

BEST VALUE REVIEW OF DISABILITIES VISION REPORT

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1. INTRODUCTION

1.1. The Best Value Review

The Best Value Review of Disabilities/SEN commenced in April 2000, based around the following terms of reference:

"A corporate theme review, over a two year period. It will be focused on the needs of users and carers and challenge current patterns of service delivery and performance standards... There will be two major strands of work:

- Children : Services to identify, assess and provide support to children with disabilities and/or with a statement of special educational needs;
- Adults with Disabilities : Assessing and meeting care needs, access to a broader range of Council services (e.g. education and leisure), engagement and involvement in the Council and decision-making."

The Review – one of Southwark's first major cross-cutting Best Value Reviews – has involved assessments of both social care services and the wider provision of Council services which are accessed by disabled residents. The Review process is summarised at Annex A. A 'vision' of the policy and service options that the Council should be implementing over the next five years has emerged through the Review.

Our vision is:

People with disabilities are citizens who should enjoy the same rights, choices and opportunities as others who live, work or use their leisure time in Southwark. We recognise that for many people with disabilities there is a significant gap between this ambition and the reality of their daily lives.

The Council has a major role to play in tackling the discrimination and social exclusion faced by people with disabilities. We can do this:

- **Through our community leadership role, ensuring that the voice of people with disabilities is heard and listened to in all the arenas where decisions are made that affect the future of the borough and its people**
- **By improving access for people with disabilities to the full range of Council services and working with our partners to create disability sensitive provision across the borough**
- **By providing specific services where people with disabilities need additional or different provision to enable them to live fulfilling lives**
- **Improving our record as an employer who welcomes employees who have disabilities**

We recognise this is a challenging agenda. Through the Best Value Review we have identified some of the changes that will begin to contribute to this vision. We have made progress on some more than others. Most of our effort to date has focused on tackling the specific services that people with disabilities need to enable them to live fulfilling lives.

Central to this is our commitment to deliver **supported independent living for disabled people and their families**, so that disabled people, rather than statutory agencies, can control their own lives to the greatest possible extent. Support for independent living requires action to ensure information, personal assistance, housing, leisure opportunities, employment and education are available in ways that meet the range of disabilities, and the changing needs that people with disabilities may have over their lifetime. The services we have focused on in the review are those which are fundamental to meeting this commitment and cover the core provision needed to enable people with disabilities to live in the community.

We have made less progress on the wider agenda of ensuring that the Council as a whole is removing barriers to inclusion and proactively supporting the full participation of our disabled citizens and service users. While implementing the first phase of the Review outcomes for specific services, we are committed to redoubling our efforts to meet the ambitions set out in the vision.

1.2 Key Strategic Issues for the Review

The central challenges to existing services under Review stem from the main national policy agendas, as they relate to services to disabled people.

(a) Disability Discrimination Act 1995

The full implementation of the Act comes into force on 1 October 2004, when all service providers will have to ensure reasonable steps are taken to remove barriers to access and services. Ensuring physical access to, and within, premises is clearly a key requirement of the Act. However the 'softer' issues of service delivery, management policies and practices, and staff responsiveness to disability, will be equally tested by the Act's provisions. A step-change may be needed across the Council to fulfil the intentions of the Act. The arrangements for taking this forward will need to be integrated with the work to implement the new Best Value Performance Indicator requirement for implementing the new Equalities Standard for disability, race and gender from April 2003.

(b) Modernising Social Care

The 1998 White Paper launched the modernising agenda within social care, suggesting the guiding principle of social services should be that they provide support to make the most of people's capacity and potential, and strive to avoid dependency upon services. The recent requirement to develop Joint Investment Plans with the health sector for people with Learning Disabilities, and to support Welfare-to-Work for disabled people represents a specific responsibility for local authorities in supporting this policy goal.

(c) Integrating Health and Social Care Services

Joint Investment Planning represents one strand of the evolving process of integration of health and social care. The establishment of the Southwark Primary Care Trust in April 2002 foreshadows major and continuing structural change. The medium- to long-term aspiration for the PCT in Southwark is to "fully integrate health and social care services for people with disabilities". This is likely to encompass joint assessment of clients, joint commissioning of services, pooled budgeting and ultimately integrated staffing.

As with all Best Value Reviews, there is a required focus on improved efficiency and performance. The fact that this is a cross-cutting review means that more than for other service specific reviews, the vision and implementation plan needs to be owned Council-wide within all departments and services.

1.3 Key Service Issues for the Review

Although the focus of Best Value is on a medium- to long-term programme of improvement, existing service priorities are also drivers for the Review vision. These critical present issues include:

(a) Corporate Performance

Best Value Performance Indicators have in the past shown a relatively low level of performance regarding employment of disabled people and disability accessible pedestrian facilities. Suitably addressing these, and other corporate health issues connected with the implementation of the Disability Discrimination Act, is central to corporate response to this Review vision. Information on relevant Best Value Performance Indicators is at Annex B, and on Department of Health PAF Indicators at Annex C.

(b) Social Services expenditure on adult disability services

Present estimates suggest that Southwark would require a saving of 36% on adult disability services to come down to SSA level. While the long-term revenue strategy remains to spend at SSA levels, in the light of national concerns about the funding of Social Services a decision to make this an overall objective may not be appropriate (as SSA levels currently stand). Two policies for constraining expenditure are of particular importance:

- The options for service changes being considered through alteration of eligibility criteria for adult home and day care. This could influence consequential reconfiguration of services within the Best Value 'vision'.
- The 2000 Best Value Review of Residential Care for People with Learning Disabilities identified a long-term strategy for bringing costs down by up to £1million. The success of the implementation of that strategy needs evaluation.

(c) Social Services expenditure on children's services

Expenditure on services including those for disabled children is below SSA levels, and the concern is that eligibility thresholds are too high. The issues for children's disability services suggests a need for an expansion of service interventions and a redeployment of resources toward these services in the face of growing demands and expectations.

(d) Residential Care for People with Physical Disabilities

Residential care provision in Southwark is the highest in Inner London. This is a high-cost approach, which does not encourage independence for disabled clients. A decision of whether and how to implement a strategy for providing more supported housing provision will be needed to support the vision.

(e) Special Education Needs

The effectiveness of this service was – at the start of this review - of concern, with poor performance against BVPIs for statementing exemplifying this. During the Review, services have been transferred to WS Atkins, and initial estimates, borne out by a 2002 OFSTED review, show significant performance improvements. The issues for WS Atkins, as recommended by OFSTED, centre on developing a coherent action plan to achieve objectives set out in the SEN policy.

(f) Improving Occupational Therapy services

This Best Value Review was undertaken separately to look at particular service concerns. It has identified the need for planning a Community Equipment joint store with health and a transfer of responsibility for major adaptations to the Housing Department, together with procurement efficiencies. In December 2001, the Social Services Inspectorate judged that the current service was good and that it was going to improve following the Review.

1.4 The Vision for the Council

The strategic and service issues described in 1.2 and 1.3 are key drivers for the Review vision. From the Review we have identified the following key aims for implementing the vision.

