

**Physical Disability &  
Sensory Services  
Commissioning Strategy  
2015 - 2019**

**Cambridgeshire County Council**

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## 1. INTRODUCTION

This strategy describes our approach to commissioning services for and working with people in Cambridgeshire who are:

- Physically disabled.
- Live with a long term condition including HIV.
- Have a sensory impairment.

The document relates to Cambridgeshire residents who have a permanent and substantial physical and /or sensory impairment.

The Physical Disability Team works with adults who have a physical disability, illness or long term condition. Historically the team worked with individuals aged 19-64 (with transfer at their 65<sup>th</sup> birthday), however, from April 2014, the service now works with eligible individuals aged eighteen to seventy four who are living in the community<sup>1</sup>.

The Sensory Services works with all ages throughout their lifespan - adults, older people and children<sup>2</sup> with a sensory loss. The overwhelming majority of individuals known to the Sensory Team are older people with acquired visual and or hearing loss and hence they may also be known and supported by the Older Peoples Service.

The majority of the commissioned services used by the Physical Disability Service, such as Domiciliary Care provision and Reablement are those used by the Older People's Services, and as they are the bigger service they are the lead for commissioning these services. This strategy therefore concentrates on those services that are specific to Physical Disability, Long Term Conditions and Sensory and aims to promote personal, strengths based approach for service users and informal carers known to the Countywide Services with an emphasis on earlier intervention and prevention.

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<sup>1</sup> Those who have earlier transferred from the Physical Disability Team at the previous age threshold or are over 65 and are in need of Residential or Nursing Home care or have a diagnosis of dementia remain under the Older People's Service.

<sup>2</sup> Please note that the Children's Disability Services maintain case responsibility for the child/young person where there is input from the Sensory Team and the Children's Visual Impairment Team cover education needs.

## 2. DRIVERS FOR CHANGE

Traditionally, adult social care commissioning has concentrated on statutory need, using outputs to measure effectiveness. There is now realisation, recently backed up by legislation that more thought needs to be given to the individual, their strengths and their context within their family and their community and to identify what they had wanted to achieve by their contact with Adult Social Care and in their lives. In other words their wellbeing and the outcome or difference they hoped to achieve, within the allocated resources and their individual setting.

The legislative changes of The Care Act 2014, the increased emphasis on wellbeing and on coproduction with individuals as well as the ongoing financial situation have been significant drivers for change over the last years.

Cambridgeshire County Council has had to find substantial savings over the last few years - £42 million in 2012-13, £32 million in 2013-14 and £39 million in 2014-15. At the same time the proportion of frail older people in the county has been increasing and the number of people with disabilities who have complex needs has increased and some of these people are living longer. The Disability Services have an overall budget of £14.35 million from which savings of 8.7% will need to be delivered in 2015/16, with further savings in the following years.

Only a minority of those with a disability receive assistance from Adult Social Care Teams and there has been and continues to be growing emphasis on considering the needs of the whole population not just those who are eligible for support from social care services. The Care Act builds upon the earlier work by the Council to develop a universal advice, information and signposting system through the previous website Your Life, Your Choice. Supporting the ongoing development, rationalisation and coordination of the various avenues for Information, Advice and Guidance will be an important role for the Local Authority to undertake with its partners in the private, Health, Voluntary and Public Sectors.

Working with partners, both voluntary and statutory, to maximise the offer to the public is an important part of the Care Act and a significant driver for change. Ongoing partnership working and coproduction (working with and to the agenda of the individual wherever possible) will enable scarce resources to be targeted in the best way to achieve maximum results.

Partnership working is also key to improve prevention and early – possibly time limited - intervention and thereby to maximise an individual's potential to maintain / regain as much independence as possible. Reablement and the work of the Sensory Team are examples of services where time-limited and goal-oriented services already exist and continue to be developed.

Cambridgeshire is committed to supporting disabled people to live their lives the way they want to. Individuals should be able to access essential services and resources that non- disabled people take for granted.

Commissioning for health and wellbeing means involving the wider community to provide services that help people remain healthy and independent, as well as meeting their needs for care and support. People should be supported to remain active as citizens within their communities, supported to contribute to their society as appropriate and personalised support can help achieve this.

As a consequence of the above Cambridgeshire is adopting a new way of working and rather than care management, will be embracing an approach called Transforming Lives which moves aims to build upon people's strengths and existing links with their community rather than overly focus on their deficits. See later section for more detail of this three tier model.

Key Documents are:

- **Care Act 2014** (which largely came into being in April 2015, with the financial changes coming into effect in 2016), amalgamates and updates much of the previous legislation, guidance and aspiration.

1. Establishes a single national eligibility criteria aiming to enable people to have greater certainty of offer should they move location.
2. Duty to promote wellbeing of individual and their carer.
3. Guarantees preventative services, Information, Advice & Advocacy and inter professional partnership working.
4. Responsibility to assess whether a Carer has needs for support and to identify what those needs might be. Carers with eligible needs will receive a personal budget.
5. Reinforces importance of specialist assessors for DeafBlind people.

- **Health and Social Care Act 2013**

1. Development of Clinically Led Commissioning
2. Aimed to improve the handovers between Health and Social Care.
3. Transferred Public Health back to Local Authorities.
4. Created Health and Wellbeing Boards – to improve feedback from users and groups.

- **UK Vision Strategy (Refresh) 2013-18**

1. Raise eye health awareness among the public.
2. Timely interventions for those with eye conditions – emotional support, re/habitation, equipment.
3. Address the challenges that affect people with sight loss – employment, transport, education, leisure and technology,

- **Public Services (Social Value) Act 2012**

Public bodies in England and Wales, including local authorities, are now able to consider how the services they commission and procure might improve the economic, social and environmental well-being of their area.

- **Transforming Lives**

Transforming Lives is about a new way of working. It aims to move from reacting to crises to focusing more on prevention, early intervention and utilising the strengths that a person has and the support they already have through either family, friends or from services out in their community.

- **Shaping Our Future 2009**

This document was a Framework for Action for the Council's Adult Social Care Services and a precursor to the Transforming Lives work. It is a strategy designed to promote services that fit with people's lives and do not box them into a 'one size fits all' approach, as well as meeting the pressures of an ageing population and people with complex needs. Additionally identifying the triggers and events that are experienced by individuals as they grow older which may lead to the need for adult care services was recognised as being important. This knowledge then supports better targeting for prevention, early intervention and support.

### 3. LOCAL CONTEXT

#### Population and rates of Disability

According to the 2011 census the population in Cambridgeshire was 621,000 with 16% identifying themselves as having a disability (the national average being 18%). The census is a self-assessment which covers any long-term illness, health problem or disability, which limits daily activities or work and is therefore a wider definition than Office of Population Census and Surveys (OPCS) which focuses on disability. Individuals were asked to identify whether / to what extent any disability or illness impacted on their lives.

Area	Cambridge	South Cambs	East Cambs	Fenland	Hunts
Limited a lot	5.5 %	5.6%	6.5%	9.9%	6.3%
Limited a little	7.7%	8.4%	8.9%	11.1%	8.6%
Number Respondents with activity limiting condition <sup>3</sup>	16,064	20,728	12,902	20,030	25,303

Further data in the Joint Strategic Needs Assessment (JSNA) Physical and Learning Disability through the Life Course 2012-13 predicted that 9,341 aged 65+ would have a moderate or severe visual impairment. The RNIB Sight loss data tool, 2014 estimated that there were 18,210 people with sight loss in the county.

