financial assessments for care services and Disabled Facilities Grants include advice on benefit entitlement.
2. Provide a benefit checklist at all new assessments, at regular reviews, and ensure a benefit checklist is available on the website.
3. Ensure assessments and reviews consider people's participation in their wider family and community lives, including parenting responsibilities.

We will seek to influence:

4. The increase in skills of benefit advisers in helping deaf and deafblind people and those unable to communicate to successfully apply for Disability Living Allowance.

8.7 Personal dignity

This involves upholding the rights of disabled people in keeping clean and comfortable, enjoying a clean and orderly environment and the availability of appropriate personal care/assistance.

What we will do for disabled people and for carers:

1. Provide personal assistance that offers choice, is timely and enabling in philosophy, culturally sensitive, and with trained, sensitive staff who respect people's privacy and dignity.
2. Provide day services for small numbers of people who need a break from home but who do not choose or are unable to participate in community activities.

3. Provide community equipment and assistive technology that allows people to manage everyday activities more independently, including fast tracking the timely provision of preventative equipment.
4. Ensure that carers are aware that a range of services are available to support and sustain them in their role.
5. Develop a protocol with NHS partners for the equitable provision of communication equipment for those with speech impairments.
6. Develop a range of telecare provision – electronic technology to monitor activity and support people with cognitive impairments to live at home – in partnership with district and borough council and NHS partners.
7. Jointly commission peripatetic housing support, including a scheme for deaf people.
8. Establish a full range of community rehabilitation and enablement services that enable people to retain as much independence as possible, in collaboration with local NHS and Primary Care Trusts (aligned to the Essex Continuing Care Policy).

Individual budgets will further enhance people's personal dignity by allowing them the freedom to secure the type of services they feel will best meet their needs, whether or not they are traditional types of social care services.

What we will seek to influence:

9. The shift from Home Care to Personal Assistance in both name and approach.
10. Work with independent, voluntary sector and commercial organisations so that people wishing to buy their own equipment can make more informed choices.

9. Re-investment plan to deliver this 5 year plan

Individual budgets will be the means by which the balance of investment between types of service and budget policy areas shifts to ensure that County Council resources move away from services that do not meet needs and expectations to ones that people actually want. Thus individual budgets will help promote the more effective use of the resources available to meet care and support needs.

Broadly we aspire to achieve by 2011, 80% of the County Council's social expenditure on services for people with physical and sensory impairments (excluding only assessment and residential services) will be through individual budgets. At 2005/6 rates this equates to £17,350,000 of the £33,807,000 total budget to be spent through individual budgets in the policy area to be known as 'Exercise of Choice and Control'.

A 5 year budget plan has been developed to identify the varying contributions existing budget areas will make towards this 2011 target.

10. Targets for 5 years to 2011

The procurement strategy will detail how we will incentivise the effective delivery of services required to deliver the outcomes within the Equal Lives strategy, and its targets.

It is likely that the national performance indicators set by the government will have changed by 2011, however broadly, the targets within the equal lives strategy are:

1. For individual budgets we will be in the top 10% of councils for individual budgets and will aspire to achieve 80% of total expenditure for people with physical and sensory impairments and carers (excluding only assessment and residential services) to be via individual budgets by 2011.
2. Minimal growth in total number of people supported in long-term residential care (from 2005 level of 166).
3. At least 95% of community equipment to be delivered consistently to disabled people within 7 working days of an assessment or review being completed.
4. All people to be given a copy of their assessment or review within 2 weeks of its completion.
5. All carers to be offered an assessment.

11. Consultation

We received 34 responses, 23 on behalf of organisations and 11 from individuals. We would like to thank all the individuals and organisations that commented on this document and where appropriate these views and suggestions have been captured in the final document. A list of those who contributed appears below:

Hearing Help

ECC Supporting People

ECC Benefits Agency

Chelmsford Area Access Group

Dr P. Geoghegan OBE, South Essex Partnership NHS Trust

ECC Rehabilitation Sensory Team

Graham Bushby, St John Ambulance

Howard Perry, BBW PCT

MIND, Dunmow

Crossroads, Chelmsford

Charity Action for Relief of MS

Crossroads, Tendring

Chelmsford Sports

Richard Boyd, EDPA

MS Society

Cllr Susan Flack

Tendring Community Transport

Age Concern

Harlow Welfare Rights & Advice

Brian Parkin

C. Lelliott

Ray Anderson

Sue Cornell

ECC Planning Teams

Appendix 1 - Relevant legislation and government guidance

The proposed Equal Lives strategy for 2006–2011 has been drafted to deliver on the following government publications:

- Improving the Life Chances of Disabled People (Prime Minister's Strategy Unit, January 2005)
- The National Service Framework for Long term Conditions (Department of Health, March 2005)
- Independence, Well being and Choice (Department of Health, March 2005)
- Supporting People with Long Term Conditions – An NHS and Social Care Model to support local innovation and integration (Department of Health, 2005)
- Delivering Housing Adaptations for Disabled People: A Good Practice Guide (Office of the Deputy Prime Minister 2004)
- Choosing Health: Making Healthier Choices Easier (Department of Health 2004)
- Carers (Recognition and Services) Act 1995
- Carers and Disabled Children Act 2000
- Carers (Equal Opportunities) Act 2004
- Community Care (Delayed Discharges) Act 2003
- No Secrets: Guidance on developing and implementing multi agency policies and procedures to protect vulnerable adults from abuse (Department of Health 2000)
- Disability Discrimination Act 1995

- National Pay and Workforce Strategy (Office of the Deputy Prime Minister 2003)
- Supporting People
- Race Equality Act
- Human Rights Act
- Freedom Of Information
- Fairer Access to Care Services
- Fairer Charging

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