(i) Placing at the heart of our vision the rights, choices and opportunities that people with disabilities should be able to enjoy as citizens. The Council will need to use its resources effectively to remove barriers that prevent people with disabilities from taking part in the everyday life of the community. This will include:

- Removing physical and communication barriers to accessing services and facilities run by the Council, its partners and the private sector, that impact on people with disabilities

- Removing physical and organisational barriers to employing people with disabilities who demonstrate they have the skills for the job, and targeting employment schemes to enable a larger number of people with disabilities to work for the Council
- Removing attitudinal barriers to the full engagement of people with disabilities in access services and contributing to the democratic and community life of the borough

(ii) Improving services that support independent living for disabled people and their families, so that disabled people, rather than statutory agencies, can control their own lives to the greatest possible extent. This requires:

- A more person-centred (rather than provider-centred) provision of care services. This opens the way for the potential for realigning service provision to respond to the needs of disabled people, rather than to meet organisational needs;
- Focusing of specialist social care provision on those higher-risk needs, while people with lower-incidence disabilities are enabled as far as possible to access 'mainstream' Council services. This gives opportunities for considering options around the balance of services and resources – for example between Social Services' residential homes and supported housing in the community, or in the balance between operating day services centred on existing Social Services' building-based provision and doing more to open up of mainstream leisure and employment opportunities to disabled people;

This report sets out six key themes that have emerged from the Review and for which actions need to be implemented to support the vision. These include the specific care service issues and wider community, service and employment issues. These themes are:

- **Improving the Corporate Approach towards the Disability Discrimination Act**
- **Joining-up and Delivering Quality Services to Children with Disability/SEN**
- **Promoting Independence to Disabled Adults through Assessment and Care Management**
- **Promoting Independence through Day Services to Physically Disabled Adults**
- **Improving Employment Opportunities to Disabled Adults**
- **Improving Access to Services in the Community**

A summary of the challenge, consultation, and comparison findings for these themes is detailed in the next section.

2. SUMMARY OF REVIEW FINDINGS

2.1 Improving the Corporate Approach towards the Disability Discrimination Act

Consultation

Service users were not consulted directly on the Council's response to its statutory obligations. However implicit in the criticism of individual dealings with the Council was the suggestion that the organisation falls short of sufficient disability awareness under the provisions of the DDA. The lack of effective inter-departmental liaison is commented upon by those consulted and is clearly evident to most individuals who are trying to work with and within the system.

Comparisons

Discussions have been held with two best practice authorities, Lewisham and Hammersmith & Fulham. Relevant issues which emerged were:

- A coordinated corporate approach in Lewisham. A senior-led Disability Task Group with short-term projects within (Mystery Shopping auditing, Accessible Information Systems, Physical Access, Personnel Policies). Delivering real, joined-up outcomes.
- Corporate Disability Awareness Training in Hammersmith & Fulham. Recent launching of IDeA-sponsored disability training for all (4,000) staff to raise awareness – with Ministerial backing. Focused on preparation for DDA compliance and developing a "customer model of disability", it is a step-change in awareness raising.

Challenge

At the time of the Review challenge phase there was no clear Council-wide strategy for disabled residents, and no coherent plan – or accountability – for ensuring compliance with DDA obligations in terms of access to premises and services. A comprehensive audit of Council disability compliance was undertaken in 1999 by Equalities (and responded to by 55% of services). One assessment of this audit for this Best Value Review by a disability consultant suggested "the council is likely to be in serious breach of DDA".

Steps have been taken since April 2002 to refresh the Council's overall approach to equalities including to the implementation of the DDA. A new corporate Equalities Group led by the Chief Executive will have responsibility for co-ordinating the Council's implementation of the new Equalities Standard. The Social Inclusion Division has been given the lead responsibility within the Council for securing a corporate approach to equalities and for monitoring compliance with the Equalities Standard. In terms of the DDA, work has commenced to identify an appropriate tool kit for assessing the gap between the current position and our ambitions as set out in the Review vision. Nevertheless, greater Council-wide ownership and reassessment of priorities will be needed if significant progress is to be made over the next twelve months.

The Best Value Performance Indicator (BVPI 156) showing the percentage of Council buildings suitable and accessible for disabled people suggests 69% of Southwark premises are appropriate. This measure appears open to question – an audit of premises by Regeneration Department in 2002 is confirming the work (and capital expenditure) required to comply with DDA. Capital bids for structural adjustments to meet DDA compliance are being made for 2003/4 and 2004/5.

Key areas for improvement are:

- ⇒ **Strengthening Council-wide accountability and identifying officer resources for taking forward the corporate response to the Disability Discrimination Act;**
- ⇒ **Co-ordinating capital investment for DDA requirements, including the prioritisation of planned maintenance improvements in 2003/4 and 2004/5;**
- ⇒ **Undertaking a programme of audits in 2003/4 to evaluate service responsiveness to disabled people;**
- ⇒ **Building on existing disability awareness-training programmes (already starting in 2002), to develop Council-wide understanding of management and staff obligations in service provision in preparation for 2004.**

⇒ **The Improvement Plan for DDA compliance will be addressed alongside the Equalities, Diversity and Community Cohesion action plan** (reported to Executive on 28 January 2003).

2.2 Joining-up and Delivering Quality Services to Children with Disability/ SEN

Consultation

Consultation with children, carers, Members and professionals described a system of accessing services which was thought to be confusing and burdensome. The difference in assessment criteria between health, education and Social Services, and a perceived lack of clarity in accountability, led to the descriptions of "battling" with the processes. These perceptions have been recognised and an integration project is being undertaken by Social Services.

The statutory assessment procedure for SEN was specifically highlighted as confrontational. 61% of staff and 54% of Members consulted rate the services as unsatisfactory. The overall implication is that families who were less able to deal with the system were more likely to be denied services, raising questions of inequality of service provision. Regarding the assessment itself, there were fears that the parent may feel they are being policed, and that the child's own views about care were not consistently being respected.

Specific concerns were raised around holistic interventions in improving communication abilities – namely through Speech and Language Therapy (83% of headteachers suggested access to such services for families was 'difficult'). This is a key issue as adequate SLT resources for children can lessen the likelihood of lifelong dependency on care services. The lack of family respite provision - a key quality of life issue - was also stressed.

Comparisons

Comparisons with other authorities, principally Kensington & Chelsea, highlight the need to bring greater co-ordination to Southwark's services. This is specifically needed in the areas of:

- ⇒ Information sharing - Data Protection issues are a legal obstacle, but the potential efficiency improvements from use of a single database by health, education and Social Services are significant, for example in areas such as joint-agency assessment and transition to adult services;
- ⇒ Shared assessment criteria and processes managed through multi-disciplinary working.

BVPIs have previously raised questions in regard to the effectiveness of the SEN statementing process. Performance in 2000/1 was the lowest in Inner London for both processes excluding and including 'exceptions' within the SEN Code of Practice.

	BVPI 43a			BVPI 43b		
	SENs in 18 wks excl. 'exceptions'			SENs in 18 wks incl. 'exceptions'		
	1999/00	2000/01	2001/02T	1999/00	2000/01	2001/02T
Lower quartile	76%	83%	85%	30%	43%	50%
Median	93%	92%	91%	43%	56%	60%
Upper quartile	98%	100%	99%	66%	66%	87%
Southwark	97%	50%	99%	40%	32%	60%

However, evidence from monitoring of performance in 2002 suggest that Southwark is now within the top quartile of Inner London authorities in regard to statementing.

Challenge

In terms of supporting independence, a key question is how resources – both within Social Services and partner agencies – should be deployed to help children with disabilities become prepared for independence throughout life. Early intervention through access to educational therapy services, multi-agency family support and co-ordinated planning for children in transition to adult services are central to addressing this. Additionally better integration of processes should be considered within Social Services (for example in relation to child protection services).

The 'Best Value' option for Education services – including SEN - has essentially been made through the PPP with WS Atkins. Management actions to improve SEN assessment processes are already being delivered. However to support a real step-change in service provision, the detail of how educational inclusion is supported by joint-agency working may need to be further worked up during 2003, following the bedding-down of the new management arrangements.

Overall, a decision on resourcing early intervention services to disabled children in the face of a growing younger population and their life-long needs is important. Expenditure on Children's services is currently below Standard Spending Assessment, and a 2001 SSI comment suggested that the children's disability services were "under-resourced".