From April 2013 to March 2014, 254 adults were added to the Cambridgeshire County Council register for severe sight loss (blindness) or sight loss (partially sighted); with 58 of these individuals identified as having dual sensory loss. People with disability are more likely to live in poverty and be unemployed. There are differences experienced by people who have had a disability since birth and those who have become disabled later in life. They are also more likely to be isolated, all of which impacts upon their wellbeing.

Numbers of those with sight, hearing or dual sensory loss are expected to increase as the population continues to age.

#### Ethnicity

Cambridgeshire has an overwhelmingly white population, with the city of Cambridge having the most diverse population, with 18.15% identifying themselves as being from Mixed, Asian, Black / Afro Caribbean or other. Many of these being students or professionals and therefore less likely to have particular health / support needs from Disability Services.

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<sup>3</sup> Data obtained from [CambsInsight](#)



Within the county other significant groups are Travellers and East Europeans; efforts are made to engage with these groups to promote healthy lifestyles and engagement as the Traveller Community in particular tends to have a lower life expectancy and greater rates of sensory loss for example.

### **Long Term Illness and Poverty**

Generally Cambridgeshire is a prosperous county with above average life expectancy rates. There are though pockets of deprivation in the north of the county and in certain wards in Cambridge city and residents in these areas are more likely to have a limiting long term illness or to perceive their health to be poor.

Developing an impairment is strongly linked to being poor, out-of-work, or having low educational qualifications. The risk of developing a disability is two and a half times higher for those in the bottom fifth of the income distribution.

### **Blue Badges**

Individuals with a disability / mobility difficulties can apply to the Cambridgeshire Direct for a Blue Badge to enable them to park nearer to their destination. An independent mobility assessment was introduced to the process in June 2011.

Number of people with Blue Badges			
	2010	2011	2012
Under 19	209	189	225
20-64	2,840	2,635	2,683
65 & Over	9,168	8,171	7,677
Total	12,217	10,995	10,585

### **Independent Living Fund**

The original Independent Living Fund (ILF) started in 1988 with the aim of enabling disabled people to live independently in the community rather than in residential settings. Entry to this scheme ended in 1993 with new applicants then able to apply to the Independent Living (1993) Fund. This latter fund was then closed to new entrants in 2010. Both schemes now formally end in June 2015 with responsibility for supporting ILF users and nett funding transferring to Local Authorities.

The Physical Disability (PD) Team is currently working with ILF and 48 service users, (plus one person, previously not known to the service who has ILF group 1) to ensure that they continue to receive appropriate support when the ILF scheme closes in June 2015.

Support from the ILF scheme differs from the support that can and will be offered from the Local Authority in a number of ways. For example, ILF required a greater personal financial contribution from the individual, but payment of this was not routinely checked, assistance such as housework was included and generally joint funding from Health was not sought in case the funding from the Local Authority dropped below the minimum level needed to maintain eligibility for the scheme.

The PD Team is currently working to support people through this transfer. Although the team is aiming to minimise any disruption to individual service users, all packages are being scrutinised to ensure that we are providing an equitable service. This means that some funding packages are being decreased. This reduction may result in an increase in complaints.

## **Physical Disability**

In August 2014 the Countywide Physical Disability Team was directly supporting some 740 individuals. The majority of these people have acquired disability such as Multiple Sclerosis, Acquired Brain Injury and Stroke. The service also supports people with lifelong disability such as cerebral palsy, those with both a lifelong disability and an acquired condition, as well as those who are terminally ill. Consequently some have deteriorating health conditions whilst the remainder can be supported to maximise their independence. The numbers supported by the Physical Disability team at any one time represents only a small proportion of all the people in the county with a substantial disability in Cambridgeshire – many of the others are supported by family carers, insurance settlements, or are independently self-funding. A few self-funders have their care arranged by the Physical Disability Team.

All people who have been assessed and have eligible needs will have a Personal Budget identified - an allocation of money to meet their assessed eligible needs. The Personal Budget can be taken as a Direct Payment, where the person receives the money and makes their own arrangements to meet their needs or the Council can make the arrangements on their behalf - Arranged provision. People can also have a mix of these two approaches.

## **Sensory Services**

The number of people supported by the Sensory Team is fairly fluid with people being open to the team for support, equipment, and rehabilitation for specific time limited (but not time prescribed) agreed interventions. There are currently around 350 people supported by the Sensory Team. There are relatively few people in receipt of Personal Budgets as work tends to be focused on specific outcomes such as improved independence skills, mobility and equipment. Additionally there are many individuals with dual diagnoses, who may have sensory needs, but whose primary need is from their learning disability or age related frailty. This highlights the importance for the Sensory Team to work with colleagues in other social care teams to ensure that the needs of individual service users are met holistically.

The Council is also required to maintain registers of people with a dual sensory loss and the Sensory Team also registers those who are deaf / hard of hearing as feedback suggested that many people find the registration card useful to alert others of their disability and offering them communication tips.

## **Current Referrals to Countywide Disability Services**

Currently the main routes of referral to the Physical Disability Service is from other professionals such as Health or Reablement colleagues, whereas the Sensory Team gets referrals from Eye Clinics and Audiology, partner voluntary organisations and via Cambridgeshire Direct. Very few referrals come through to Physical Disability from Children's services. The Sensory Team does get some referrals from Children's Services. The Transforming Lives model is likely to reduce the number of people being referred through Cambridgeshire Direct with more people coming through Reablement and other voluntary and statutory partners.

## 4. RESOURCES

Along with other Local Authorities, Cambridgeshire County Council has faced and still faces significant budget pressures and, as the service area with one the largest shares of the overall budget, much of this falls upon Adult Care Services – including Older Peoples Services. At the same time Cambridgeshire overall has an aging population, remains one of the lower funded authorities and is also one of the fastest growing counties in the country

Adult Social Care has had savings targets in excess of £57 / £71 million in the last three / four financial years with more still to come. The Countywide Disability Services have the following savings targets for the next three years:

2015-16	£1,247,000
2016-17	£1,192,206
2017-18	£842,956

It is therefore imperative that whatever services are commissioned, that they provide value for money, are well targeted and meet the desired outcomes.

The Physical Disability and Sensory Services Team has an overall budget of £14,353,000 for 2014-15. This is broken down as follows:

Management, Admin, Carers Grants and Contracts	£1,196,000
Physical Disability Services	£12,676,000
Sensory Services	£483,000

Resources though are about more than ‘just’ money – staff, relationships with statutory agencies, the voluntary / third sector, communities, clear processes, culture, training and the right information at the right time all impact on the efficacy of using resources and enable individuals to get a personalised service to meet their needs, desired outcomes and help improve their wellbeing.

Disability Services has a mixture of people who are qualified (Social Workers, Rehabilitation Workers) and those with on the job training and / or those with lived experience. The Services are working towards increasing the proportion of professionally qualified staff in the teams. Additionally the Service is supported by others colleagues including those in Administration, Finance, Work Force Development, HR and IT. All need to work together, particularly with a new model of working, to deliver a skilled and efficient service that provides the outcomes that people want.

The Physical Disability Team will continue to aim to support people in the community utilising appropriate natural support and community resources wherever possible, with Residential or Nursing Home placements being the last resort.

To ensure financial prudence is maintained Staff will be expected to maintain awareness of the individual budget, undertake timely reviews and consider alternative options for funding such as Continuing Health Care funding where appropriate. The Team will endeavour not to undertake long term planning during a crisis situation.

## 5. CO-PRODUCTION

Co-production is about developing more equal partnerships between people who use services, carers and professionals. In the past, services were provided to people, then for people, but increasingly now individual service users and disabled people are working with the Local Authority to influence and shape the future offer / provision of services.

