



**Physical Disability Core Offer
Consultation Report**



1. Executive summary

This report details the responses to consultation on the proposed new way of offering support for people with physical disabilities across the county from 1 April 2018. The public consultation was open between 17 July 2017 and 4 September 2017.

The consultation was well received by members of the public, service users and stakeholders. Considerable support was expressed for the proposals and in particular having a county wide service.

The most significant concern noted within the consultation feedback related to the fact that the new service was proposed to only be accessible to people with a physical disability when current services are open to all. Due to the feedback received we will be making some adjustments to the proposal, more detail of which can be found on page 13.

2. Introduction:

KCC currently supports people with physical disabilities to access a range of services that support access to information and advice through historic grants given to voluntary and community sector organisations.

KCC currently invests **£181,053** in grant funding to the following organisations:

Organisation	Area covered	Current Service
Wheelchair Users Group	Premises in Folkestone that anyone in Kent can access	People are able to drop in to the shop 'ShopMobility' in Folkestone or telephone for information and advice.
Centre for Independent Living in Kent (CiLK)	Whole of Kent	Information, advice and peer support across Kent by a website, helpline and face to face visits. This service is delivered by people with physical disabilities.
Disability Information Services Kent (DISK)	Premises in Folkestone that anyone in Kent can access	DISK provide support to people to apply for disability benefits and other general enquiries by phone and by their premises in Folkestone.
Kent Association for Spina Bifida and Hydrocephalus (KASBAH)	Whole of Kent	Information, advice and support across Kent by a website, helpline and face to face visits.
Disability Information Advice Line (DIAL)	North West Kent	DIAL provide support to people to apply for disability benefits and other general enquiries by phone and their premises in Northfleet. This service is delivered by people with physical disabilities.
Gravesham Community Leisure	Gravesham	The Gravesham Disability Sportslink programme runs from Cascades, Cygnet and Swanscombe Leisure Centres. The centres run a programme of structured and un-structured activities for people with disabilities.

The grant funded services provide a range of support across the county. However, they are not consistently linked together and this can result in people receiving very different services depending on where they live, leading to inequality of access and outcomes.

These grants are due to end on 31 March 2018. This has provided an opportunity to review how to best use the available budget and potentially ensure a more efficient and effective service provision.

Kent County Council is proposing a new county wide physical disability service which will ensure equity of service across Kent.

The proposed model involves an information and advice service run from a central hub that covers the whole of Kent, with a website, a helpline and the facility to arrange face to face contact when required.

The proposed service will create a more joined up response in order to inform and support people. This will be delivered by a user led organisation and will be in place for 3 - 5 years.

The proposed service is going to:

- Provide advice and information
- Provide support around adaptations and mobility
- Provide support to understand and access disability benefits
- Provide support around training and employment
- Provide information around how to access holidays and leisure facilities
- Provide peer support – people with physical disabilities supporting people with disabilities
- Support people to understand and access direct payments
- Support people to break down barriers that are preventing them from doing something that is important to their health, wellbeing or independence

KCC is not looking to deliver savings through the commissioning of this model and will instead focus on maximising the benefits. The current money spent on the physical disability grants will be reinvested back into the new service.

3. Consultation process:

A stakeholder engagement plan had been produced for the project identifying the following as key stakeholders:

- People with physical disabilities
- Their carers, family and friends
- Providers of services to people with physical disabilities
- Health and social care professionals, including adult social care staff and Clinical Commissioning Groups

An easy read version of the questionnaire was produced and other alternative versions were available on request.

The consultation document can be found as appendix 1.

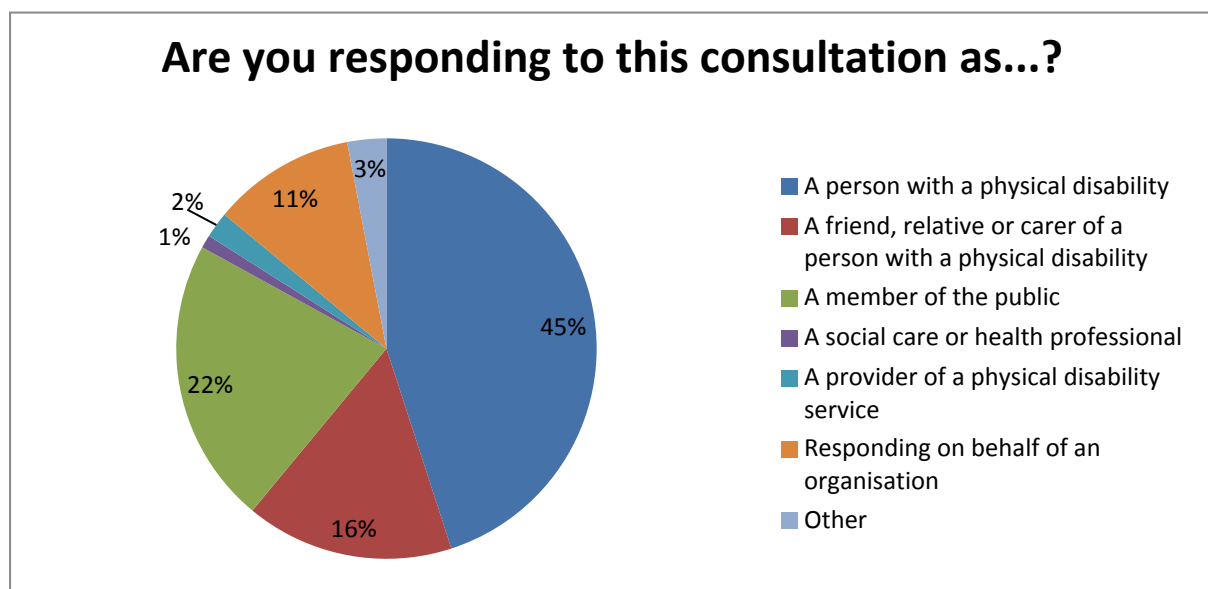
Pre-consultation engagement with key stakeholders was quite extensive. This included an engagement event with current and future providers and engagement with the physical disability forum. This engagement helped to shape the proposals for formal consultation.

Alongside the online consultation, we also carried out a consultation presentation that took place at the Physical Disability Forum working group on Thursday 20 July 2017.

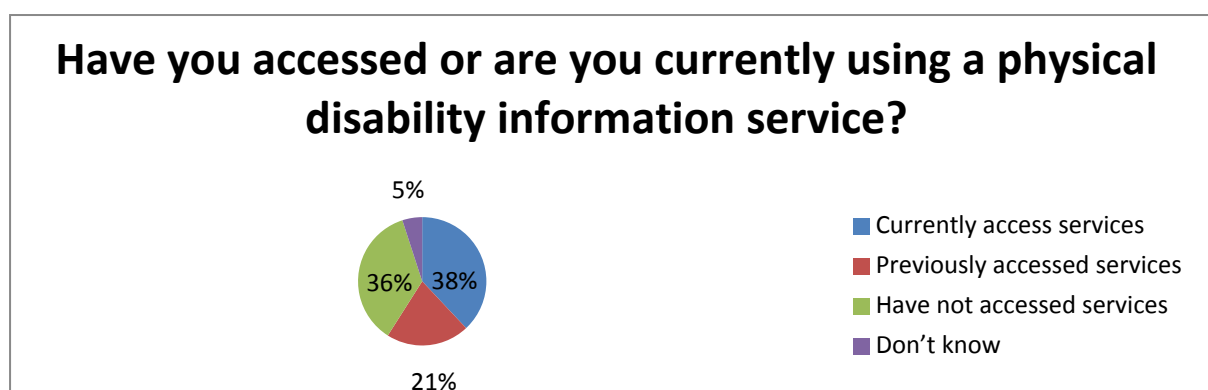
4. Respondents

The consultation was open for six weeks, from 17 July 2017 to 4 September 2017. During that time, 94 responses were received, most were submitted online but some electronic and paper copies were received.

There was a particularly good level of response from people with a physical disability who made up 45% of the responses received. The majority of the remaining responses were from members of the public or friends, relatives or carers of a person with a physical disability.