The key areas for improvement involve:

- ⇒ **Developing a multi-agency system for delivering services to special needs / disabled children;**
- ⇒ **In regard to improving care packages, empowering children and families by greater inclusion in decision-making processes, and widening the choices of services available to them;**
- ⇒ **Providing a more coherent approach to family support for disabled children and their families particularly focusing on child protection and better respite services;**
- ⇒ **Creating a multi-agency transition strategy (for children transferring to adult services), ensuring that the main agencies (health, SSD and education, and other partners) identify what resources they have available and how best to use them to ensure effective transition for disabled children.**

⇒ **Improvement Plan for Children's Services at Appendix 1.**

2.3 Promoting Independence to Disabled Adults through Assessment and Care Management

Consultation

The assessment and care process is central to developing independence to those with higher-incidence needs. There appears to be a low awareness of the assessment procedures and the options for care management open to individuals, together with concern from some users that they do not feel empowered or part of the decision-making process. The role of the social workers and the agencies involved in care appears to hold confusion for a proportion of clients. Specific concerns surround quality of service from the contracted domiciliary care agency. Clarification of procedures and roles appears necessary, and greater targeting of resources at high-dependency clients developed (59% of staff consulted call for this approach).

Comparisons

Models of care management are varied, from the 'traditional' social worker-led approach, to a differentiation of core social work and the care management process where professional social care functions are not necessarily required. Options for more effectively targeting of social worker resource through single (multi-agency) assessment and towards the care management of more complex cases can be taken forward within integration of services under the Primary Care Trust.

In terms of Inner London spend in relation to physical disabilities, the Council is the third highest, and 20% above, the Inner London average of £39 per head. If the analysis is repeated for just Residential and Nursing Care spend per head Southwark is 68% above the Inner-London average (£12.80 against £7.60).

Comparative spend per head of population in Inner London on Physical Disabilities Community Care

Physical Disabilities/Community Care			
Council	2000/01 £m net *	Ppn aged 18-64 **	£ per head
Camden	7831	141882	55
Greenwich	5932	136332	44
Hackney	5158	131757	39
Hammersmith	4005	118401	34
Islington	5175	120509	43
K&C	3846	138745	28
Lambeth	6850	185761	37
Lewisham	6733	158410	43
Southwark	7212	154714	47
Tower Hamlets	6214	116222	53
Wandsworth	5055	192312	26
Westminster	3962	178038	22
Average			39

*from DoH return 2001

The promotion of Direct Payments, as a way of empowering disabled people to manage their own arrangements for care services, rather than through Social Services, is underdeveloped in Southwark – although this is common across many authorities. Figures for comparable London boroughs illustrate this but suggest that the funding and support given to people in Southwark to manage their own care is relatively low:

	Southwark	Westminster	Newham	Kensington / Chelsea
Take-up at 31/3/01	13 * (Physical Dis) 1 (Learning Dis)	18 (PD)	6 (PD) 1 (LD)	14 (PD)
Contracted resources	18 hours week (£20,000)	50 hours week (all client groups) (£38,000)	1.5 WTE (£66,000)	In-house
Basic Rates	£7.85	£7.65. Proposed £8.20 p.h. in 02/3	£8.05	£8.24 flat-rate

From Westminster Best Value comparison exercise

- *Southwark facilitates 6 more people on brokerage schemes. Other authorities may also have similar*

Challenge

The commissioning of flexible domiciliary care is central to the supporting independence agenda. Widening take-up of Direct Payments is one mechanism for doing this, but reticence to take responsibility for the personal employment of care is understandable amongst many who would have little experience of this. Tailored support from the Council is critical in ensuring the success of this central government initiative.

In addition, the contracts for domiciliary care are to be retendered in 2003. Greater flexibility in care arrangements to support user independence should be built into the new contract, the scope of which may be readjusted in the light of a strategy for increasing Direct Payments.

Key areas for improvement are:

- ⇒ **Developing a single assessment tool so that care management across agencies is coordinated and 'person' rather than organisation-centred.**
- ⇒ **Re-tendering the domiciliary care contract in 2003 based on specifications promoting more flexibility – in terms of services and care hours - for the client. Joint commissioning arrangements across boroughs should be evaluated in the tendering process.**

⇒ **Establishing (and tendering) a Direct Payments support service – involving information and payroll services - which supports a Direct Payment take-up for people with disabilities in line with the top 25% rates of Inner London authorities by 2004/5;**

↻ **Review and Improvement Plan for Direct Payments at Appendix 2.**

2.4 Promoting Independence through Day Services to Physically Disabled Adults

Consultation

Day Services for physically disabled people are currently centred on the Aylesbury Day Centre. Existing users of the Aylesbury Day Centre voiced their satisfaction with the services provided and the social benefits they received. 46% of Members consulted rated Day Centre services as "good". However, non-users were of the view that their needs were not met by the services and a stigma attached to attendance, and staff support a change in emphasis – 76% of those consulted call for resources to be targeted on interventions to develop independence skills.

Comparisons

Best practice in social care now calls for a flexible mix of day services to support the needs of disabled people, which are far from homogenous. Attending a centre for social networks and therapy remains an important requirement for many of the 220 who use the centre (although this single service itself is not flexible enough to meet the full range of community care needs presented by the assessment process). However it is clear that many of the needs of the 10,000 other disabled Southwark residents who do not use the centre are not met by the Aylesbury (i.e. in leisure, education and employment).

Examples detailed as good practice by SSI Joint Reviews emphasise approaches which meet these wider needs:

- Westminster – the establishment of a Day and Employment Services as a trading arm of Social Services to offer a contracted-out day care support together with a discrete employment brokering service.
- Birmingham – vocational training and employment services to extend the network of social enterprises and employment opportunities to disabled people.
- North Tyneside – a service (externalised to a local disability coalition) to enable people with disabilities to access course and leisure services and broker solutions with leisure and educational providers

Financial information suggests that Southwark currently directs a level of resources on its day centre activity higher than the Inner London average. However this does not take into account the quality and complexity of services provided, and needs to be viewed in that context:

Gross Expenditure on Day Centres per head of adult population (1999/2000)	
Islington	£1.68
Tower Hamlets	£1.84
Lambeth	£2.03
Wandsworth	£3.46
Inner London Average	£3.72
Greenwich	£4.17
Newham	£4.96

Southwark	£5.22
Lewisham	£12.76

DOH Key Indicator Graphical System 2000

Challenge

The emphasis on supporting independence demands a differentiated day service to meet existing needs and improve take-up from current non-users. Current attendance suggests that up to 15% of day centre users are over 65, and around 20% are already in residential care. Disability day services are primarily intended for those younger adults within the community, and therefore a change strategy appears to be needed to ensure that services are differentiated and made appropriate to the different client groups.

The main options for change appear to be either

- developing a wider range of services within a centre-based institution, or
- redeploying resources spent on the current Centre to provide more community-based activities, supporting disabled people's social and educational needs.

These options are summarised in the table on the following page. Modernising Day Care Services can form a central element of the overall Best Value vision, signalling a move to a more social model of service provision to disabled people, by placing emphasis on the responsibilities of mainstream providers in leisure, education and training.

However, it is worth stressing that reconfiguration planning could only be taken forward following individual re-assessments of each of the 220 Aylesbury Day Centre service users, in order that baseline information on individual needs can be fully considered. Similarly the needs of carers will need to be taken into account.

The key areas for improvement are:

- ⇒ **Re-assessing the individual needs of each existing user of the Aylesbury Day Centre;**
- ⇒ **Modernising Day Care Services – consulting on options (illustrated below) for possible reconfiguration of building-based services;**
- ⇒ **Exploring market solutions to the reconfigured service option;**
- ⇒ **Investigating long-term building options for disabled usage of multi-purpose Community Centres within major Regeneration initiatives.**

⇒ Options for Modernising Day Services across all Client Groups have been developed, and a full consultation exercise will be undertaken in 2003 on possible changes.