In Cambridgeshire there are a number of Partnership Boards for the various service areas – Physical Disability and Sensory Impairment (PDSI), Older People, Carers, Learning Disability and SUN (Mental Health). The Chair of the PDSI Board has a disability and we are hoping to recruit a vice chair with lived experience as well. The Board is supported by a User Led Organisation, the Cambridgeshire Alliance. The Board includes representatives with lived experience of disabilities, voluntary sector partners and the statutory sector. The various Chairs of the Partnership Boards, relevant Managers and Organisations link together in the Adult Social Care Forum. This enables the sharing of issues and concerns with other Boards and with Council Staff / Senior Managers. For example meetings have recently been held to clarify the information on and service offer via Direct Payments.

People with lived experience and their families also have an invaluable role to play in feeding back information on services, in reviews, assisting in service decisions and in the tendering of contracts. For example, individuals with a sensory loss assisted in the recent retendering of the Sensory Contracts and PD service users participated in a brief questionnaire about activities, information and advice. This feedback was then used to inform decisions about the setting up of monthly Joint Drop In Sessions with the Carers Support Team. Additionally individuals and partner organisations also assisted with the Acquired Brain Injury (ABI) project work.

Generally though people want:

- Choice and Control over the way they live their lives.
- Clarity over the process and how systems like financial contributions / personal budgets work.
- A timely and personalised response that helps them meet their outcomes.
- Improved Wellbeing.

## 6. TRANSFORMING LIVES

Transforming Lives is a proactive, personalised and preventative approach to social work and social care for adults in Cambridgeshire. This new approach aims to change the way that the Local Authority provides support to individuals, carers, families and communities in the county. It fits with the imperatives of the Care Act 2014, builds upon peoples strengths' and aims to deliver improved choice, control, well-being and independence for the residents of Cambridgeshire.

Adult Social Care cannot deliver this new way of working in isolation and in addition to working with individuals and their families, needs to and does work collaboratively with a range of partners, statutory and voluntary / third sector to further develop and deliver this new way of working for the benefit of all. The vision for the new way of working is to:

- Enable people to live independently
- Support people in a way that works for them
- Support the development of strong, connected communities
- Recognise and work with the strengths of individuals, families and communities and build upon these
- Work in partnership to achieve this.

Transforming Lives is based upon a three tier model:

### **Tier One Help to Help Yourself**

The importance of Information and Advice is emphasised in both the Care Act and Transforming Lives. It needs to be readily accessible, clear, friendly and available in different formats - Web-sites, leaflets, telephone support and via face: face interactions. Professionals and volunteers from many sectors have a role to play in enabling access to pertinent information and in providing a supported introduction to local groups and support.

In addition to the above, Community Navigators have a key function in having a detailed understanding and knowledge of local information and the potential community offer. Tier One includes universal services and local activities that can support a vulnerable adult to maintain personal interests or activities. Some social engagement / connecting with others is important for human beings and recent research<sup>4</sup> has shown that loneliness and chronic isolation is as bad for health and wellbeing as smoking and obesity.

### **Tier Two: Crisis Intervention, Help when Needed**

Focused intervention and support to help an individual through a crisis - this short term intervention has to be timely, targeted and possibly intensive to help people through their particular crisis situation. A fundamental part of this tier is that no long term decisions are made whilst the crisis is still ongoing. It is hoped that this short

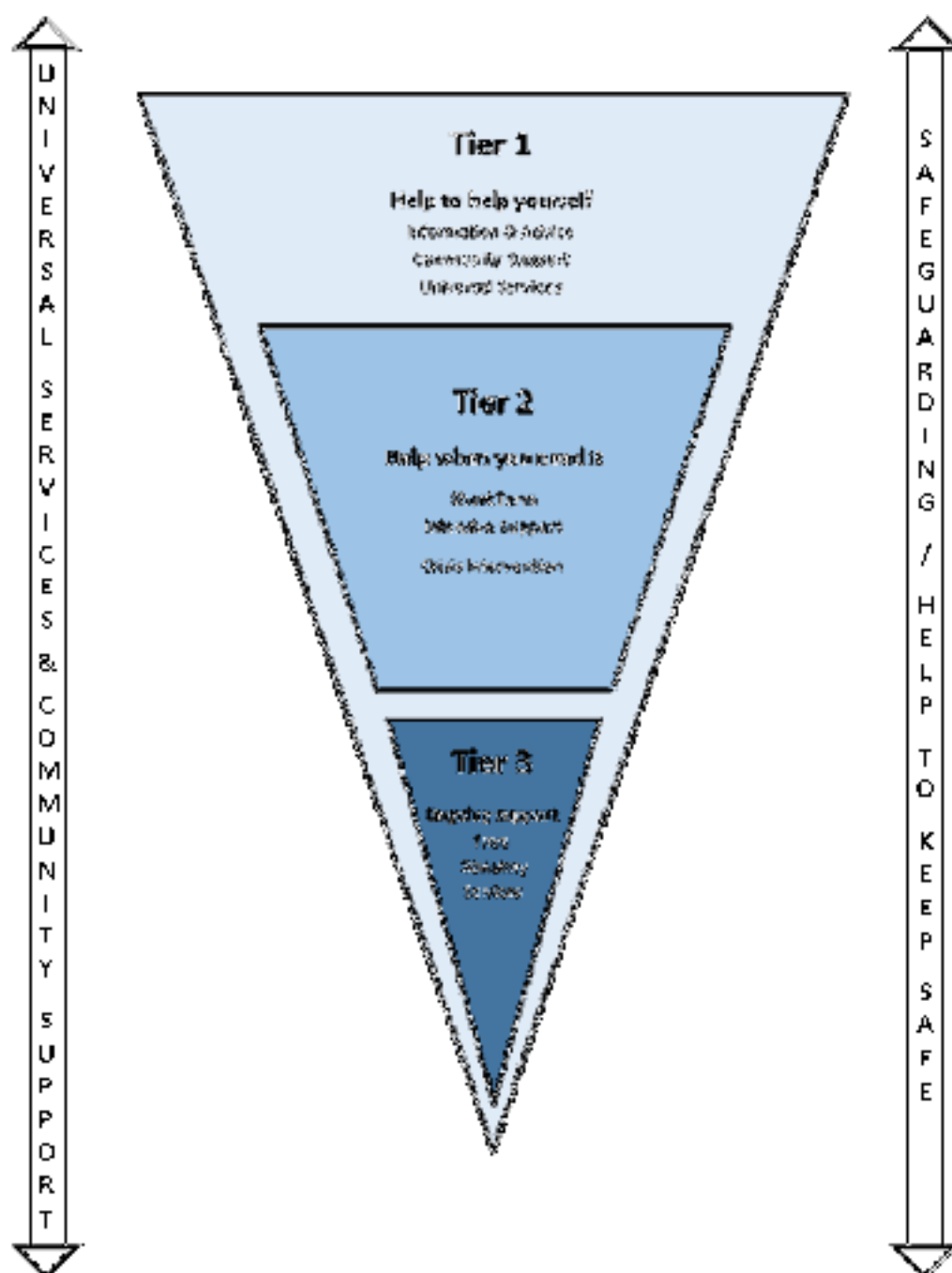
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<sup>4</sup> <http://www.campaigntoendloneliness.org/threat-to-health/>

term input from statutory, voluntary and the wider community to manage a particular situation will help to delay or avoid long term expensive input.