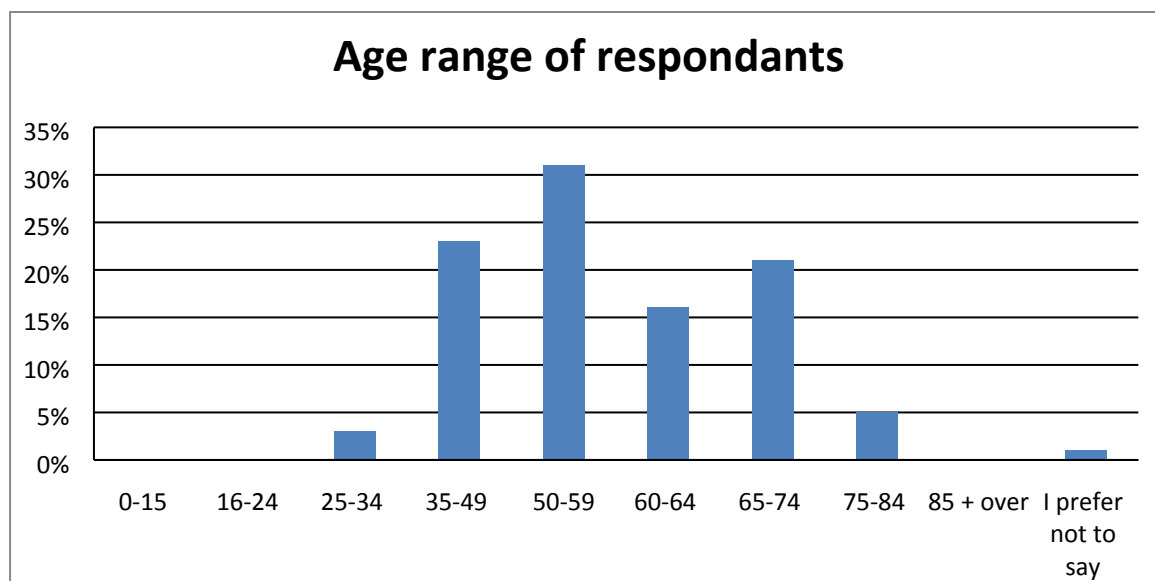
A good mix of responses were received from people currently accessing services, people who had previously accessed services and people who have not accessed any services. It was particularly positive that 36% of respondents have not accessed services as a lot of the people that will access the core offer will not currently access services, so this gave us useful information about how to make it work for this group in the future.



Demography data was collected by respondents voluntarily completing some equalities questions.

A high percentage of women responded to the consultation, 65% compared to only 33% of men.

The age profile of respondents was varied, which ensured a good mix of responses were received from different ages who may face different issues around disability depending on age. The highest response was from people in the 50 – 59 age bracket at a response of 31%. Under 34's were quite sparsely represented.



Responses received were predominantly from White English at 93% of respondents and with 1% responses from White Irish, Asian or Asian British Indian and Chinese respondents.

Of the 80 respondents that answered the question regarding disability, 58% identified themselves as having a disability.

Of those respondents that identified themselves as having a disability 78% had a physical impairment, 28% a sensory impairment, 54% a long standing illness or health condition, 24% a mental health condition, 4% a learning disability and 15% classed themselves as other.

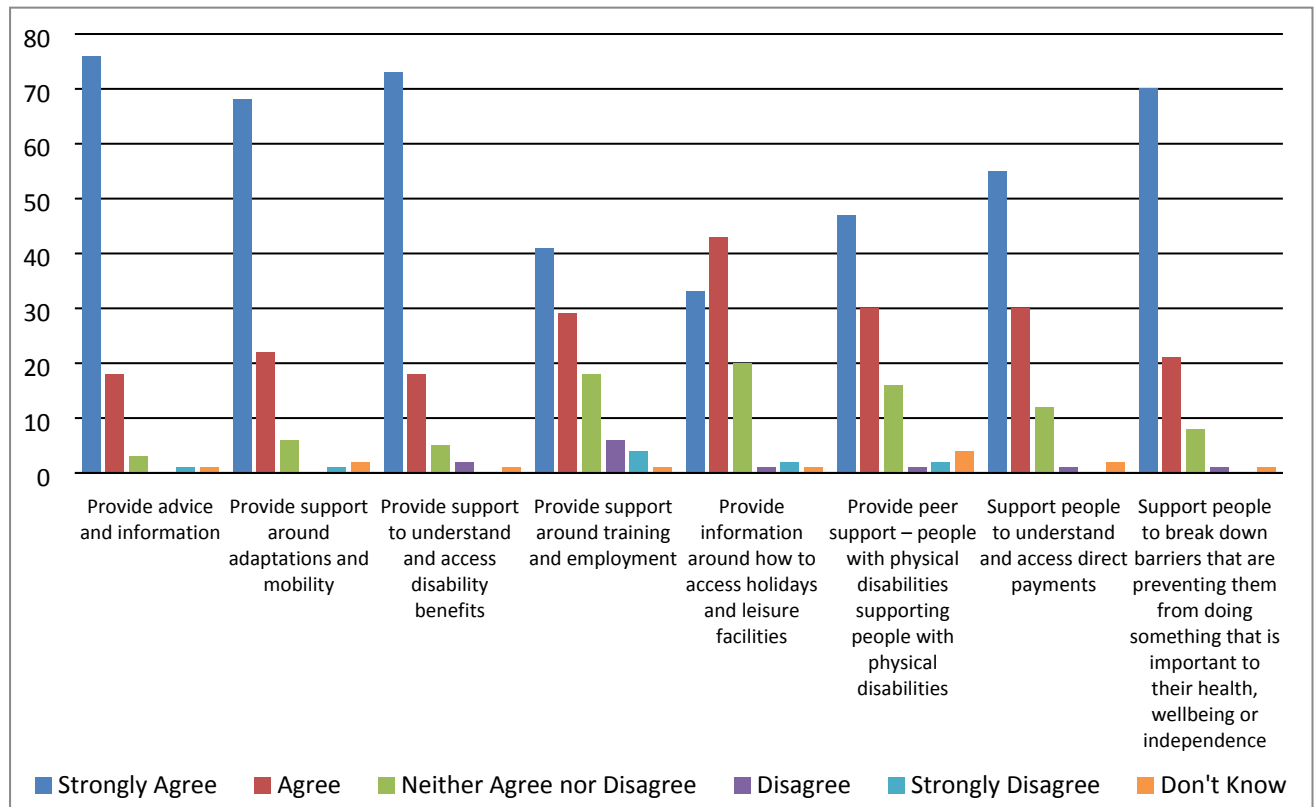
Of the 80 respondents who answered the question, 49% regarded themselves as belonging to a particular religion or belief. Of these, 87% were Christian with 3% reporting as Hindu, 5% reporting as other and 5% preferring not to say. No other religions were represented in the consultation process.

Of the 79 respondents who answered the question regarding sexual orientation, 81% identified themselves as heterosexual, 1% as other and 18% as preferring not to say. No LGB responses were received.