Options for Day Services

Service Model	1. Status Quo – the Aylesbury Day Centre	2. A Resource Centre approach	3. Community Access approach
Approach	Maintenance of the existing focus of day activities within the Aylesbury Day Centre Potential for increased health usage of Centre for therapeutic services.	Establishing a 'Drop-in' access for resources and sessional activities (welfare rights, education, employment, therapy, leisure, respite) for lower dependency users; Planned centre-based activities / respite care for high dependency users and families.	Services at Aylesbury Centre to be reduced / ceased in the medium-term, freeing up resources for re-provision. Revenue savings to be redirected towards outreach workers, leisure clubs, employment services Activities to be provided through community projects – off site classes and activities in integrated settings, with individuals supported by outreach workers Access officers to broker delivery of services by non-SSD agencies. Targeted respite care provision to be provided to families through other existing facilities (using redeployed resources).
Advantages	Maintains existing high level of service to, and satisfaction from, <u>existing users</u> ; Politically risk-averse approach	Emphasis on greater choice and empowerment is in line with the supporting independence vision – while maintaining centre as focus for high dependency users Differentiated approach may attract non-users?	Flexible and 'mainstreamed' provision of services– either social or vocational. Extends supported day activities to those who cannot / do not get to Aylesbury.
Disadvantages	Does not properly address the supporting independence vision; Will not widen usage of day services to existing non-users	Move to 'drop-in' sessions will demand far greater flexibility in transportation. Still does not encourage accessing of 'mainstream' services – still based in an institution, which is likely not to reduce the stigma of the Day Centre.	Highly dependent on other agencies providing the services required May not provide an appropriate level of care for service users with high care needs Dependent on significant resourcing of improved transport for those with high-incidence needs. Possible backlash from users and others in community.
Resource Implications	Resource-neutral. Budget remains @ £930k p.a; staffing complement 28 (4 mgrs, 13 DSO's, 11 Asst posts)	Estimated savings of up to £100k p.a. Based on staff restructuring to a complement of 23 (3 mgrs, 5 Project officers, 15 Asst posts) – taken from 1999 Review.	Significant proportion of existing budget @ £930k p.a. to reinvest in community projects and outreach work. Possibility of divestment of existing Day Centre building, saving £135k p.a. in property costs.
Summary	No change not a realistic option?	Danger of setting up a new institution-based approach, which may not address independence?	Fits the supporting independence agenda, places the responsibility for provision of services with the 'mainstream' providers?

2.5 Improving Employment Opportunities to Disabled Adults

Consultation

Much of the argument for modernisation of services stems from the need to improve disabled people's employment chances (and therefore their economic and social independence). There was some concern from adult users that the Council is not pro-active enough in promoting vocational opportunities, which was shared by a majority of staff consulted (only 20% thought the Council gave satisfactory support). Specific comments were raised by the voluntary sector, notably that the proportion of budgets devoted to work related activities is small, and additional monies needed to be attracted from other sources to encourage disabled people's economic independence.

Comparisons

Best practice examples from other authorities stress the need to consider innovative approaches to employment. **Establishing Social Firms for disabled people**, as pioneered in Ealing, would create a vehicle for providing meaningful work-led organisations. Developing a discrete employment service, brokering with statutory agencies and individuals, is a strategy adopted by Westminster and Birmingham, provided on a contractual basis by a DSO or independent provider.

Council employment of disabled people is one element of employment. According to the Best Value Performance Indicator (BVPI 16), Southwark had a bottom quartile rate of Council employees who are disabled in Inner London, (although there may be some inconsistency in classification of disability). Southwark's target for 2002/03 is 2% of the Council workforce.

Challenge

A decision on the Council's role as community leader and as a large local employer is needed. One approach would be to focus on Council employment, but there may be some concern that tokenistic approaches – or quotas – could have adverse effects on the actual issue of improving employability. Other examples to consider are the Council's role as procurer of services through the requirements for equal employment through its contract arrangements, or by utilising existing community based forums such as the LSP.

The Department of Health requires that a Welfare-to-Work Joint Investment Plan for disabled people is produced or revised annually by the Council with the NHS. Currently responsibility for this initiative lies with Social Services – although SSD do not have an employment delivery function. Consequently, relationships with key partners for disabled employment – the Learning & Skills Council, Careers Service, Connexions, Employment Service, Colleges and employers - were initially felt to be 'poor' or 'non-existent' (as reported by SSD to DoH). However this is now felt to be improving but it is acknowledged that further work is required to improve these partnership arrangements.

Key areas for improvement in employment are:

⇒ **For a fully multi-agency Welfare-to-Work Joint Investment Plan for disabled people to be finalised and agreed by the Southwark Local Strategic Partnership by 2003/4, and to coordinate Council actions in:**

- **Meeting the 'two ticks' (disabled aware employer) standard – and reaching the national top quartile for employment of disabled people - by 2004/5;**
- **Attracting inward investment for employment of disabled people from funding streams such as the European Social Fund, and through initiatives such as Social Firms.**

⇒ **Draft Improvement Plan for Employment at Appendix 3.**

2.6 Improving Access to Services in the Community

(a) Consultation

Many of the most impassioned views from disabled people emerged from their personal experience of 'mainstream' services that they want and need to use as part of their everyday lives. Staff and Members were equally aware of shortfalls in provision in the following services.

Communication

Many disabled people and their families are confused about the systems and their entitlements relating to respite care, housing, transport etc. and find it difficult to take in information provided. It is suggested that many front-line officers do not seem to know how to deal with a disabled or sensory impaired person.

Housing

It was suggested by both disabled people and families and carers that there was a need for a long-term housing plan to cater for changing physical and emotional requirements for both children and adults with disabilities. One suggested approach would be to clarify the role of resettlement and housing support services within the Community Care Strategy. For those people who do not require intensive personal care, assistance could be facilitated post-2003 under the Supporting People programme. However decisions on the priority of disabled people in relation to other vulnerable groups (i.e. the elderly and those with mental health problems) are needed in the implementation of this programme in Southwark. For families of children with disabilities, a suitably responsive service of housing support needs to be developed.

It was also felt that the most crucial improvement for re-housing is that users be regularly updated on their position in the queue so that expectations can be managed. The suggestion was made that criteria for priority housing should be more widely communicated. It is anticipated that the Best Value Review of Community Housing will make recommendations for better joint working and communication between agencies in regard to housing for vulnerable people and address many of the key issues raised by disabled people in consultation.

Transport and Mobility

Both adult users and families see transport services as crucial in enhancing integration with the wider community, but the use of facilities such as leisure centres or after-school clubs are limited by the fact that participation is dependent on an efficient transport service. Specialist disabled transport provision such as Dial-a-Ride and Taxicard schemes are criticised for their poor quality. Mainstream transport such as overground rail and buses were not mentioned – the assumption may be that access to such modes are virtually impossible for disabled people.

Leisure

Various comments suggested that the definition of leisure is limited and that the Council could be more creative in helping disabled people, particularly older children and younger adults get involved in mainstream life. Parents tend to be positive about the leisure facilities offered by the Council and many praise the Peckham Pulse service in particular – a reflection of a facility which is properly accessible for disabled people.

(b) Comparisons

There is no single model of best practice in the provision of community services to disabled people. For many authorities complying with the statutory DDA requirements is the main driver, and in so doing mainstream services can be improved. Indeed best practice can be found within Southwark – for example the sports development function for disabled people and the directory of leisure opportunities specifically for disabled people. However specific areas of comparison have been assessed.

Communication

Within Lewisham's corporate disability strategy a specific project was set up to develop Accessible Information Systems which were appropriate for people with learning disability and sensory impairments. These are focused on the Council Access Points (One-Stop Shops). The issue of using appropriate Information Technology within the Southwark's Public Access or E-Government initiatives does not appear to have specifically addressed their potential value to disabled people. A 'best practice' approach would take this into account.

Housing

A key comparison regards the **residential position of disabled people** in Southwark. At present the volume of residential and nursing care provision for people with physical disabilities is the highest in Inner London.