### **Tier Three: Statutory Services for Those Who Need Them**

For this tier individuals would need a formal statutory assessment of their situation and would have to meet the eligibility criteria for services. These assessments though will be based upon peoples' strengths and their thoughts regarding how best their needs can be met. This approach will also aim to make the best use of services and activities available in the earlier Tiers.





## PREVENTION AND EARLY INTERVENTION

Cambridgeshire County Council Adult Social Care - Prevention and Early Intervention Strategic Plan addressed the strategic shift within adult social care towards delivering services that focus on prevention, health and well-being promotion and enabling or re-enabling people as part of maintaining and retaining their independence. Transforming Lives will build upon this work and create stronger links with Voluntary / Third Sector and Statutory partners such as Housing and Health and local communities aiming identify people and carers at risk of deterioration earlier and before a crisis happens.

**Reablement** services provide personal care and help with the practicalities of daily living for a time limited period so that individuals develop confidence and the practical skills to carry out these activities themselves. This service covers both Older People and Physical Disability.

**Acquired Brain Injury** project aimed to offer selected accommodation and support for people with an acquired brain injury through, long term ongoing accommodation, Transitional Support to individuals post discharge from hospital or when it had been identified that an individual would benefit from regaining certain skills to facilitate independent living. Health and Voluntary Partners have been engaged in the project and have offered their input in ensuring that staff supporting people in this accommodation have the appropriate understanding and skills. This project has now ended but ongoing engagement will be picked up by a Brain Injury Forum.

**Stroke** For the last few years, Disability Services has given some funding to the local Stroke Association to support survivors post hospital discharge. It is hoped that this work will become part of a Health drive to facilitate early discharge from hospital and to offer timely information and advice to those newly discharged. The Physical Disability and Sensory Services teams will seek to work in partnership with Uniting Care Partnership, the successful bidder in the recent Clinical Commissioning Group tendering exercise. This contract covers both Older People and Adults with Long Term Conditions.

**Sensory** The Sensory Team through the Rehabilitation Workers Visual Impairment, Deaf Services Technical Workers and Dual Loss workers aim to provide timely input to enhance the individuals' capabilities and enhance their wellbeing. Contracts are in place with local sensory voluntary organisations, Hunts Society for the Blind, Camsight, Cambridgeshire Hearing Help (CHH) and Cambridgeshire Deaf Association (CDA) to support this work.

We know from Vision 20:20 and from Public Health<sup>5</sup> that 50% of sight loss can be avoided so a fundamental part of this commissioning strategy is that the Sensory Team works with partner agencies, and colleagues particularly in the Older People's Teams and the Learning Disability Partnership to raise staff awareness of sensory loss, and to promote take up of any necessary checks and support.

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<sup>5</sup> [http://www.mib.org.uk/sites/default/files/Sight\\_loss\\_a%20public\\_health\\_priority.pdf](http://www.mib.org.uk/sites/default/files/Sight_loss_a%20public_health_priority.pdf)

Engagement with colleagues in Transport and New Communities regarding mitigating the impact of Sensory Loss is also critical for the service.

There is a correlation between unmanaged hearing loss, isolation, poor mental health outcomes, and dementia. Action Plan on Hearing Loss<sup>6</sup>, a 2014 document from the Department of Health and NHS England states in its introduction that hearing loss affects over 10 million adults and 45, 000 children in the UK. This currently equates to 1 in 6 of the population, but is predicted to increase to nearer 1 in 5 by 2031. The Sensory Team and partner agencies therefore also need to work to raise awareness of Sensory loss in Residential and Nursing Homes and with colleagues in Mental Health, Health, etc to help to mitigate these negative impacts.

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<sup>6</sup> <http://www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf>

## 8. SUPPORT TO LIVE AT HOME IN THE COMMUNITY

The Physical Disability Team consists primarily of social workers and social care staff. Key colleagues are the health professionals including Occupational Therapists, District Nurses and Speech and Language Therapists who are employed by Health Services both in hospitals and in the community. Working in smaller geographical patches across the county will support closer working with community based health professionals.

Different members of the Physical Disability Team are link workers for particular areas / specialisms. As staff change it is imperative that this link / lead work continues both for the benefit of the service user, but also for professional development and interest.

The Council supports substantial numbers of disabled people to live independently in their own homes with a personal budget and, for many years there have been few disabled people moving into care homes. In September 2014, 45 people were in Residential Care and 28 people were in a Nursing Home, and some 667 were being supported in the community. Most people placed in a Residential or Nursing Home are within Cambridgeshire or close to the county borders such as Peterborough. Some people when going into a Home do though choose to move outside this area to be near to family.

**Accessible Housing** According to Leonard Cheshire<sup>7</sup> 1 in 3 households nationally with a disabled person still live in 'non-decent accommodation'. In Cambridgeshire social housing comes under the City / District Councils and application for accommodation is via Home Links, a choice based lettings scheme where local links and need are taken into account. The Council does not have control over any housing stock, but instead works with housing partners to look at any long term housing project such as the ABI project. Disability Services employs a Service Development Manager with responsibility to liaise between internal colleagues / services, City / District Housing and registered social landlords.

**Adaptations** Small adaptations such as ramps or lever taps are via direct application to the relevant housing authority or registered social landlord. Larger works such as ramps, stair lifts or accessible kitchens need an Occupational Therapy assessment to proceed. Some adaptations are eligible for funding through the Disabled Facilities Grants (DFGs) managed by the District/City Councils. The Council is able to make a top up to DFGs in certain circumstances and has recently updated its DFG Top Up Policy. This covers applications for loans which can be managed through payment plans and legal charges against their private property.

**Assistive Technology** Assistive Technology and equipment can make a significant difference to the ability of an individual to live safely and successfully in the community. Evidence suggests that early access to assistive equipment can delay the needs for other services and prevent accidents such as falls.

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<sup>7</sup> <https://www.leonardcheshire.org/sites/default/files/Hidden%20Housing%20Crisis%20July%202014.pdf>

The Council funds an Assistive Technology Team who can supply a range of equipment and gadgets to assist people to live independently such as tablet dispensers and pressure pads to detect movement. The Sensory Team provide certain equipment such as vibrating pagers to enable an individual with hearing loss to be aware of the doorbell or smoke alarm and also have five staff trained as trusted assessors who identify need and arrange for equipment on behalf of the Assistive Technology Team. It is a priority for the Physical Disability Team to undertake this training and also become trusted assessors so that they can ensure the early deployment of technology and equipment. A lot of assistive equipment is also bought privately, and the on line support from the Council's website, AskSara<sup>8</sup>, provides information to the public on what equipment would be beneficial to them and where they can purchase the equipment.

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<sup>8</sup> <http://asksara.dlf.org.uk/?auth=cambridgeshire>

## 9. TRANSPORT

Cambridgeshire is a large shire county consisting of urban areas in Cambridge, Huntingdon, March, Ely, St Neots and Wisbech and an extensive number of rural villages of varying sizes. Transport in the county is provided by a variety of ways; rail, road, cycle-ways, river plus the guided busway. Transport though remains a major factor for the more isolated rural community and particularly for those who are older or disabled and on lower incomes.

In recognition of the fundamental importance of transport in people's lives, and particularly for those with disabilities, in rural areas or on a limited income, the Council has been working as part of the Cambridgeshire Future Transport (CFT) programme. This is a joint initiative with partners from statutory, community groups and transport providers across Cambridgeshire and Peterborough working together to find solutions to Cambridgeshire's transport and accessibility challenges.