5. Consultation Responses

Section 2 - Our Proposed Model

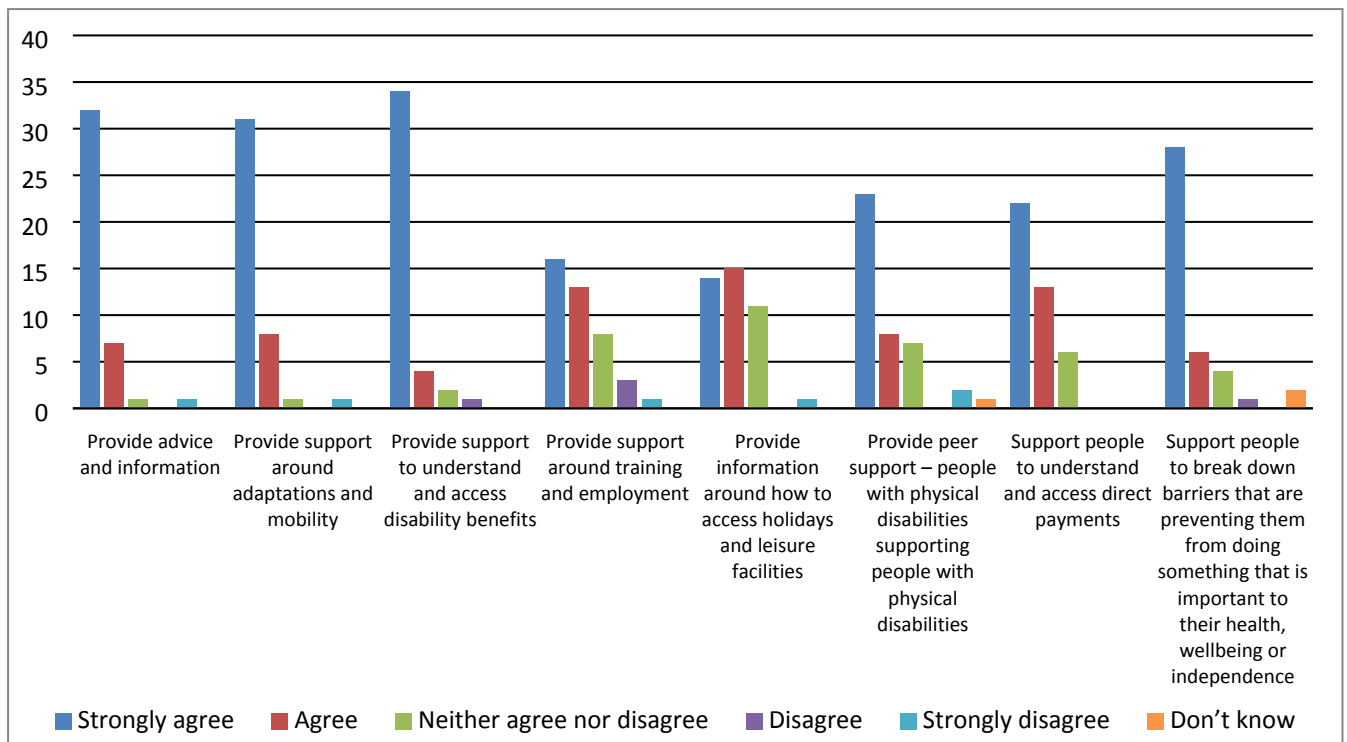
Q2a. Our engagement so far has told us that people want a service that meets the priorities listed below. To what extent do you agree or disagree with these priorities?



The majority of people who responded to the consultation either 'strongly agreed' or 'agreed' with all of the areas we are proposing that the service provides support with.

Some feedback was received around the area of training and employment and access to holidays and leisure, which we have detailed further in response to question 2b.

When looking at responses from people who classified themselves as 'a person with a disability' responses mirrored 'strongly agreed' or 'agreed' with most areas.



Q2b. Is there anything else you think should be added to this list for shaping the new service?

We received a lot of feedback supporting the areas we have identified and want the new service to cover. However, we also received some feedback and suggestions around the following areas:

Information and Advice

‘The new service should focus on prevention, ensuring individuals get the right information, aids and equipment and support that enable them to remain living safely in their own homes for as long as possible.’

‘Access to better housing, reviewing plans with local councils to enable people with a physical disability to live in a home suitable for them in a timely manner.’

Kent County Council response:

Although the core offer won't be able to be directly responsible for local housing provision we would like the service to be able to work with housing providers to support people's housing options and influence what housing providers are doing to meet the need in their area. This will be incorporated into the service specification.

Disability Benefits

‘Advisers on Disability Benefits may need regular/formal update training to ensure people are not misinformed.’

Kent County Council response:

Support with accessing disability benefits is something that is very important to people and something we will be looking to include within the service specification. We will be doing further development work with the Department of Work and Pensions to look at what level of support this service needs to provide.

Training and Employment

'The new PD service should provide volunteering opportunities to enable disabled and non-disabled people to gain office skills and socialisation experience where previously they may have been socially excluded and even stigmatised, thus helping life skills and giving better life chances and possible employment opportunities.'

'Signpost and support people to access Training and Employment services but this PD service should not provide these services. Other organisations and services provide it already i.e. Kent Supported Employment and RBLI etc.'

'Support around Training needs to be separate (& funded separately) as this requires a different skill set/resources and, for example, independently provided 'disability awareness' training could be part of local NHS & KCC Training programmes (where service providers often still appear to have a poor understanding of the social model of disability and clearly have not had good quality training!).'

'Employment support should be provided by the KCC Supported Employment Service which should be adequately funded to do this.'

Kent County Council response:

While 41% of respondents strongly agreed that the core offer should provide information regarding training and employment, due to the budget and capacity limitations of the service it is felt that there is provision already set up in Kent that should be providing this support. However, we will be ensuring that part of the core offer involves building links with existing training and employment providers and making sure people can access them.

Holidays and Leisure

'Providing support to access holidays and leisure does not need to be a separate priority category and can be linked into signposting from a regularly updated database.'

'We feel that this area of support could be peer-supported, and that basic signposting to accessible information should be in place, but not at the expense of more core issues such as benefits, housing and accessibility, for example.'

Kent County Council response:

We agree with this feedback and therefore this service will just be expected to hold information that people can access themselves.

Direct payments

'More people need to know about direct payments so on we all need to work so it's not so complicated.'

Kent County Council response:

We will be working with the direct payment team within Kent County Council to ensure that the new core offer provider builds links with them and supports work to increase awareness of direct payments and support people to understand and access them.

Other

'Provide support for meaningful activity in the Community making reasonable adjustments that remove barriers and is inclusive.'

'Setting up and running an up-to-date database is essential.'

'The service could provide feedback/occasional reports to the PD Forum.'

'Support participation in local councils 'Access Groups'.'

'Gather local views and intelligence.'

'Website needs to be mobile friendly.'

'I think that the location of any services needs to be considered thoughtfully with particular attention paid to how easily this building is for accessibility, together with opening times that are sensible for people who are disabled and therefore need time to be able to get to the location. Thinking of myself any early morning appointments are particularly difficult if I have had a really bad night so if offering morning appointments then also offer afternoon appointments. Could there be a telephone information service, or even telephone consultations for those unable to attend in person?'

Kent County Council response:

All of these things will be included within the service specification.

'There needs to be a greater link to mental health and well being given the impact that physical disability has on individuals and group (e.g. family members and carers) mental health has.'

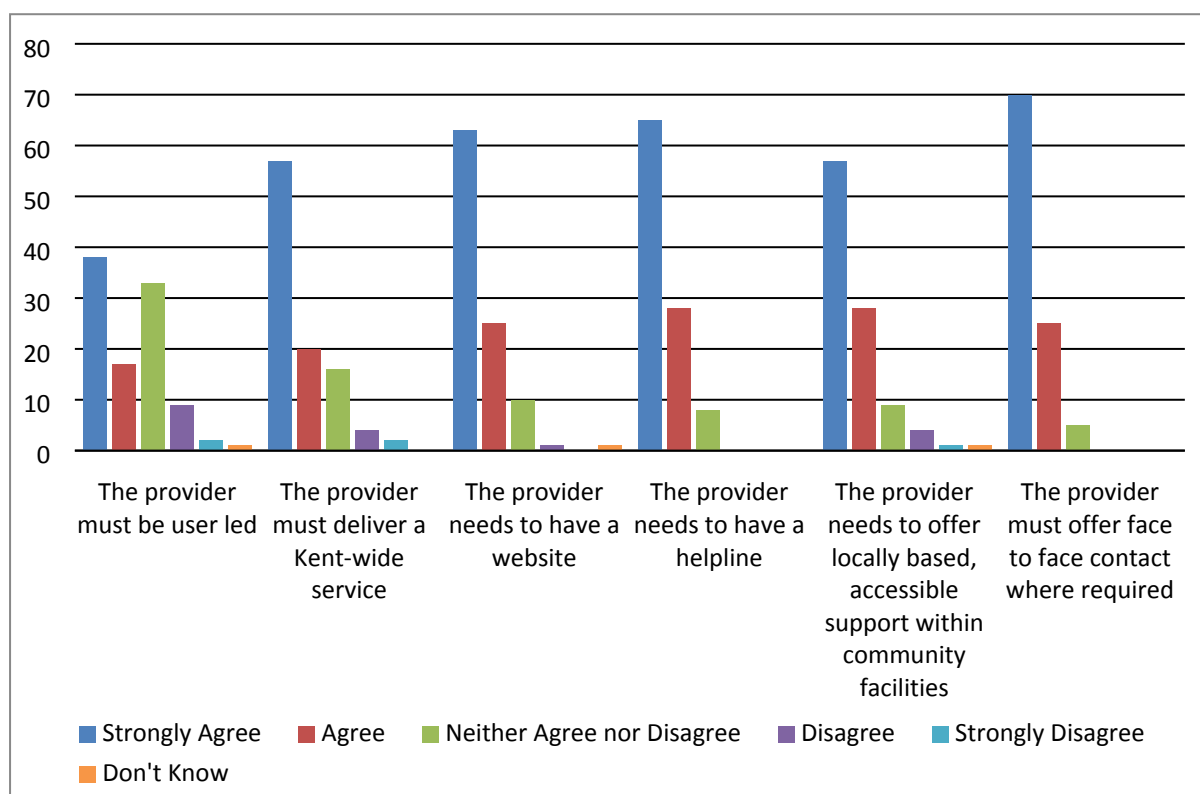
A lot of feedback received was around people with mental health problems and being excluded from this service. Please see the equality impact assessment section for further information on how we are planning to address those issues.