Residential & nursing care weeks for People with Physical Disabilities			
	1998/99	1999/00	2000/01
Camden	1781	1989	2590
Greenwich	1976	1742	1895
Hackney	3848	4030	3068
Hammersmith	1665	1806	1653
Islington	2080	2392	2330
Kensington	2127	2114	1454
Lambeth	4966	4368	4368
Lewisham	2340	2630	3620
Southwark	4262	4895	5184
Wandsworth	2782	2678	2735
Westminster	2141	1861	1854

Report to Ratification (Social Services Sub-Committee), 18 December 2001

High levels of residential and nursing care are viewed as running contrary to the modernisation and independence agendas. Work needs to be undertaken to evaluate the degree to which the level could be reduced if more supported housing

was made available. This would need to quantify both the level of potential cost savings to the Council and the prospective quality of life improvements to clients. One approach might be to reconfigure any existing surplus sheltered housing for use by disabled people – however a decision would need to be made on whether other client groups are a higher priority for any change of purpose.

Transport and Mobility

One national Best Value Performance Indicator (BVPI165) gives an indication of ease of mobility – the % of **pedestrian crossings** with facilities for disabled people. Southwark, along with other central boroughs, has a relatively low percentage, although estimates for this year now suggest 75% of crossings have such facilities.

In terms of wider transport strategy, the Integrated Transport scheme “door2door” in Lewisham has been recognised as a Beacon for Accessible Transport. This has established a single fleet of 84 vehicles and staff serving all Education and Social Services clients, resulting in improved client satisfaction and efficiency savings, and is a best practice benchmark for Southwark to consider. Lambeth Council have already started scoping work on a joint-borough Community Transport scheme – Southwark needs to play a full part to maximise the potential efficiency benefits and advantages to residents.

(c) Challenge

The concept of the social model of disability is predicated upon the removal of barriers in the community to allow disabled people to access mainstream opportunities. A coordinated approach, building on the required focus on legal obligations and the reconfiguration of SSD day services, will be needed to satisfy this model.

Actions like increasing the take-up of disabled Leisure Access cardholders can provide tangible evidence of the Council’s stance towards active promotion of mainstream opportunities. Currently only around 2% of Access cardholders are disabled (although it should be noted that a 2001 survey for the Sports Best Value Review suggested 7% of Leisure Centre users are disabled, which is close to the proportion of disabled residents).

Key areas for improvements include:

- ⇒ **Incorporating access needs of people with disabilities into the Customer Access Strategy, including addressing the communication needs of people with sensory impairments at front office locations** (to be taken forward through mystery shopping and audit exercises)
- ⇒ **Providing a directory on line and in a range of formats that details access arrangements for Council and other services, including information about the location of disabled parking across the borough.**
- ⇒ **Joint work between Social Services and Housing on potential for increasing supported housing provision to disabled people under the**

Supporting People programme from 2003/4 while reducing reliance residential and nursing care provision.

- ⇒ **Development of a co-ordinated local transport improvement strategy for disability in 2003/4** (taken forward under Traffic and Transport Best Value Review)
- ⇒ **Existing Community Disability and Mobility Forums to be reconstituted in 2003 to better influence Council policy** (taken forward under Community Development Best Value Review)
- ⇒ **Increased provision to meet leisure needs of disabled people and targets for the usage of leisure facilities to be set** (taken forward under Sports and Fitness Best Value Review)

☞ **The Improvement Plan for access to Council services will be addressed alongside the Equalities, Diversity and Community Cohesion action plan.**

3. RESOURCE IMPLICATIONS

In summary, the main resource options involved in the vision for Disabled People – involve decisions around:

- (i) Reducing overall Social Services expenditure – as part of the overall Council revenue strategy - in order that it is closer to Standard Spending Assessment levels. While the budget for Adult Disability Services in 2001/2 is £20,261,000 the SSA for the “Other Personal Social Services” block, which includes both Adult Disabilities and Mental Health Services is £19,545,000. There is a recognised structural problem nationally surrounding the Social Services SSA, so SSA should only be treated as one element of a wider debate around matching need against resources, but local measures may be required to attempt to constrain expenditure. Recent changes to eligibility thresholds represent one major strand of this approach.
- (ii) Establishing the potential for redeploying resources from Adult Disability Services for more traditional forms of care and support – primarily in Residential and Day Services - in order that they can be employed on community-based services to promote independence for a greater number of disabled people within the borough. Support for independent living includes personal assistance, information, housing, education, access to leisure and community services, employment and training and access to the environment and the political arena;
- (iii) Establishing the right balance of resources between Adult Disability Services and those supporting Children with Disabilities, in order that by early intervention, a disabled person may have less recourse to Social Services care packages through their adult life. Current expenditure on Children’s Services is under Standard Spending Assessment, and a decision on whether raising expenditure closer to SSA could constrain longer-term demands may be considered.

It will be necessary during the implementation stage for detailed plans to be drawn up and costed, and the source of funding identified in line with existing budget management arrangements. Plans are likely to focus on the following areas:

<p>Areas of potential service efficiencies</p> <ul style="list-style-type: none">⇒ Medium- to long-term implications of integration under the Primary Care Trust⇒ Consequential effects of eligibility changes⇒ Modernising day care services⇒ Re-tendering of domiciliary care contracts⇒ Reducing levels of residential care <p>Areas of potential growth</p> <ul style="list-style-type: none">⇒ Additional children’s therapy services⇒ Additional respite care places⇒ Increased supported housing provision

- ⇒ Resourcing the widening and support of Direct Payments take-up
- ⇒ Increase disabled provision in 'mainstream' employment and leisure services
- ⇒ Council-wide disability awareness programmes
- ⇒ Capital requirements of DDA

Annex A - The Review Process

The cross-cutting Best Value Review of Disabilities / SEN, started in 2000 and led by the Social Services Department, has involved the following stages.

Challenge. An Interim Challenge exercise was undertaken by Project Boards and a Cabinet Best Value Panel in September 2001. The emerging draft vision was put to a Panel of Executive Members in October 2002, to consider the proposals to be put to full Executive.

Consultation. Because of the importance of the views of disabled people and those that support them, this has formed a core element of the Review. An extensive programme has included:

1. A consultation exercise undertaken by Opinion Leader Research in summer 2001 involving:
 - Postal questionnaires received from 42 Headteachers, 33 SENCOs and 32 Educational Support Assistants;
 - Telephone Interviews with 22 Headteachers;
 - Telephone interviews with 40 parents of children with disability and/or SEN;
 - Interviews with 28 disabled users of Social Services;
 - Interviews with 12 users of the Aylesbury Day Centre;
 - Interviews with 14 carers and 4 non-users of Social Services.
2. An exercise undertaken by Triangle Consulting in summer 2001 interviewing 10 children with disability and/or SEN about their experience of education and care services;
3. Internal consultation with staff comprising:
 - Focus groups held in autumn 2000 with 11 members of Social Services, 7 teachers and 5 other education staff;
 - A questionnaire sent to all staff in summer 2001 involved in provision of services to disabled people, which received responses from 107 staff in Social Services and 20 staff in Education.
4. Invitations to comment sent in spring 2001 to relevant voluntary groups, which elicited detailed responses from seven groups.
5. A survey sent to all Members in spring 2001, which brought 13 responses from Members on their views of disability services.

Comparisons. Information on comparative provision of service has been taken from:

- National Best Value Performance Indicators, Department of Health Performance Assessment Framework indicators, Department of Health and CIPFA statistics;
- Desk research of similar cross-cutting Best Value Reviews undertaken in Newham, Portsmouth and Cheshire, and of best practice promoted by central government and various local authorities;
- Participation in a London-wide benchmarking exercise for adult disability services undertaken by Westminster City Council;
- Field research involving discussions with Westminster, Kensington & Chelsea, Lewisham, Hammersmith & Fulham and IDeA.