To help fund these solutions, in 2014, the Council's Cabinet allocated funding which over the next two years increases to a total of £1.5m per year across the county. How the funding is invested is decided through a programme of community engagement. CFT works with local members, communities, parish councils, businesses and operators to understand local issues and to work together towards local solutions. Pathfinder projects are being developed to test different approaches in different places. The lessons learnt from the pathfinders will be used to inform more substantive arrangements across Cambridgeshire. One option being to provide a single point of access where services and service users will be able to book transport.

Some areas such as Cambourne are likely to become community hubs, enabling people to link with set events such as market day in St Neots or journeys to Cambridge.

The schemes vary from area to area depending upon existing provision, local resources and need. Community Transport covers provision such as:

- Dial-a-Ride
- Shopmobility
- Voluntary Car Schemes to enable people to access Health appointments etc.
- Taxicard Schemes as in Cambridge
- And local offers such as the Rural Hoppa in the Ramsey area, Ely & Soham Community Transport, HACT (Huntingdonshire Association for Community Transport) provision offering a demand led service in the Papworth area or FACT (Fenland Association for Community Transport) providing a timetabled service in Wisbech.

### **Transport Issues Raised by Local Disabled People**

Despite the above plans, transport is still a major concern for people with disabilities. The Cambridgeshire Alliance for Independent Living recently held a

pan Partnership Board meeting looking at these concerns and some of the main issues raised were:

- Buses each only having official capacity for one wheelchair / buggy.
- Impediments on pavements such as parked cars, cyclists, shop signs and bins preventing the safe passage for wheelchair users and people with guide dogs or using canes.
- Need for both visual and audio announcements on buses to assist those with disabilities and those in new areas to know where their stop is.
- The times that buses run and subsidised bus passes operate.

### **Example of Supported Engagement having led to changes on Floating Bus Stops.**

One example of consultation regarding proposed transport changes and traffic solutions was the recent one held over the proposed introduction of Floating Bus Stops in Cambridge. These bus stops, where cyclists have a separate lane from the one used by buses already exist in London, Brighton and The Netherlands. The separate lanes mean that buses can stop for passengers in the bus lane without forcing cyclist out of the lane into the middle of the road. However, passengers do have to cross the cycle lane to reach the bus. Members of the Sensory Team, local voluntary organisations and residents participated in the consultation about this scheme and highlighted the needs of those with severe sight loss as well as those of wheelchair and buggy users. Following this, compromises were made to the proposal to improve the overall safety of people crossing the cycle lane to reach the Floating Bus Stop. Following this work the Senior Rehabilitation worker is working with Highways regarding new Communities and on training programmes regarding cycling safely for the benefit of all.

## 10. KEEPING PEOPLE SAFE

### **Safeguarding**

The Safeguarding of Vulnerable Adults has long been a priority for Adult Social Care and partner agencies and the Care Act now sets out the local authority's responsibility for adult safeguarding for the first time in primary legislation:

- responsibility to ensure enquiries into cases of abuse and neglect
- establishment of Safeguarding Adults Boards on a statutory footing,
- puts Safeguarding Adults Reviews on a statutory footing
- emphasises need to Make Safeguarding Personal
- information sharing

Within the Physical Disability Team there are currently nine Safeguarding Lead Practitioners, but none at present in the Sensory team. In the majority of Sensory cases where there is a complex situation the individual is likely to have additional needs and therefore be known to the other services such as Older People or LDP. However, recent changes to the structure of the Sensory Team include a Social Worker within the team to work with complex cases and Safeguarding concerns. In 2013-2014 there were 1387 cases of alleged abuse reported in Cambridgeshire, of which 47 were under the physical disability team. See appendix 1 for details.

### **Safe Employment & Training**

Safe employment practices are a fundamental part of recruitment to social work / care posts. Additionally Work Force Development and the Safeguarding Team provide a variety of courses internally and to external providers from awareness raising to Lead Practitioner and Mental Capacity Act to ensure that staff have the knowledge needed to undertake their roles.

### **Soft Concerns**

In addition to the safeguarding cases, the Physical Disability Team piloted a pre safeguarding, quality assurance reporting system called Soft Concerns. This system is now used by Learning Disability Partnership, Older People's Teams, Discharge Planning, and Reablement. Concerns noted and follow up actions are logged in the system and enable the Team / Service Managers, Contracts Team, Customer Care Managers and Safeguarding leads to have an overview of issues of concern that do not warrant a safeguarding investigation. The aim of this approach is to capture and deal with any concerns such as staffing issues or missed calls before they become a safeguarding concern or a complaint. This information is used regularly in the meetings of Contracts, Safeguarding and the Care Quality Commission (CQC).

### **Existing Buy With Confidence Scheme**

The Buy with Confidence Scheme is a scheme that already exists in Cambridgeshire and it aims to help people be safer from 'rogue traders'. The scheme is the Trading

Standards approved trader scheme and details of Cambridgeshire traders can be found on the website, by calling 0345 4040506 or via a library.

The scheme, which is free to the public, provides consumers with a list of local businesses which have given their commitment to trading fairly. Every business listed has undergone a series of detailed checks before being approved as a member of the scheme users. The checks carried out vary depending on the type of business, but generally include:

- qualifications/certification
- organisation/association membership
- references (we take our own references from customers picked at random)
- financial standing
- previous court action
- relevant insurances including public liability
- criminal record check
- complaint history with Trading Standards

The scheme does not provide a price guarantee, so the recommendation is for the individual to get more than one quote to make sure the price is reasonable.



## **11. SUPPORT FOR PEOPLE WITH SENSORY LOSS**

### **Sensory Team**

The Sensory Team is a countywide team covering visual and hearing impairment as well as dual sensory loss. The Team focus on early intervention and preventative work, and there are relatively few ongoing packages of support. Their work is mainly time limited, but not time prescribed, and services are aimed at providing equipment or training that enhances the individual's wellbeing and ability to remain independent. The work of the team complements the strengths based approach now being advocated in the Social Work / social care teams. For example, supporting an older person with sight loss to safely be able to make a hot drink and simple meal independently rather than rely on family or paid carers, or providing vibrating pagers so people who are deaf or hard of hearing are made aware of the smoke detector or a call for assistance from their partner for whom they are an informal carer.

The service also commissions services from the voluntary sector to provide ongoing support and additional services. These organisations are local, well known, have been established for a number of years and deliver their services through a range of volunteers. Therefore use was made of the Social Value Act in the recent recommissioning of contracts to ensure that a local presence and effective volunteer support was not lost.

### **Visual Loss**

The Sensory Team undertake assessments, advice, some counselling and rehabilitation work with local visually impaired people. At present Visual Impairment (VI) rehabilitation is delivered on a one: one basis, but consideration is being given to trial local group delivery where appropriate. This could help reduce any waiting times and provide peer support both in terms of emotional support, but also enable individuals to share their coping strategies.

The Senior Rehabilitation Worker in the team will work strategically with other staff in the Council and Statutory organisations responsible for Transport, New Communities, Reablement and Housing. There are also important links from the Team with other social care services such as the Learning Disability Partnership and the Older Peoples Services – as both groups have a high incidence of sensory loss and raising awareness in those services can help to increase independence and wellbeing and reduce falls, etc. It is a commissioning priority that these links remain and are strengthened to enhance prevention, and wellbeing.

### **Partnership Working**

The Sensory Team works in close partnership with voluntary organisations such as Camsight, Hunts Society for the Blind, Guide Dogs, and Action for the Blind. The team also works with the Eye Clinics and jointly funds an Eye Clinic Liaison Officer at Addenbrookes (an ECLO). A Cambridgeshire Vision Partnership based in

Addenbrookes existed until spring 2014, when it faltered due to changes and restructuring in partner organisations. The partnership may restart again, but ideally needs to ensure that it is representative of the county as a whole.