4 consultation returns referred to the withdrawal of funding from Disability Information Services Kent (DISK) in Folkestone. The respondents felt very positively about the service they had received from DISK and were upset that the service would no longer be funded. It is always positive to hear that services Kent County Council fund have supported people to achieve positive outcomes for them and it is always a difficult decision when changes need to be made. However, we have recognised the importance of this work and we need to make sure access to this kind of service is equitable and available to everyone.

The new service will be expected to provide support to people to access disability benefits but the support will be made available across Kent through a main website but there will also be some support locally within community settings that people are able to access.

A full list of comments can be found in Appendix 2.

Q3. To what extent do you agree or disagree with the following proposals for the new physical disability service?



Responses overwhelmingly agreed with the proposals for the new physical disability service.

Areas where feedback will influence changes in the proposed service were:

User led organisation

In our original proposal we outlined that the organisation that delivered this service would need to be user led and this would be defined as 75% for both board members and staff having a physical disability.

33% of respondents were neutral to the idea that the provider who delivered this service would need to be user led. This and other feedback received during the formal consultation period had led to us re-evaluating this criterion. Some comments received were:

'I don't feel it's important for the provider to be totally run by disabled people. It needs to be run by the right people who understand disability but to have a workforce with portion of disabled people would be advantageous.'

'Whilst very important to have peers with physical disabilities leading the service I see no reason why non-disabled empathetic people should not be involved. This gives the opportunity to learn more about coping with disabilities for those people and networking across other organisations such as employment etc'

'Ideally the provider should be user lead but it mostly needs expert advice to ensure best service. If both criteria can be met, then so much the better.'

'We believe that the lead provider does not need to be user-led. However, there will be need to be a good mix of partner organisations that offer peer support so that the provision as a whole can be user-led. A partnership can have good service user involvement and peer support without necessarily having a board which is classed as user-led.'

Kent County Council response:

Taking this information into account we will be reviewing the criteria for the service and will be considering what we specify for the requirements of the service being delivered by a user led organisation.

We still consider it vital that people with physical disabilities are heavily involved in delivering this service.

Q4. Please tell us if you have any other comments about the Physical Disability Core Offer.

We received a lot of additional information that will help us to shape and develop the core offer.

Budget

A number of concerns were raised about the budget allocated to this service.

'In future a single provider is to provide an unspecified service in future across Kent using the same level of funding. Please specify what it will be possible to provide for this spread so thinly.'

'Given the relatively small budget for providing a 'Kent-wide' service, the remit can realistically be to provide only specialist independent information and advice.'

'Budget doesn't cover either service.'

'We have considerable concerns that the budget doesn't fit the scope of this project. According to the statistics we have, there are 285,000 disabled people in the county, which puts the budget at 63p per head per annum.'

'All of the above would be of some benefit but more needs to be done.'

'It is also important to point out that this proposal is to some extent 'reinventing the wheel' in replacing current information & advice services which have struggled to be properly funded for many years – for example those provided in the past by the Simon Paul Foundation and currently the Centre for Independent Living Kent - two organisations for which I have worked and which have had almost identical aims to the above, but because of underfunding have not been able to adequately respond to the demand.'

Kent County Council response:

We understand the concerns people have about the allocated budget however, with the current pressure on public service budgets Kent County Council are unable to allocate more finances to this service at this time. However, when commissioning the new service we will be setting key performance indicators ensuring that the service is maximising the allocated budget and the new provider will be expected to provide performance data regularly. We will

be able to use this data to much more accurately monitor demand for the service which will enable us to more accurately forecast the budget required for the service in the future.

Specification Development

Many useful points were raised, all of which will be looked into and where possible, incorporated into the service specification for the core offer:

'Providers should be able to offer events and activities as a group. Families of those affected by such circumstance do appreciate the opportunity of spending time with each other, informally, to discuss more personal areas of their experiences. This can be invaluable and have positive impact on reducing stress, depression, isolation and feelings of coping.'

'It has to be well marketed so the services are known about. It has to be well staffed so that the work can be done in a proper and timely manner.'

'We would like to see an inclusion in the final tender requiring successful tenders to work closely with Healthwatch Kent to ensure that people's voices continue to receive maximum amplification.'

There were mixed views reported on the service providing contact locally across Kent. Some people felt this was essential where as some people felt that people would be willing to travel to a specialist service.

'Given the Sevenoaks District is a very rural area with rural isolation, having a service that provides locally based, accessible support within community facilities is very important.'

'We have tried using Libraries, Gateways etc. but have had a very poor turnout. We therefore mainly visit existing groups. There would be a cost attached to hiring private rooms in the community as much or what we talk about is sensitive particularly with form filling. The stats of DISK/DIAL suggest people are happy to travel for this service, enabling the service to serve many more people. Potentially there could be an office for Form Filling more central in the county as well/instead? The expenses for travelling all over the county would be very high plus room hire costs. Would it really save money or improve the number of people seen and would it raise the cost per client?'

And although people recognise that home visits are expensive it was felt that they should be included:

'Where a person is housebound a suitably trained person must visit.'

'Home visits are a must, we support a lot of people who are unable to leave their home or access transport.'

'Face to face contact may not always be possible due to accessibility issues for either provider or recipient – with limited resources, perhaps Skype or Messenger etc. might be used more often in some circumstances.'

'I would rather have a number of good practises around rather than one that is hard to access.'

We will be completing some more analysis on how this service should be delivered in terms of location and the feedback received in the consultation will feed into that.

A full list of comments can be found under Appendix 3.

6. Equality Analysis

People are concerned that the new service is only going to be made available to people with physical disabilities, particularly given that current services are accessible to all. Respondents feel that other groups are being excluded and raised concerns around people ending up with no service they could access.

Some of the comments received were:

'I worry about the strict physical disability Criteria. Are other services, particularly Mental Health, able to cope with the potential influx of people and do they provide the same services?'

'The proposals will exclude people with disabilities other than physical disabilities, ie Mental health disabilities from accessing the service. This is discriminatory.'

'The service should be available to all disabilities. You should not split information services into, physical, sensory, learning and mental health. You then give people with several types a decision to make and an organisation the possibility to turn them away. 'You become another groups' problem and no one takes responsibility.'

'In the EqIA, in the findings of the protected characteristics where the impact found is high you are not saying how to readdress. Also you are not only discriminating against disabled people by segregating physical impairment you are going against the social model of disability look at disabled people with all types of impairments. The groups referred to deal with all types of impairments; they are for the removal of barriers for all disabled people for an independent life.'