Annex B – Best Value Performance Indicators

Ref	Performance Indicator	99/00 actual	00/01 target	00/01 actual	01/02 target	01/02 actual	02/03 target	00/01 average LBs	00/01 best performing 25% LBs	00/01 worst performing 25% LBs
Corporate Health (Disabilities)										
BV156	Percentage of authority buildings open to the public which are suitable for and accessible to disabled people	77%		69%	77%	69%	70%			
BV16	Percentage of authority employees declaring that they meet the DDA 1995 disability definition (A) compared with the % of economically active disabled people in the authority area	A=0.36%		A=0.6%	A=1% B=20%	A=1.15%	A=2%	A=1.82%	A=2.25%	A=1.25%
Education (Special Education Needs)										
BV 43a	Percentage of statements prepared within 18 weeks excluding those affected by "exceptions to the rule" under the SEN code of practice		97%	50%	99%	90%	95%	86%	100%	79%
BV 43b	Percentage of statements prepared within 18 weeks including those affected by "exceptions to the rule" under the SEN code of practice		61%	32%	60%	57%	70%	56%	69%	40%
Transport (Fair Access)										
BV 165	Percentage of pedestrian crossings with facilities for disabled people	48.60%		56%	55%	76%	78%			

Comparative performance information relating to Social Services to disabled people from the 2001 Department of Health Performance Assessment Framework.

2000/2001				
PI no.	B14	B16	C29	C30
	Average gross weekly expenditure on supporting adults with learning disabilities in residential and nursing care	Average gross weekly expenditure per person on supporting adults with physical disabilities in residential and nursing care	Adults aged 18-64 with physical disabilities helped to live at home per 1,000 population aged 18-64	Adults aged 18-64 with learning disabilities helped to live at home per 1,000 population aged 18-64
Inner London				
Camden	671	575	7.7	2.2
City of London	844	577	4.7	0.7
Greenwich	742	533	4.5	3.1
Hackney	799	530	2.6	2.2
Hammersmith	745	563	4.6	1.2
Islington	697	662	3.1	1.5
Kensington	706	671	3.2	0.9
Lambeth	5.4	1.8
Lewisham	823	530	3.9	1.9
Southwark	1,078	607	4.3	1.6
Tower Hamlets	432	523	4.3	1.4
Wandsworth	617	715	2.6	2.8
Westminster	1,144	601	2.8	1.3
Average	769	584	4.1	1.8
Quartile 25%	690	532	3.1	1.3
Quartile 75%	828	621	4.6	2.2

The PAF indicators are 'banded' to reflect Department of Health interpretation of performance levels. Southwark's 2001 ratings are:

	Average gross weekly expenditure on supporting adults with learning disabilities in residential and nursing care	Average gross weekly expenditure per person on supporting adults with physical disabilities in residential and nursing care	Adults aged 18-64 with physical disabilities helped to live at home per 1,000 population aged 18-64	Adults aged 18-64 with learning disabilities helped to live at home per 1,000 population aged 18-64
Southwark	●● <i>ask questions about performance</i>	●●● <i>acceptable</i>	●●●● <i>good</i>	●● <i>ask questions about performance</i>

APPENDIX 1 - IMPROVEMENT PLAN FOR CHILDREN'S SERVICES

Activity	Responsibility	Time-scale	Comment
1 0 Better multi agency working			
1.1 To agree a protocol for sharing information.	SS/SH/SEN	April 2004	Draft departmental policy. To be subsumed into IRT project
1.2 Fast tracking of complex cases, initial assessments and short term working between Health and Social Services.	SS/SH	April 2002	In progress
1.3 To review alongside health and education the function of the disability register	SS/SH	Sept 2003 interim	Awaiting recommendation from Special Health on alternative models. Otherwise existing procedure will be reviewed internally
1.4 To co-locate health and social care staff within practicalities	SS/SH	April 2004	Existing SW based in SH. Possibility of space availability in disabilities team for special health in 2003/04. Therefore partially achieved as far as currently practicable.
1.5 To ensure better co-ordination with the Child and Adolescent Mental Health Service with particular regard to Learning difficulty and with the Acute Hospital sector.	SS/CAMHs	April 2003	Appointment of CPN dis based in SS. Liason role established for acute local hospitals.
2 0 Maximisation of data and better recording of need for all disabled children including level 2 need			
2.1 To establish a multi agency register between health, education and social services in line with findings of the review of the disability register.	SS/SH/SEN	September 2003	Register to be available subject to data sharing protocol with SH and SEN.
2.2 To develop under the remit of the Family Support Strategy a mechanism to record children with level 2 disability needs.	SS/PCT/Educ/ Police	April 2004	To be subsumed into the IRT DoH project
2.3 To explore the possibility of joint maintenance of the register by health and social services	SS/SH	ongoing	To progress from 2.1 and dependent on the development of info sharing protocols and technical IT matters, all of which should result from IRT.
2.4 To ensure that recommendations of this best value review are amended to reflect new developments in relation to data sharing.	SS	ibid	See above

Activity	Responsibility	Time-scale	Comment
3 0 Improving assessment process (to include criteria, thresholds and co-ordination)			
3.1 To support the appointment of an admin co-ordinator by health to work across cases with multi-disciplinary involvement.	SS/SH	Sept2002	£20.000 HAZ money awarded.
3.2 To establish protocols for joint working	SS/SH	April2003	To be completed by seconded sw.
3.3 To support the appointment of a key worker by health to work with families based at the Sheldon centre.	SS/SH	N/A	Support given, but not currenty a CPB priority
3.4 Under the Assessment Framework to improve the forms for initial and core assessments to ensure that they better cater to the needs of disabled	SS	April2003	Outstanding amendments to be completed
3.5 To develop alongside a shared database a single 'front end' referral form.	SS/SH	Sept2003	Linked to activity of 3.1. Draft to be piloted.
4 0 Increase range of care options available to children and families			
4.1 To look at new ways of funding a wider range of services for disabled children and families	SS	ongoing	Commissioning strategy as part of Carers Grant and grant funding
4.2 Via the Commissioning function to develop a Framework Agreement with the range of service providers	SS	Sept2003	Commissioning to draft
5.0 Maximising services currently available to children and families			
5.1 To ensure that the Best Value review of Early Years sufficiently addresses the needs of disabled children,	SS/Early Years	Sept2003	Early years rep to be briefed.
5.2 To recommend that the Early Years services for disabled children include ring fenced monies for transport.	SS/Early Years	Sept2003	Early years rep to be briefed.
5.3 To better co-ordinate directly provided services across the three agencies, with particular reference to specialist services in Special Health.	SS/SH/SEN	Sept2003	Workplan of seconded worker.
5.4 Provide better information to families regarding services and resources available	SS	Sept2003	Review and re-issue information in liason with information section.
5.5 Southwark to consider the purchase of information booklets as produced by CAF.	SS	April2003	Disabilities budget
5.6 To ensure that CAF are kept informed of any service changes.	SS	ongoing	TM liason
6.0 Empower child and family in decisions regarding care planning, care packages and services			
6.1 To promote the use of direct payments to parents of disabled children, and disabled children aged 16 and 17 years.	SS	ongoing	Disabilities team to measure impact.
6.2 To extend the existing advocacy service in Southwark to disabled children.			

Activity	Responsibility	Time-scale	Comment
6.3 To monitor the effectiveness of the Assessment Framework.	SS	ongoing	Disability team review
6.4 To explore the extension of the current service level agreement between Southwark and Welcare to include family group conferencing for disabled children.	SS	April2003	SM to evaluate usefulness and co-ordinate with commissioning.
7.0 Improved Family Support Services for Disabled Children and Children with SEN			
7.1 Child Protection Recommendation that the Quality Assurance Unit closely monitor this area of work.	SS	ongoing	SM to liase with QA
8.0 Improved Family Support and Family Support Strategy			
8.1 One of the FSS sign posting functions be to targeted children with special needs/disability and to link closely with both the health and education services.	SS	Sept2003	Clarify links as part of the Family Support Strategy
9.0 Improved Respite Services			
9.1 To work towards a greater respite provision	SS	April2004	Ensure most effective targeting of Carers, QP and other grant sources.
9.2 To improve day care provision and services for disabled children and children with SEN in line with recommendations as made by the Early Years review.	SS	April2004	Promote SEN and Early Years targeting of services.
10.0 Transition			
10.1 Improve systems for identifying children approaching transition	SS	April2003	Identify specific responsibility and information trail to Community Care.
10.2 To look at ways of improving social services involvement in 14 plus education reviews where children do not have an allocated social worker.	SS	Sept2003	Identify robust paper input into and outcome information.
10.4 Develop a multi agency transition strategy for disabled children and their families	SS/SH/SEN	Sept2003	Interim SS strategy to be developed.
10.5 To advocate for greater resource from Connexions for disabled children	SS/CPB	ongoing	Partial completion. 0.25 Careers Officer allocated.
10.6 To formally clarify the role of the Leaving Care Team in relation to transition of disabled young people.	SS	April2003	SM's to clarify and document.
10.7 Develop an information pack for parents and young people on transition perhaps to add onto the CAF information booklet.	SS	April2004	As a follow on from 5.4.
10.8 To ensure that up to date information on transition is provided to the CAF National Information Centre	SS	ongoing	Information to be provided via CAF as part of 5.6.