Research commissioned by SeeAbility<sup>9</sup> and RNIB<sup>10</sup> showed that individuals with learning disabilities are ten times more likely to have serious sight problems than the rest of the population, and those with severe or profound learning disabilities are the most likely to have sight problems. The estimated prevalence of blindness and partial sight in the adult learning disabilities population is 9.3%. If people are unable to explain about the deterioration in their sight any changes in behaviour could be attributed to their learning disability rather than to a decline in their sight. It is therefore a commissioning priority that the Sensory Team link with their colleagues in Learning Disability Partnership to raise awareness and ensure that needs are appropriately met to maximise opportunities and inclusion for LDP service users.

Additionally although sight loss can occur at any age, it becomes more prevalent as people age. According to Action for Blind<sup>11</sup> almost two million people in the UK are living with sight loss. This includes 1 in 5 over 75 years old and 1 in 2 for those over 90 years old. Again it is a commissioning priority for the Sensory Team to work with colleagues in the Older Peoples Teams to raise awareness of both sight loss and hearing loss and what can be done to mitigate the impact of the loss.

## **Deaf and Hard of Hearing**

According to Action on Hearing Loss in 2011 more than 10 million people in the UK have a hearing loss which is more than 1 in 6 of the population. In Cambridgeshire this would equate to over 100,000 people. Hearing loss is more common as people age and more than 70% of over 70 year olds are said to have hearing loss.<sup>12</sup>

The Sensory Team has two Deaf Services Technical Workers working with people who are Deaf or hard of hearing – assessing for and providing equipment. The service is streamlined with the workers aiming to assess and install in one visit wherever possible. Feedback from this service has been very positive and a recent example of the responses is below.

*“The loan of the vibrating alarm has done wonders for my sleep pattern and eased a lot of anxiety about waking on time [for appointments].....The whole assessment has*

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<sup>9</sup> <https://www.seeability.org/who-we-are/media-centre/research/vision-and-people-with-learning-disabilities.-gp-guidance>

<sup>10</sup> <http://www.rnib.org.uk/services-we-offer-advice-professionals-nb-magazine-health-professionals-nb-features/across-spectrum>

<sup>11</sup> <https://www.actionforblindpeople.org.uk/about-us/media-centre/facts-and-figures-about-issues-around-sight-loss/>

<sup>12</sup> <http://www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss/statistics.aspx>

*helped my confidence a great deal with coping with my hearing loss” .*

Additionally the team has a close working relationship with local voluntary organisations such as CDA (Cambridgeshire Deaf Association) and Cambridgeshire Hearing Help (formerly known as Camtad) and the commissioning strategy supports these ongoing relationships. The strategy does though want to ensure ongoing equity of delivery across the county. The recently retendered contracts made use of the Social Value Act in the retendering process.

## **Partnership Working**

The Cambridgeshire Deaf Partnership consists of representatives from Audiology, CHH, CDA, Disability Services and includes those with lived experience. The Partnership with the then Supporting People and a local Advocacy service participated in local research which identified three key needs for this sector:

- Raising deaf awareness in Residential and Nursing Homes to improve staff understanding and abilities re supporting the use of hearing aids to enhance the lives of those residing there.
- Raising awareness of hearing loss and what can be done to mitigate this (with GPs, Public etc) to reduce the considerable delay between onset of hearing loss and seeking / gaining help.
- Access to mental health services and / or emotional support for those newly diagnosed and their families, appropriate and accessible therapies

By the end of the research the Deaf Advocacy group folded and so tailored advocacy for the profoundly Deaf became an additional need. The findings from this research were used in the retendering for the Sensory Contracts and the contract for the profoundly Deaf now includes specialist advocacy, and the contract for supporting those with hearing loss covers raising awareness in Homes.

## **Dual Sensory Loss**

Cambridgeshire County Council has a legal responsibility to keep a register and to provide specialist assessments and support to those DeafBlind / with a ‘lifelong’ dual sensory impairment. These responsibilities were first in the Section 7 Guidance, but have now been enshrined in the Care Act. The service will continue to meet these requirements from staff member(s) with the appropriate training and skills or via an individually commissioned service from an appropriate provider.

CDA is also supporting the Service to ascertain whether there is sufficient need / demand in a localised area for co located tenancies where the profoundly deaf could be supported by each other / technology / proficient BSL communicators to reduce isolation.

## **Sensory and the Care Act**

The Care Act emphasises early intervention, prevention, and partnership working. The Sensory Team has long worked in this way and continues to work closely with a range of Sensory Partners - statutory and third sector, national and local. Now the Team is fully staffed again, it does need to raise its profile with colleagues in other areas of social care such as Older Peoples Service, Learning Disability Partnership, and Mental Health etc to further promote the prevention agenda.

The Team has been through a recent consultation and restructure to ensure that staff have the appropriate qualifications / skills to take the Service forward and enable it to meet its responsibilities for example the role of a Social Worker has been reintroduced into the team. The Care Act has also introduced the need to work in new areas in addition to old ones, and so for example members of the Sensory Team are working with the local Prisons to assess and propose appropriate support to those with a sensory loss, albeit that any proposal has to meet with the approval of the Prison Service.

## 12. STRATEGIC COMMISSIONING PRIORITIES

### **Universal Information, Advice & Advocacy**

The ability of individuals with a disability and their carers to make informed decisions is a central plank of the Care Act and also fundamental to Transforming Lives. Cambridgeshire already had such sites as Cambridgeshire.net and Ask Sara, but is working to further develop the information and advice offer. Additionally various commissioned services have as part of their remit to deliver Information, Advice and Advocacy. An important part of this project for this strategy is that it now includes a Signing Service for the profoundly deaf. Many partners are also interested in developing or enhancing initiatives and work is underway to ensure that these efforts complement each other to maximum effect. It is important to ensure that individuals whose voices are seldom heard such as Travellers, the Profoundly Deaf etc are included under these and other initiatives.

### **Support for people in their own homes and own communities**

Emphasis has been and continues to be placed on supporting individuals, even those with more complex needs, to remain living in their own homes in the community rather than moving into Residential or Nursing Homes wherever safe to do so. For example the Acquired Brain Injury (ABI) project has worked with partners to enable / provide a range of support to be available to support individuals with an acquired brain injury to maintain their own tenancies, keep safe and have the opportunities for support and social engagement in the community.

### **Progression**

The teams will work with Providers to promote support to individuals where appropriate to enable them to develop / maintain their skills, abilities and wellbeing.

### **Early Intervention and Prevention**

The Care Act places considerable emphasis upon early intervention and prevention. For some time now Cambridgeshire via Older People's Commissioning has been developing the Reablement Service. This service, whilst primarily supporting Older People, is also beneficial to younger adults, supporting people post hospital discharge to regain skills wherever possible. Additionally under Transforming Lives Reablement will be one of the prime sources for engaging with individuals from Tiers 1 & 2.

The Sensory Services Team also have a large part to play in the early intervention / prevention agenda in delivering rehabilitation, equipment and support in a timely manner after a diagnosis of a significant sensory impairment wherever possible. This helps to prevent the loss of skills and confidence, and reduce the risk of falls and isolation.

## **Transforming Lives**

The Physical Disability Team piloted the first innovation site for Transforming Lives. This strengths based approach and the learning from the pilot sites needs to be incorporated into mainstream working and new links with local communities / voluntary groups need to be developed.

The Team are currently undertaking work to develop patch working so that staff can develop stronger local links with and knowledge of local communities to better support this new way of working. Additionally, staff are being encouraged to utilise a more reflective approach to their practice and to consider how things could have been handled differently, with a particular focus on working with the strengths of all people, even when they are in receipt of statutory services.