Kent County Council response:

Our aim was to create a specialist provision for information and advice for people with physical disabilities. Research has told us that people with physical disabilities feel that their needs have been left behind with current provision and that current provision around information and advice is not adequately meeting their needs.

By developing a service that was specific to physical disabilities, a potential future provider would be able to focus on delivering a specialist service run by and for people with physical disabilities. This would allow the service to empathise with the people it supports and build a growing database of knowledge and services that are specific to physical disability.

Following consultation however, we have taken on board people's concerns and we are therefore going to make some changes to the proposed model to ensure that people are not left without a service. The first point of entry to the proposed service with the helpline and the website will be accessible to all. Anyone using the website or helpline will be supported to access a service that is best suited to meet their needs or address their particular issue.

The second stage of the service will be specifically designed for people with physical disabilities. This will include peer support and the management of more complex requests will be via a specialist service for people with physical disabilities.

As outlined in an earlier section, concerns have been raised that the budget for this service is already stretched. We recognise that by increasing the range of people to whom the

service is open to may put further strain on the budget and this is something that we will be monitoring.

The equality impact assessment will be updated and made available on our website.

7. Post consultation:

The proposed design of a new physical disability core offer was largely well received during the consultation. The views and feedback received from the consultation will be used to further shape the specification for the service.

The proposals will be presented at Cabinet Committee for final approval on 29th September 2017.

The Physical Disability Forum is supported by Healthwatch and anyone with a physical disability, or who cares for someone with a physical disability, is welcome to attend the disability forum meetings. If you would like further information please contact Anna Morell, Project Manager, Healthwatch Kent on anna@healthwatchkent.co.uk or 07525 861637.

Thank you to everyone who took the time to respond to this consultation.

Appendix 1

Consultation Document: A link to the consultation document is attached as a background document at the end of the covering report.

Appendix 2

Comments from question 2b

Appendix 3

Comments from question 4

Appendix 4

Comments from question 6

Appendix 2 – Comments from question 2b

Q2b. Is there anything else you think should be added to this list for shaping the new service?

<p>The new PD service should provide a base or hub for people to just "call in" with enquiries as required, as many people prefer a face-to-face response.</p> <p>The new PD service should provide volunteering opportunities to enable disabled and non-disabled people to gain office skills and socialisation experience where previously they may have been socially excluded and even stigmatised, thus helping life skills and giving better life chances and possible employment opportunities.</p> <p>The new PD service should focus on prevention, ensuring individuals get the right information, aids and equipment and support that enable them to remain living safely in their own homes for as long as possible.</p> <p>Website needs to be mobile friendly.</p>
<p>where adaptations or equipment is provided make provision for its removal/return when no longer required.</p>
<p>Advice and Information to specifically include signposting where service users have multiple disabilities, including those outside the new remit.</p>
<p>Provide support to help people with physical disabilities access mental health and wellbeing services quickly and efficiently.</p>
<p>Link to the currently wholly inadequate wheelchair service to improve its working.</p>
<p>Continually educating the wider community about the issues faced and needs of the Physically Disabled so that in time their needs aren't someone else's after thought. Their needs are part of the mainstream populations thought process.</p>
<p>More people need to know about direct payments so on we all need to work so it's not so complicated</p>
<p>Ease of knowing who to talk to</p>
<p>Ensuring that where users say the existing service providers are doing a good job those providers continue being funded.</p>
<p>Support and advice on accessing medical services and advice</p>
<p>easily accessible service through multi channels. Many people with physical disabilities will only visit easily accessible sites. Not all people have the internet or wish to use it. A physical disability is not just about mobility.</p>
<p>In your literature you say "All co-production and engagement presentations, key information, workshop materials and feedback undertaken so far can be found here:</p> <p>http://www.kent.gov.uk/social-care-and-health/information-for-professionals/events-for-social-care-professionals</p> <p>This engagement will continue with stakeholders as we shape the service"</p>
<p>All of these stakeholders are not the people who this consultation is going to affect. RATHER WORRYING</p>
<p>support those whose disabilities are not visible - people who are mobile but suffering from long-term/incurable conditions/diseases</p>
<p>Provide support for meaningful activity in the Community making reasonable adjustments that remove barriers and is inclusive.</p>
<p>This used to be available for those living with disability before you combined PD services with older adults. The case managers for older adults had no idea of younger adults needs and the PD case managers left the service.</p>

- Signpost and support people to access Training and Employment services but this PD service should not provide these services. Other organisations and services provide it already i.e. Kent Supported Employment and RBLI etc.
- PA Recruitment support
- Signposting to other existing services and suitable organisations
- Support people with Person Centred Plans
- Work with KCC to ensure Adult Social Services are providing the support that they should and that disabled people need
- Support people to navigate the complex system
- Encourage self-confidence and empower people to take control of their situation

the term "Provide support" is too vague, and each of the priorities also need to give a high level description of what the support is to intended to achieve as an outcome

More information and support from professionals and Care staff

Activities to promote wellbeing

Some kind of provision to help able bodied people understand that because people may look healthy they may still have restricting physical disabilities that are unseen.

Not sure if the following falls into the above categories, home call assistance line that KCC did use to run how is this service accessed now!

There needs to be a greater link to mental health and well being given the impact that physical disability has on individuals and group (e.g. family members and carers) mental health has

Ensure all public buildings and transport can be accessed by those with physical disabilities

Provide advocacy for people with physical disabilities on a one to one basis in whatever sphere the person needs advocacy on be it education, health, social services, housing, leisure etc

Service should be accessible to all, through a single telephone/email/person which/who should respond in personable manner to encourage questions, with the manner to deliver the responses in a person to person, not recorded message, ie press 1 if you wantpress 2 if you want etc. and who will be the constant facilitator for the individual or group.

Mental Health Disabilities.

Help with obtaining Personal Assistants using Direct Payments or other monies.

I don't want a new service we at present have a local disc office where we can go and get help with forms ,advice on numerous things relating to disability. They are extremely helpful and very friendly where you can chat freely face to face and in strict confidence. They also support local pain groups,so their faces are known locally by a lot of people . They are easily accessible being in the centre of town, what worries me is you state anywhere in the county how are disabled people supposed to get to these proposed new offices, are they going to help with forms that are endless will they support local groups or are we supposed to just talk on the phone and have you any idea of just how many disabled people actually need help and support in the folkestone area alone so that will mean either people who really need help will not bother because they either can't get through on the phone or simply prefer to talk face to face which is far less intimidating, or can't make the journey to whichever office

Continuing to assist disabled people to fill pip/esa forms in and appealing

Access to better housing, reviewing plans with local councils to enable people with a physical disability to live in a home suitable for them in a timely manor.

a physical base for people to use enabling more people to access them.

Just helping make a level playing field for people with difficulties

It is essential the service is independent and is involved with promoting the rights of physically disabled people, as well as providing information, including the Care Act and Human Rights Act. Therefore, it is essential that the service is user-led and enables physically disabled people be inclusive members of society, in ALL ASPECTS. It is essential that the voice of disabled people is heard, respected and valued - not as tokenism - but with practical application

Almost all of these services are being provided by Cilk and other organisations why not join them to make one organisation covering all of the above, except the training and employment.