Activity	Responsibility	Time-scale	Comment
10.9 Improve transition process of non looked after children and autistic children	SS	Sept2003	Transition protocol for SS.
11.0 Other			
11.1 To continue to advocate for more SLT services for disabled children.	SS/SH/SEN/CPB	ongoing	
11.2 Advocate for greater access to Leisure Services Transport for disabled children	SS/SH/SEN/CPB	ongoing	
11.3 Promote use of Leisure Access Card and Carers Card	SS	April2004	To be incorporated into Carers Grant expenditure.

APPENDIX 2 – REVIEW AND IMPROVEMENT PLAN FOR DIRECT PAYMENTS

Current direct payments scheme in Southwark

There are currently 22 people using Southwark's direct payments scheme. Of this number, 19 are people with disabilities under the age of 65, 1 person is over 65 years and 2 people with learning disabilities. Since the scheme was established in 1997, 31 people have chosen to receive direct payments. Southwark currently pays the following rates:

Care rate per hour	£6.18 + 27%	£7.85
Sleep in per night	£18.19 + 27%	£23.11
Enhanced sleep in	£36.73 + 27%	£46.64

(On costs at 27% to cover employer's NI contributions, sick pay, holiday pay and management costs)

Barriers to using direct payments

A number of reasons have been cited for the low take up of direct payments. Some of these are general points and some relate specifically to the Southwark scheme. These include:

- Direct payments offer little advantage over care provided through a care agency apart from the ability to choose your own carer. Direct payments are promoted on the basis of offering flexibility and choice. However, as care management guidance becomes more stringent and levels of service reduce, the ability to be flexible with care hours also decreases. Care hours are allocated purely on a task basis reflecting a person's assessed need and therefore many users feel that the responsibilities of being an employer are too great if, for example, all that is allocated is 30 minutes to assist with personal in the mornings.
- A number of people are unable to open bank accounts.
- Rates of pay for carers are insufficient to employ quality personal assistants.
- The scheme places the full responsibility of being an employer directly on to the service user. For many people, this makes the scheme unattractive as they do not wish to or are unable to deal with the complexities that this involves, especially in the area of payroll and tax returns etc.
- Inadequate provision for sick pay and maternity pay to carers/personal assistants (other than SSP).
- The on-cost figure of 27% does not cover costs on small care packages.
- No provision for incidental costs e.g disposable plastic gloves, aprons etc.
- On cost figure does not cover the costs of advertising/recruitment
- The current rates do not cover the cost of arranging emergency cover through an agency.

Comparisons with other Local Authorities

	No. users	Set up cost	Rates Inclusive of oncosts	Support Services	Cost	Payroll & accnts
Manchester	130	£150	£5.98 - £12.32 ph	DP Team of 10 LA staff.	£200,000 estimate	Yes
S'hampton/Hants	283	No	£7.59 & £7.89ph	Contract with CIL	Soton contract £67,000 + £32,000 pilot	Yes
Islington	8	£200	£8.66 ph weekdays £40.76 per night £12.98 ph weekends £61.15 per night	Contract with independent agency	£46,000	Yes
Greenwich	108	£250	£7.50 ph £54.03 per night	Contract with independent agency	£19,000	Yes
Lambeth	44	£100 to £250	£7.50 weekdays £9.00 weekends £56 per night	I x LA DP worker 2x Contract DP Staff	£65,000	yes
Southwark	22	No	£7.85 ph £23.11 sleep in £46.64 enhanced	18 hrs DP support through contract	£20K	No

Proposals

1. To establish improved support for people on direct payments including a payroll and book keeping service.

This could be provided either by the department itself or through new contractual arrangements with the independent sector. If a contractual option was chosen, this need not necessarily be with a single provider. It would be feasible to split functions such as recruitment, peer support and training from payroll and financial monitoring. However, the advantages of having a single provider, in terms of consistency, cost and accountability need to be considered.

Under a new contractual arrangement, the responsibility for calculating and setting up direct payments would shift from the social worker to the direct payments provider. On completion of a community care assessment and care plan, all users would be referred to the provider for an initial discussion on direct payments. The provider would then calculate the cost of the direct payments (based on the care plan) and complete the contract with the service user. At present, the contract is between the service user and the Department. However, as the monitoring

arrangements etc. will be undertaken by the provider, it may be more appropriate for the contract to be between these parties.

The provider would provide (as required) assistance with recruitment and selection by helping service users to draft adverts, job descriptions, person specifications, contracts of employment, obtaining references and police checks.

The provider would also be required to offer a range of ongoing financial support to the direct payment recipient depending on the extent of control that the direct payments user wishes to exercise. This could be on three levels.

- Information and advice on payroll, tax and NI, employers liability insurance etc. only. This would be appropriate for those people wishing to exercise full control over their direct payments package.
- A payroll service where the direct payment recipient would send copies of carers' time sheets to the provider who would calculate salaries, NI contributions for the service user to pay.
- A full payroll and financial service, where the provider would hold a client account for the direct payment recipient from which they would pay wages, tax & NI insurance etc. on receipt of a time sheet from the direct payment recipient. In this instance, the service user would only need to set up a standing order from their care account to the provider's client account on a monthly basis. Alternatively, payment could be made directly to the provider.

In addition to the above, the direct payments provider would be responsible for quarterly financial monitoring and the auditing of accounts at the end of the financial year. Monitoring of the care arrangements would remain the responsibility of social services but carried out in conjunction with the direct payments provider.

Other responsibilities of the provider could include:

- Promotion of the direct payments scheme, especially amongst black and ethnic minority communities.
- Training for direct payments recipients e.g. managing carers, employment law etc.
- Training for carers in moving and handling etc. (possibly NVQ linked).
- Peer support groups.
- The provision of emergency care arrangements through a bank of carers
- Liaison with statutory and voluntary sector organisations for people with mental health problems or learning disabilities to promote the take up of direct payments.

2. To increase the rates for direct payments as follows:

- **Hourly care rate from £6.18 to £7.00 per hour.**
This would equate to approx. £14,560 per year for a full time carer on 40 hours per week.
- **Sleep in rate from £18.19 to £25 per night.**

Carers would be expected to provide brief assistance on no more than 3 occasions during the night.

- **Enhanced sleep in rate from £36.73 to £55 per night.**

An enhanced night rate is paid where a carer is required to provide brief assistance on more than 3 occasions during the night or for a prolonged period during the night.

3. To replace the current 27% on cost figure by the following:

- **An on-cost payment of 20%**

This is to cover the cost of employers NI contributions (10%) and a further 10% to cover the costs of 4 weeks holiday and 1 week sick pay. This will be included in the 4 weekly payment.

- **An additional on-cost payment of 5% (max of £5.50 pw per worker).**

This is paid to meet the costs of payroll services from the provider. In cases where the 5% calculation is insufficient to meet the costs of payroll (to a max of £5.50 per week per carer) a top up payment will be made.

- **Initial set up payment of £150.**

This would be to cover the cost of recruitment.

- **An annual payment of £200**

This would cover the costs of employer's liability insurance, disposable gloves and aprons etc

Financial implications

It is estimated that the proposed changes to the rates paid to existing direct payment recipients will result in an estimated increase of approximately £38,000 (15%) on current committed expenditure in a full financial year.