## **Community Navigator Scheme**

This commissioned service was initially contracted to focus on older people. In the future this will need to be expanded to include other adults to support the aspirations of Transforming Lives.

## **Co-production & Engagement**

The Physical Disability and Sensory Impairment (PDSI) Board restarted in 2013. It meets four times a year and has individuals with lived experience as the Chair. This Board along with other Service Boards feed into the Adult Social Care Forum and hence into Senior Managers in Adult Social Care. There is a service commissioned to support the Boards and ensure that disabled people can directly feed into and influence service development. The Cambridgeshire Alliance for Independent Living, a User Led Organisation currently holds this contract.

Part of the preparation of writing this strategy involved speaking with colleagues but also with individuals with lived experience of disability and / or sensory impairment. It was apparent in these discussions, that those spoken to value the understanding, targeted advice and support received from the specific sessions/ groups that they attended as well as the opportunity for social engagement.

## **Keeping People Safe**

Safeguarding will remain a priority for the PD and Sensory (PDSS) teams and the teams will ensure that staff have the appropriate levels of training in Safeguarding, Mental Capacity Act, Deprivation of Liberty work etc.to ensure this. It is imperative that the services remains linked to the continuing development of the MASH (Multi Agency Safeguarding Hub).

## **Support for Carers and Families.**

The Care Act strengthens and supports the rights of Carers and gives them a right to receive timely services where appropriate and when eligible personal budgets, which can be pooled with that of the cared for.

The Act covers all carers, and in addition to supporting families including parents with a disability, the Teams need to be mindful to the needs of Carers, particularly including young carers. At present the PDSS Team is supporting a number of parents with a disability or long term condition. Carers will be supported to enable them to continue in their caring role as they wish, but also to have some 'me time'. Additionally, the Physical Disability and Sensory Impairment Teams will work in partnership with Carers Trust, the successful bidder of the recent tendering process for the Carers Service.

## **Support for those with a Sensory Loss**

It is vital that the Sensory Team is recognised as a separate specialist service whose work can greatly assist other Services such as Older Peoples Teams and Learning Disability Partnership to enhance the lives of those they support. The necessity of appropriately qualified and trained staff working with people who are DeafBlind / have Dual Sensory Loss is emphasised in the Care Act. It is important that the needs of DeafBlind individuals are taken into account in terms of advocacy, information, advice or of other appropriate identified /specific local needs.

The team have long focused on early intervention, prevention and on enhancing people's abilities. It is also important that senior team members work more strategically to raise the profile of the service / their input into areas such as Transport, New Developments, and Housing, etc. as well as raising awareness of need in Residential Homes, etc.

## **Partnership Working**

Working in partnership is key to maximising the impact of any initiative. PDSS has some specific contracts for the service such as with Headway regarding acquired brain injury, Hunts Society for the Blind, Camsight, Cambs Deaf Association and Cambridgeshire Hearing Help for Sensory. Other key services are delivered through more generic contracts for Advocacy, Information & Advice, and Community Support.

Following the recent tendering for Older Peoples healthcare and community services for those with long term conditions, it is vital that the Physical Disability and Sensory Teams work in partnership with the new provider, Uniting Care Partnership to deliver integrated services for people requiring support for health and social care needs.

## **Preparing for Adulthood**

The Preparing for Adulthood project has worked to improve the transition from Children's Services to Adult ones. The majority of youngsters move onto the Young Adult Team within Learning Disability. PD and Sensory have a different pathway and staff from Disability Services work directly with Children's Services to plan effective transitions for the small number of children that move into these adult services at the age of 18.



### 13. COMMISSIONING ACTION PLAN

Ref.	Area	Aim	Desired Outcome	How achieve	Date
1	Services commissioned by Adult Social Care that cover PD	Work with Domiciliary Care Providers, Community Navigators, Reablement etc to strengthen links with these services.	Greater profile with service for Team and hence Service Users	Link with and attend Provider & Reablement Meetings. Front line staff to know relevant Community Navigators in their area.	Ongoing
2	ILF	Complete work necessary to support Service Users regarding the cessation of ILF.	A smooth transition for Service Users and understanding of the implications of the change	Work to be undertaken in timely manner. Staff to understand and be able to explain the changes to Service Users.	Completed
3	Co Production	Listen to and engage with individuals with relevant lived experience of disability / caring to enhance understanding & services delivery.	Improved experience for Service Users and Carers.	Learn from Feedback, comments, complaints, compliments. Look for opportunities to engage such as interviews, small surveys, retendering, Partnership Board Meetings	Ongoing
4	Transforming Lives	For PD Team to be working in strengths based way, across the three tiers.	<p>To enhance local links for individual and work improve wellbeing.</p> <p>Use individuals ideas as part of the solution.</p> <p>Prevent, reduce and delay long term packages.</p>	<p>1) Patch working where staff get to know local services / assets to use across the three Tiers.</p> <p>2) Tier 2 work not to involve long term services and planning whilst in crisis mode.</p> <p>3) Develop confidence of staff to work creatively with service user to make a difference – accepting that some things will work and others won't</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Ref.	Area	Aim	Desired Outcome	How achieve	Date
5	Transforming Lives Contd.	Staff to have the training, support and tools necessary.	Positive and knowledgeable staff working with individuals and carers to deliver good outcomes.	4) Staff to undertake Trusted Assessor training with ATT. 5) Staff to have training re strength based work 6) Have tools to assist eg tablets / laptops 7) Access to good resources – Information & Advice systems, relevant community assets/ provision.	In phased manner to ensure staff have timely opportunity to put training into practice. .
6	Sensory	Raise profile of offer of Sensory and improve awareness in OP, LD etc Also Travellers, if possible.	Improved outcomes for individuals with a sensory loss	Link with OP, LD etc to raise awareness of work that Sensory Staff and partner agencies can provide	Ongoing
7	Sensory	Maintain and develop relationships with Sensory Partners	Work to enhance wellbeing of Service user and their family.	Develop strategic links with Housing, Highways, Transport, Health etc Take advantage of opportunities to develop / strengthen partnership working	Ongoing
8	Keeping People Safe	Staff appropriately skilled and knowledgeable about safeguarding, Mental capacity, soft concerns, domestic violence.	Use knowledge and experience to be able to achieve best outcomes for individuals under difficult circumstances.	Staff in PD and Social Workers in Sensory to have good knowledge of Safeguarding, Soft Concerns, Mental Capacity etc	Ongoing

Ref.	Area	Aim	Desired Outcome	How achieve	Date
9	Carers	Recognition & Support for Family Carers and Young Carers	Wellbeing of Carers to be raised. Impact on Young Carers to be recognised & minimised.	Offer of joint assessments to Service User and Informal Carer. If children are identified in home, try to visit while they are present i.e. after school hours to check on potential impact on them.	Ongoing
10	Preparation for Adulthood	Young person and family aware of offer and support when supported by Adult Services.	Smooth transition across from Children's Services to Adults.	Staff Training & Communication.	Ongoing
11	Support for People in the Community	Residential or Nursing Homes as a last resort. Interventions to be minimum needed to keep individual safe and to enhance their wellbeing.	People to be supported in least obtrusive way possible whilst achieving desired goals.  Financial	Use of Reablement, Assistive Technology, Equipment, Double Up Occupational Therapists and Creativity.	Ongoing
12	Support for Specific Groups in the Community	Finalise ABI (Acquired Brain Injury) Project  Dialogue with CDA re housing / isolation need among profoundly deaf.	Individuals with ABI supported to live in the community in Transition Units and MacFarlane Grieve  Possible use of tenancies in local area to identify need and potential solution	Tenants to move in with appropriate community support.  Work with CDA, Housing Provider	Completed  June 2016