To continue keeping the disability information services in folkestone open and not to close as we as a people rely on these services as a community. this service has my full support as this would make getting

<p>help and information much more difficult in the future. I oppose to the closure in march 2018.</p>
<p>more taxis for disabled as there is none out there and when you are disabled you are isolated and unable to go out</p>
<p>PA Recruitment and employer issues. Signpost and support people to access employment and training services</p>
<p>Mental health of disabled people should also be looked at.</p>
<p>Provide quality patient education to those living with long term conditions that inhibit their mobility to help them better self manage and cope</p>
<p>Under our Homeless Support Service, we have seen that extremely vulnerable clients can be at risk of losing income and struggle to maintain disability benefits. Disability Information Services Kent (DISK) locally in Folkestone have been an invaluable service in helping those, through disability, the most vulnerable in society, with sustaining income and therefore appropriate accommodation routes.</p>
<p>Campaigning. This is an information and signposting service but needs campaigning elements within that to shape, scope and develop other services within KCC and provided by external providers to ensure that the services and facilities disabled people need, across the board, are provided. The service must provide information on human rights for disabled people. The service can't rely on the existing service providers to do the bulk of the work – enough staffing resource needs to be a key element of service provision. The service cannot merely signpost people to existing service providers. It has to provide people with deeper understanding rather than just referring them elsewhere. The service needs to pinpoint areas of specialisation and need (such as housing) as identified by its users and be responsive and flexible to incorporating new elements as it develops.</p>
<p>Giving the same support/advice/help to people with Mental Health Issues.</p>
<p>There should be a mechanism for the service for campaigning for/on behalf of people with physical disabilities (if this is not what was intended to be meant by the bottom point)</p>
<p>I think that the location of any services needs to be considered thoughtfully with particular attention paid to how easily this building is for accessibility, together with opening times that are sensible for people who are disabled and therefore need time to be able to get to the location. Thinking of myself any early morning appointments are particularly difficult if I have had a really bad night so if offering morning appointments then also offer afternoon appointments. Could there be a telephone information service, or even telephone consultations for those unable to attend in person?</p>
<p>It is hard to disagree with any of these ambitions.</p>

The positive and constructive response by KCC Commissioners to feedback from the Physical Disability Forum on this issue has been well received and all parties have benefitted from the subsequent co-production process.

However, there is still a need to clarify/develop the following:

- Given the relatively small budget for providing a 'Kent-wide' service, the remit can realistically be to provide only specialist independent information and advice. Providing 'support' needs to be defined as either 'one-off' or 'ongoing' as this has clear resource implications.
- Advisers on mobility/equipment and adaptations may need additional health input/training to ensure people are not misinformed.
- Advisers on Disability Benefits may need regular/formal update training to ensure people are not misinformed.
- Support around Training needs to be separate (& funded separately) as this requires a different skill set/resources and, for example, independently provided 'disability awareness' training could be part of local NHS & KCC Training programmes (where service providers often still appear to have a poor understanding of the social model of disability and clearly have not had good quality training!)
- Employment support should be provided by the KCC Supported Employment Service which should be adequately funded to do this.
- Providing support to access holidays and leisure does not need to be a separate priority category and can be linked into signposting from a regularly updated database e.g. using feedback from PD Forum members.
- Disability/Human Rights could be an additional category but this may have legal implications and so the remit for advisers must be clearly defined. CAB offer this service but are often under-resourced.
- The Social Model of Disability and Person-Centred Approaches should be clearly defined principles for 'shaping' this service.
- Setting up and running an up-to-date database is essential.
- The service could provide feedback/occasional reports to the PD Forum.
- The service should not be doing the work of other currently funded NHS & KCC information and advice services, but have effective information sharing/signposting links with them – e.g. the Direct Payments Team, Personal Health Budget Co-ordinators, Occupational Therapy Teams, Supported Employment Team, Job Centres etc.
- It should also not be doing the job of Case Management Services, where there have been a number of examples of poorly trained and poorly informed case managers, who have also clearly lacked disability awareness.

Personal Assistant's Employers

The core offer should include the following:

- gather local views and intelligence
- support participation in local councils 'Access Groups'
- support local initiatives to map and promote accessible public services
- support individuals through the 'complaint process' where practice falls short and evidence of poor standards is found

Appendix 3 – Comments from Question 4

Please tell us if you have any other comments about the Physical Disability Core Offer.

<p>Yet another consultation that does not clearly set out what is to happen. The cost of this consultation must be really considerable in relation to the proposed spend.</p>
<p>In simple English, the current situation is that KCC supports 4 random projects serving odd bits of Kent in different ways costing £181kpa. Clearly this has to stop. In future a single provider is to provide an unspecified service in future across Kent using the same level of funding. Please specify what it will be possible to provide for this spread so thinly. Should this money be spent elsewhere to better effect?</p> <p>What are the realistic options and choices.</p> <p>This is consultation gone mad.</p>
<p>Why re-invent the wheel. The current organisations already cover most of the county and could provide outreach services with only minor adjustments to their current service delivery.</p>
<p>where a person is housebound a suitably trained person must visit.</p>
<p>Given that a number of physically disabled service users and their carers will be those who are elderly, or not particularly familiar with computer use, those methods of contact and access to the new service MUST be as widely accessible and clearly signposted as the online version.</p>
<p>We believe that the lead provider does not need to be user-led. However, there will be need to be a good mix of partner organisations that offer peer support so that the provision as a whole can be user-led. A partnership can have good service user involvement and peer support without necessarily having a board which is classed as user-led.</p> <p>The organisations need to have a local presence already in Kent.</p> <p>A gap that we see is that people may have access to information and advice but they need support to action their decisions.</p>
<p>The provider must provide the same service level in all areas and there must be an appropriate escalation process if and when this doesn't happen.</p>
<p>There should be providers that specialise in working with children as well as adults so that there is a glow of service. There too should be support for the families of these children.</p> <p>Also, providers should be able to offer events and activities as a group. Families of those effected by such circumstance do appreciate the opportunity of spending time with each other, informally, to discuss more personal ares of their experiences. This can be invaluable and have positive impact on reducing stress, depression, isolation and feelings of coping.</p>
<p>I totally agree the scheme must be KENT based, not just certain areas</p>
<p>Support line must be in Kent and staffed by personal who speak clear and accurate English</p>
<p>Whoever provides the service must be able to offer a fully funded service that has time when that is required. For example, I had to complete a PIP assessment claim form for a friend who is 95% disabled and collecting all the information the 40 page form required took about 12 hours.</p>
<p>I dont feel it's important for the provider to be totally run by disabled people. It needs to be run by the right people who understand disability but to have a workforce with portion of disabled people would be advantageous</p>

I would rather have a number of good practises around rather than one that is hard to access.

If you are planning on using user led provision it is often the case that part of the team is volunteer led and therefore it has restrictions.

I know that I could not have survived the ordeals of DLA to PIP if it hadn't been for DISK in Folkestone.

These local services may not be able to provide to the whole area as a team would have to over look the whole lot and that costs more money (which I presume is the bit you are planning on saving)

Disability Benefits should also cover help with housework where necessary. People like me do not need personal care and I receive mobility assistance but I cannot cope with heavy housework and have to pay someone to help me

Local people have local knowledge. Someone in Thanet won't know the Tunbridge Wells area or Folkestone for instance.

We have tried using Libraries, Gateways etc. but have had a very poor turnout. We therefore mainly visit existing groups. There would be a cost attached to hiring private rooms in the community as much or what we talk about is sensitive particularly with form filling. The stats of DISK/DIAL suggest people are happy to travel for this service, enabling the service to serve many more people. Potentially there could be an office for Form Filling more central in the county as well/instead? The expenses for travelling all over the county would be very high plus room hire costs. Would it really save money or improve the number of people seen and would it raise the cost per client?

Home visits are a must, we support a lot of people who are unable to leave their home or access transport.

The directors feel very strongly that KCC should support and work to develop the existing services. The existing organisations can work together to create a branded, Kent wide service.

A 100% remote service will not work, we have tried using libraries and community services but people don't come. We go to where people feel happy and safe such as visiting existing groups and visiting people in their own home. Privacy is paramount.

People are happy to travel for form filling, they frequently have very tight deadlines so waiting for a service to be visiting their area will be difficult. If all the organisations had training to do this is would potentially give people another central location. Although we do support people at tribunal and assessments which is something some of the others don't. Would individuals be prepared to make a suggested donation for form filling, of say, £5? This could help towards the office costs?

Support with employment and training are provided by a number of different organisations, it seems silly for this service to duplicate it and should signpost people to these services and support them to access them.

We are frequently being informed that KCC in house Adult Social Care services are not working for individuals who struggle to get the outcomes they require. This service is not only to help them to navigate this confusing and daunting system and to help them achieve what they need but also to work with KCC to help them to have effective and successful relationships with disabled people.

Q1 - Needs to say in brackets (this means 75% of the board members and staff having a physical disability)

Q2 Consultation doc says "Based on market engagement and analysis of the services needed to deliver the key outcomes in the long term, KCC expects that the best approach would be to have one contract to deliver this service.