More detailed work needs to be undertaken with regard to the costs of developing a more appropriate support service. The department currently commits £20,000 per annum to direct payment support but this will need to be increased in order to increase take up the direct payments. It is likely that a minimum requirement for such a service would be 2 staff (or equivalent hours) in order to undertake the essential payroll and financial monitoring functions and to promote and develop the service. This would cost in the region of £60,000 per annum.

The financial benefits of transferring current service users to direct payments are limited. On small care packages of 3hrs per week, the costs of direct payments are approximately 17% higher than through the cost and volume contract with Plan Personnel. At 10 hours the cost of direct payments would be .25% higher than through an agency. Savings can only be made through the transfer of larger packages (12 hours or above). However, this does not take account of the additional costs of direct payments support services. Assuming a support service cost of £60,000 and based on a figure of 50 direct payments recipients (approx 2% of current care packages) receiving an average of 12 hours per week, the hourly rate would increase by approximately £2 above the cost of care through the cost and volume contract.

APPENDIX 3 –IMPROVEMENT PLAN FOR EMPLOYMENT

Creating Real Employment for People with Disabilities in Southwark (CREDS) is Southwark's Welfare to Work for Disabled People Joint Investment Plan (JIP) Steering Group. It is a multi-agency group with representatives from Social Services, Housing, local voluntary organisations and users. CREDS seeks to work in partnership with key stakeholders to improve services and create real employment for people with disabilities. The Steering Group leads on the development of the borough's Welfare to Work JIP.

In reviewing last year's action plan, CREDS has identified the following achievements and priorities for action for 2003.

ACHIEVEMENTS

- Established strategic group of key stakeholders to agree strategic aims and drive the JIP forward.
- Raised awareness of aims and objectives of JIP and encouraged further participation through events e.g. Jobs Fair, Southwark Life and meetings with other strategic groups e.g. Southwark Disability Forum.
- Established basic links with relevant agencies/organisations to co-ordinate the promotion of welfare to work for disabled people.
- Consulted with a number of disability organisations.
- Carried out a resource mapping exercise, and identified gaps in provision.
- Identified potential employers who the group will work with in 2002/03 to develop employment opportunities.

GAPS IN PROVISION

A resource mapping was circulated to 50 provider agencies covering all disability groups. 20 completed forms were returned. Below is a summary list of the service gaps identified by these respondents:

- Training placements for people who are registered blind.
- Provision of life skills training
- Self awareness
- Assertiveness training
- Personal administration
- Southwark has no cohesive pre work service provision to enable users to prepare for the demands and expectations of a work-role i.e. structured environment with graduated goals.
- Facilities and support for People with mild learning disabilities who need to learn independent living skills.
- More stimulating rehabilitation work programmes for mental health needs (i.e not just assembly work).
- Need more 'taster' days.
- Resources – 'Getting funding from social services can be a problem'.
- Shortage of mentoring/befriending services.

- Need more services for the long term mentally ill, especially older client groups who display challenging behaviour.
- Need move-on supported accommodation for clients under 65 who have done well following rehabilitation and who would continue to make progress if they continue to be supported by the same staff team.
- Shortage of placements for volunteers with learning disabilities, and support volunteers to work alongside volunteers with a learning disability.
- Lack of temporary accommodation and supported accommodation for people with physical disabilities. This may be addressed under the Supporting People Strategy.
- Need more support services for disabled people on work placements.
- Lack of people resources in some support agencies mean that these organisations are only able to provide limited opportunity to enable development in clients' social skills. Many people are socially isolated through their disability and lack of confidence or lack of income; they are unlikely to use public facilities
- Need more employment support services and real work opportunities for disabled people, especially those with learning disabilities in the borough. Several services have closed down or moved out of the borough in recent years.
- Need more transition support i.e. between key stages such as primary health care and social services to education, training and employment.
- Repeat assessments by different organisations which could possibly, with some alterations, become multi-functional.
- Information sharing - key organisations lack knowledge of each others services and its eligibility and purpose.

PRIORITIES FOR ACTION

High Level Strategic/Policy issues

- To engage the Human Resources Departments of Southwark Council and Southwark PCT to address disability and employment issues;
- To involve Southwark Regeneration to engage employers in the private sector, in particular in the creation of employment opportunities for Southwark residents with disabilities;
- To lobby for policy changes within the Council and the PCT to bring about more empowering and positive solutions and strategies in relation to disability and employment. This should be developed by the Council as part of its community leadership role in promoting the economic and social well-being of the community it serves.
- To make links between the Welfare to Work JIP and other Southwark initiatives which have a specific focus on employment e.g. Southwark Regeneration's Employment Strategy, Valuing People Learning Disability JIP, Best Value Service Improvement Plan in respect of services for people with disabilities.
- To ensure that the Supporting People Strategy address the shortage of temporary accommodation and supported accommodation for people with physical disabilities.

User consultation and involvement

- To develop more robust systems for consulting users (this is in recognition that the steering group so far has been successful in consulting with organisations which work with people with disabilities but not disabled people themselves)

- To run a series of issue-based seminars/ workshops for people with disabilities (this was a specific request from disabled people who attended the recent Jobs Fair).
- To develop and identify funding for a community outreach project to engage disabled people who are not in contact with mainstream or specialist services and support agencies.

Information

- To produce a resource directory for organisations and users.
- To develop links with the welfare rights project (based in GP surgeries) to provide information on the full range of benefits to ensure people claim their full entitlements.
- To run a mini series of workshops for employers as part of an overall strategy for raise employers awareness of disability issues and to provide information about the work undertaken by support agencies in enabling job seekers find and retain employment (this need was highlighted by some employers who exhibited at the Jobs Fair).

Links with and great collaboration with Connexions Personal Advisors, Disability Employment Advisors and Care managers

- To identify ways of work more closely with these professionals as they play a critical role in the assessment and support of people with disabilities to ensure that they have all the relevant information to pass on to individuals so as to enable disabled people to make informed choices about work and training options.

Aylesbury Day Centre

- To seek clarification about the future of the Aylesbury Day Centre, and to propose the establishment of a centre for independent living in the borough.

In addition, the Council Employment Strategy – adopted by the Council in November 2002 - has identified a series of actions to improve employment opportunities for disabled adults during 2003. These are set out in the following extract from the Strategy.

<u>Action</u>	<u>Involvement</u>	<u>Timescale</u>	<u>Outcome</u>	<u>Monitoring</u>
All mainstream programmes to be monitored for disability use and outcomes	All funding agencies and partners	Ongoing	All programmes have monitoring systems in place to identify disabled usage	JIP to monitor access to mainstream programmes
Council, Jobcentreplus and LSC to provide support to specialist providers in accessing European co-financing and other sources	Council (Economic Development & Social Services), Jobcentreplus, LSC and other JIP partners	Ongoing	Specialist disability providers in the borough access European funding and co-financing in 2004	JIP/IDEAS to monitor resources attracted for disability employment projects and programmes annually
National promotion campaigns to employers adapted and targeted to local employers.	JIP, Council, LSP Partners including Chamber of Commerce.	By October 2003	Marketing material disseminated to employer contacts.	JIP partners
Promotion of positive employers/case studies in Southwark and better information for employers	Council, JIP	From April 2003	Disability case studies included in Marketing Strategy & Council publications	Council, Marketing Strategy
Access for disabled to IT and basic skills training to be addressed in IT and basic skills audit for the borough	LSC, Southwark College, Council, Jobcentreplus, Specialist providers, user groups	By October 2003	Southwark IT & Basic Skills Audit of training provision considers issue of access to provision for people with disabilities	Learning and Skills Council, Southwark College, Southwark Network for Lifelong Learning, Jobcentreplus
Jobcentreplus (and other mainstream programmes) to develop local marketing of specialist disability provision through JIP partners, outreach agencies and user groups	Jobcentreplus	By April 2003	User groups and providers have information about provision available through the Jobcentre and other agencies	JIP partners