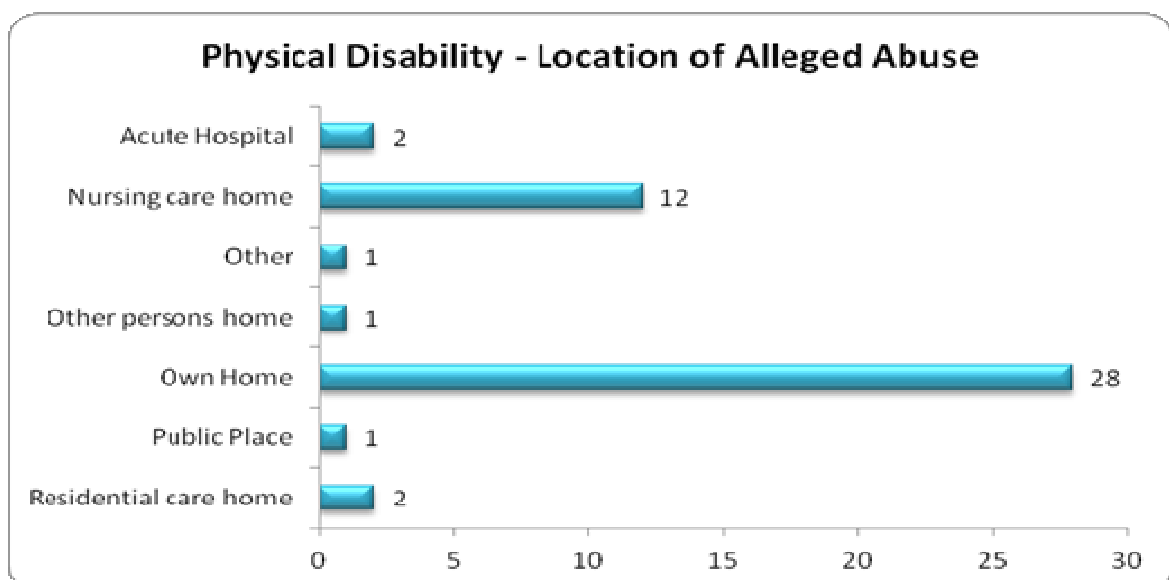
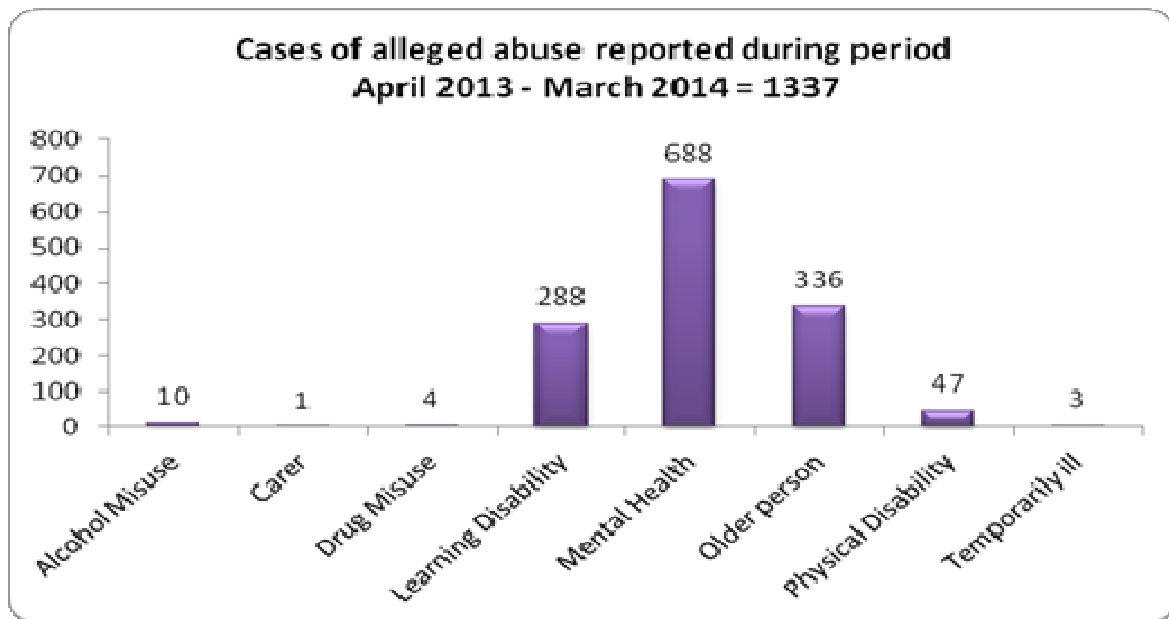
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Ref.	Area	Aim	Desired Outcome	How achieve	Date
13	Budgetary Awareness	To maximise individual potential and wellbeing with cost effective support.	Balanced Budget / Necessary Cost Savings Individuals and Carers supported appropriately.	Timely Reviews. No long term planning in crisis. Supporting staff to have difficult conversations if / when necessary. Scrutinise Care packages. Utilisation of Continuing Health Care, Joint Funding etc. Keep abreast of implications and developments e.g. re live-in care.	Ongoing
14	Physical Disability and Vulnerable Adults	Ensure complicity with the Care Act re working with Prisons.	Support prisoners to maximise their independence regarding daily living tasks whilst in prison and to meet their eligible needs upon discharge.	Work closely with the CCC prison link worker.	Ongoing

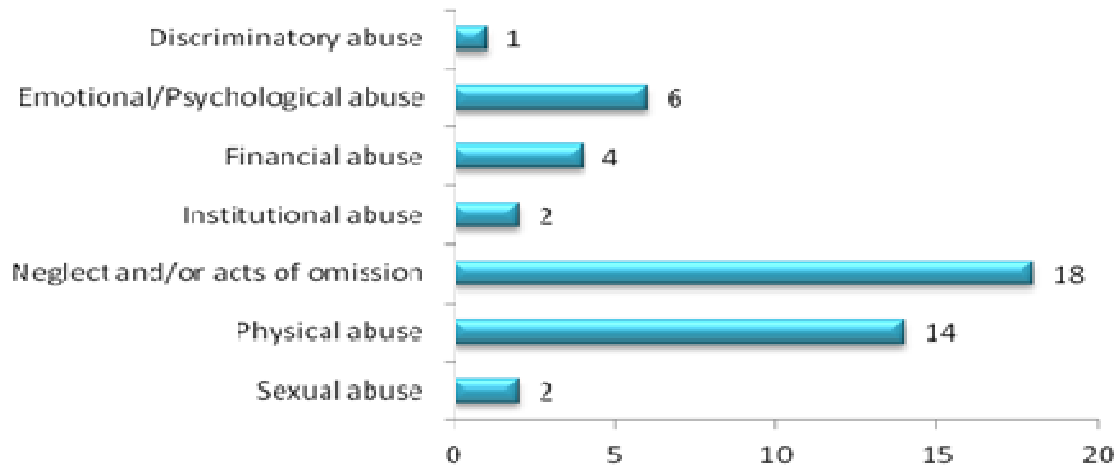
## 14. APPENDIX 1

### Statistics relating to Safeguarding and PDSI

Charts April 2013 – March 2014



### Physical Disability - Type of abuse



13 of these cases had more than one type of abuse

### Physical Disability - Alleged Perpetrator