The tender will be open for providers to tender singularly or as a partnership. If one provider was successful they would have the opportunity to sub-contract local delivery to smaller organisations where necessary. This is still subject to review and will be influenced by the consultation feedback and further engagement activity."

Don't agree that only one provider for the whole of Kent is necessary, desirable or appropriate. Such an approach may make life easier for KCC Officers, but will result in a monopoly provider, with lots of downsides. Better to open it up to allow other sub County options aswell as County-wide.

Re Q5 etc The online consultation jumps from Q4 to Q6 so misses out Q5 and also misses out the Qs after Q6 so couldn't respond, whereas the saved copy shows all Qs

There needs to be a need to provide wellbeing activities which are for Kent wide but may be based locally like horse riding swimming sports arenas it is okay to change things for the better county wide but not to cut important activities for disabled people.

The provider may also have to deal with access issues to different buildings and parking at the new places for disabled people

Many support services focus on discharge from time of assessment. Not always helpful to the service user. There can also be an emphasis on what staff won't do, rather than what support they will offer. Another service where staff just provide advice is not necessary.

Encourage creative and innovative ideas e.g. the dementia village in Holland. Maximise community buy in to resource and reduce cost of services. e.g. Work with job centres to encourage volunteering while people are claiming benefits and looking for work?

I question whether the 75% ratio of management conflicts with Equal Opportunities. It would be great if those 75% had outstanding management abilities but worry that decisions could be taken which would not be 'neutral' and be affected or influenced by some members with a specific disability.

I am unclear as to how those with a Visual or Hearing impairment would be catered for : does this core offer encompass them?

Disability covers such a wide range that I am unsure about the providers being run by disabled people. Sometimes I wonder if we can all view each others problems in a broad enough way.

It has to be well marketed so the services are known about. It has to be well staffed so that the work can be done in a proper and timely manner.

This is Discriminatory against people with Mental Health problems.

I feel that it is paramount that the new service is user led. Even if the lead partner is not user led then any other partners should be user led. I feel that people with a physical disability engage better with others who have a disability and feel that there is greater trust from people with a physical disability with those who are not from a local authority or Government department but are fellow disabled people.

I am concerned about what will happen during the handover phase of the grants ending and the new service starting. What things are in place to ensure that there is a smooth handover and no one is left alone without support etc?

I feel that it is important to still have a central place for the service to be based at such as an office where staff can work from and people can come to if needed. This would need to be wheelchair accessible and offer a kitchen area, office area and toilet for staff and visitors to access. Of course it is paramount that staff can meet people at places that suit them such as at home, libraries etc.

We want things the way we already have, a lot of disabled people get extremely stressed over change, you need to support our local disc offices more instead of getting rid of them

I would like to draw attention to the fact the current physical disability forum, has been funded by Engaging Kent since its inception, in year one using agreed Healthwatch Kent funds and in year two using Engaging Kent funds. The consultation document doesn't reference this and leads the reader to conclude that KCC have been funding it.

The fact that the consultation document doesn't recognise the invaluable role that this independent organisation working in partnership with groups who would meet the defining criteria regarding being user led, could be seen to limit the potential pool collaborative tenders.

In addition, the statement 'Work has taken place to now establish a physical disability forum, which now works directly with KCC and Health Commissioners to ensure they can influence priorities for the future commissioning of services', omits to mention that the Physical Disability Forum is working in partnership with Healthwatch Kent, who have a statutory duty to ensure the voice of people with physical disability is amplified and heard by providers and commissioners.

We would like to see an inclusion in the final tender requiring successful tenders to work closely with Healthwatch Kent to ensure that peoples voices continue to receive maximum amplification.

Cannot be local and Kent wide simultaneously

Budget doesn't cover either service

Has worked well so far

Mental health situation is not working so well, main organisations taking the money and passing people over to other services, as far as I can see

Many disabled people do not have their own transport and public transport is difficult and/or impossible to access, especially in rural areas. Many community buildings have limited and/or no accessible parking and facilities such as accessible toilets do not accommodate people with severe disabilities. There would have to be a guarantee of complete privacy both in the physical environment and in the way information is given and collated. How can you provide the information required in all the formats required? Will the staff already working be employed; will contracts, conditions, & pay rates change? How will you attract people to the service, both as clients and as staff? How will the service be supported, monitored & reviewed? If you feel the current grant does not cover the costs of the services provided at present, how can it be spread across a county wide service & maintain and increase the level of service now, and in the future, required? Will there be annual grant increases to meet increasing demands on the service? Are you intending to recruit volunteers and if so, in what proportion; what training will be offered and what will the terms & conditions be? How will this impact on paid staff?

It would not be appropriate to discuss personal things while in a coffee shop. there need to be a quiet place where there will be privacy to discuss personal matters.

all of the above would be of some benefit but more needs to be done

Visit existing groups, some people are reluctant or unable to travel to or access public places like libraries/community centres.

There are currently a number of organisations providing great services, use them but great a branded service.

A 100% remote service will not work.

benefits and form filling is very important and people are willing to travel for this support.

Whilst very important to have peers with physical disabilities leading the service I see no reason why non disabled empathetic people should not be involved. This gives the opportunity to learn more about coping with disabilities for those people and networking across other organisations such as employment etc

The current set up including the DISK office in Folkestone is perfect for me. If 'accessible support within community facilities' means that the Folkestone office will be closed and instead pop up clinics are offered in locations such as doctors surgeries, local libraries and similar, it would be difficult for me to access them and I would be strongly against this proposal.

Ideally the provider should be user lead but it mostly needs expert advice to ensure best service. If both criteria can be met, then so much the better.

I want to go somewhere with privacy, not a public building. I want to be a person not a statistic. I want to go to a site I have used before.

Community facility service provision

We are concerned that given the budgetary constraints and the size of the county, provision of local service in community facilities may prove difficult to prohibitive. We do not wish to see a drain on a restricted budget with the provision of untargeted services in centres which go unused or poorly used. Not all venues are truly accessible despite having a 'box tick' for accessibility. Public transport to them may not be available. In our experience, service users who can, are willing to travel to purpose-designed facilities where they can park and access the facilities with ease. We are also concerned about the lack of privacy in such facilities given the deeply intimate nature of some issues that service users may need to discuss. On this basis, we feel it would be a better use of resource to provide a central, accessible facility, and to supplement this channel with face to face meetings in users' residencies, or choice of local facility, for those who cannot access a central facility, and use of existing groups.

Providing support around training and employment

We are aware of existing services providing support for training and employment, such as Kent Support and Employment and the RBLI. The service must not duplicate the work of these organisations, but signpost people to them and support them to access those services where they experience barriers to engagement with those services.

Holidays and leisure

We feel that this area of support could be peer-supported, and that basic signposting to accessible information should be in place, but not at the expense of more core issues such as benefits, housing and accessibility, for example.

Budget

We have considerable concerns that the budget doesn't fit the scope of this project. According to the statistics we have, there are 285,000 disabled people in the county, which puts the budget at 63p per head per annum.

We wish to be involved with KCC's work on ensuring the budget fits the needs of these people and the

continuing development of this tender, and its finalised offering.

DISK in Folkestone have helped me numerous times and I'm appalled to discover you have told them they should not be helping people with Mental health Issues.

In relation to the advice on employment the role of the new service should be to signpost and promote the services already funded by KCC around supporting people with disabilities into employment.

I believe at all times that a good many service users may need any person who is dealing with them to take their time and give enough time for the service user to take in what is said and give appropriate responses. I am on medication that can make me a little confused and/or slower to process what I am hearing and if this were not difficult enough my condition often leaves me confused due to chronic fatigue. I often tell anyone I am talking to that I may need to ask them to repeat something if I am having difficulty processing what I am being told and particularly if I am being asked something I may need longer to respond. This is especially needed when those responses lead to any action that directly affects the service that is being proposed,

Given the Sevenoaks District is a very rural area with rural isolation, having a service that provides locally based, accessible support within community facilities is very important. We would hope that the County Council would work with us on this issue.

In terms of the section entitled "The Proposed New Service", on page 9 of the document you state "KCC will also be working with Kent Clinical Commissioning Groups and district councils regarding additional investment opportunities for this offer". It would be helpful if you could clarify this statement and whether KCC will be looking for funding support for this project. In terms of health funding, our funding sources will be accounted for with the new One You Sevenoaks model which is in the process of being established.

We run a small community grants programme open to voluntary and community groups who offer more localised support. Your consultation document does not appear to give any information on whether there are issues for local disability groups operating in the Sevenoaks district who get support from the current services listed on pages 2 and 3?

It would be useful to know how KCC feel this new service is going to interface with One You Sevenoaks and other advice services, such as those run by CAB in the district and the HERO service which is run by the District Council.

You also state that "KCC will effectively and efficiently invest the funding to provide equity of service across Kent..." However, you do not give details that would help us establish what this actually means for the Sevenoaks district. Could you please let us know on what basis funding will be "effectively and efficiently" invested within Kent and what resources are we likely to receive in comparison to other areas within Kent?

Finally, we like to know how the proposed new service model will interact with districts and Housing Associations in terms of supported housing? We have at least one supported housing scheme for people with disabilities in the district. We need more and all the support services need to be integrated.

It is difficult to envisage how this budget can adequately fund a Kent-wide service delivering all of the above fourteen categories to a high standard and also replace what is currently being provided by organisations such as CiLK, DISK, DIAL/KASBAH, Headway & the Wheelchair User Group etc. (who may consequently lose funding - no doubt with significant consequences for their staff and services) and who have generally been doing a good job with very limited resources.

It is also important to point out that this proposal is to some extent 'reinventing the wheel' in replacing current information & advice services which have struggled to be properly funded for many years – for example those provided in the past by the Simon Paul Foundation and currently the Centre for Independent Living Kent - two organisations for which I have worked and which have had almost identical aims to the above, but because of underfunding have not been able to adequately respond to the demand.

A detailed financial breakdown needs to demonstrate how this funding can provide a paid staff team of information & advice workers, (plus volunteers?), a 24-hour (?) telephone helpline service, administration support, publicity materials, updates/news (delivered through a range of alternative formats), database & website development & maintenance and then accessible venue/office(s) facilities, and even a training budget!

Accessibility for appropriate local venues and/or an initial office will be an issue – although this could perhaps be financed from a separate funding source (e.g. building adaptation grant for access to an otherwise well-located/resourced facility?).

Face to face contact may not always be possible due to accessibility issues for either provider or recipient – with limited resources, perhaps Skype or Messenger etc. might be used more often in some circumstances.

The staff will need a wide range of skills if they are to meet all the above priority areas and therefore their salaries should reflect that and encourage well qualified and suitably experienced applicants. Suggested model:

A possible model within these budget constraints might be to create one or two basic 'HUBS' like those in Surrey, which are run by paid Development Managers/Workers, but use volunteers who are 'experts by experience' and who can be gradually trained in additional skills which they might need (also potentially giving them future employment opportunities) with a focus on providing only information & advice and then signposting or referring enquirers on to specific/appropriate local services for further 'support' (e.g. already established Advocacy Services in Kent (i.e. SEAP))

NB: Health funding/joint funding should also be further explored as this service will be meeting health needs too! (e.g. links to hospital information services).

Could not reply to Q3 as I do not agree with a service to be set up just with people with physical impairments. The social model of disability is pan. Also each of the existing group referred to have to adhere to their own constitution and wont under the social model of disability. To have one service for the whole of Kent will not work not only because of the distance but also because of the importance of each service delivered - the services each group provide at present will be watered down to the expense of the (unreadable) person. The filling of forms is very important as disabled people do not attend places (lack of public transport, cost of taxi's etc) Home visits are important. Many disabled people do not have computers for many reasons.

Having read the core offer, I am disappointed that there seems to be little evidence that KCC understands that work of this kind cannot be Kent wide and must be delivered and be seen to be part of the community where people live. Many of the changes that have benefitted my family have been locally driven by the District and Parish Council not KCC. The list of things that might be required to be delivered is completely unrealistic for the money available. KCC own DDA shows over 257,000 people with health and disability issues and 11,000 receive disability benefit. This equates when tallied to the lower figure to £1.62p per person. This must be set into context when despite austerity KCC pays 7 directors over 100k a year. This position seems unsustainable. The core offer cannot deliver employment advice, direct payment advice as there are specialist staff who are paid to do this - same again in local councils. A Kent wide approach should be avoided because some districts have a higher number of disabled people resident.

Appendix 4 – Comments from Question 6

If you have any comments about the equality impact assessment, please provide them here:

<p>I do object to KCC and other bodies wanting to know about religion, sexual orientation etc just provide a service equally to every one without advantages to any individual group(s)</p>
<p>Whilst I am delighted that the new provision will include, indeed be entirely aimed towards physically disabled Kent residents, I am concerned tat the stark assumption that those with any other disabilities will not be included but will be covered by other services. What other services? How do you know that those other services will be able to cope, beyond stating that you expect them to do so. Where is the money coming from to provide for such a transition, always fraught with difficulty when people with disabilities are concerned, and for the increase in case loads? What about your statutory obligation to ALL people with disability?</p>
<p>As with any change, if implemented, the communication will need to be good and come through multiple channels to ensure people of all ages, abilities, etc. can understand it. The EqIA should take this fully into account.</p>
<p>The assessment states that there are other services for people with Mental Health Issues, Sensory, LD and Older People. While we agree that there are services out there providing information and advice we are less sure that they are providing form filling or benefit assessment/tribunal support or promoting direct payments?</p>
<p>Do these organisations have the capacity to take on an influx of additional cases?</p>
<p>I do not have a disability but can give my Aunts details, who has been a wheelchair user for approximately 20 years and is fiercely independent! She has consented to give her details to you. [REDACTED]</p>
<p>I do not understand / find unclear the first two rows of the EA.</p>
<p>I also reiterate whether it is legal to stipulate 75% of the operational outfit having a physical disability, irrespective of its merit/aims/aspiration</p>
<p>This is Discriminatory against people with Mental Health problems.</p>
<p>I am concerned that the new service will not provide the level of service that is currently provided under the grant funding. This is especially true for those who have a disability other than a physical disability. I am concerned that people who have any other disability will have to access social services instead of a service not connected to the local authority. I feel that social services may already be too overstretched without having to support additional people. The same goes for other charities or organisations that are outside the new service. Will there be the capacity?</p>
<p>As stated before it will have an immense impact on disabled people</p>
<p>Were non disabled people assessing this?</p>
<p>It is essential the service is available to all physically disabled people, their families, friends, and people who have permission to seek information on their behalf, without discrimination or prejudice. This would also impact on how the grant is offered and administered; how present staff are treated and the offers made to them, and for future staff.</p>
<p>I worry about the strict physical Disability Criteria. Are other services, particularly Mental Health, able to cope with the potential influx of people and do they provide the same services?</p>
<p>The proposals will exclude people with disabilities other than physical disabilities, ie Mental health disabilities from accessing the service. This is discriminatory.</p>
<p>I am shocked that this is even proposed. Mental health disability is very real and debilitating and these sufferers have a right to access services. The proposals are therefore inadequate and they will fail a significant percentage of the disabled 'community'.</p>

The service should be available to all disabilities. You should not split information services into, physical, sensory, learning and mental health. You then give people with several types a decision to make and an organisation the possibility to turn them away. 'You become another groups' problem and no one takes responsibility.

It would be helpful for a different approach to EqIA to be provided for group responses.

Our membership consists of 45 individuals with physical disabilities living in Kent and 130 Kent-based organisations. We have no further data available based on age, religion, sexual identity and gender identity I believe that more time should be given before the deadline as I was only made aware of this today.

In the EqIA, in the findings of the protected characteristics where the impact found is high you are not saying how to readdress. Also you are not only discriminating against disabled people by segregating physical impairment you are going against the social model of disability look at disabled people with all types of impairments. The groups referred to deal with all types of impairments, they are for the removal of barriers for all disabled people for an independent life.