

WORKING IN PARTNERSHIP WITH VOLUNTARY SECTOR

FINAL DRAFT

**A joint strategy for people with physical disabilities and/or sensory
impairment in Croydon**

2011-2014

Introduction

This is the second strategy for people with a physical disability, chronic illness or a sensory Impairment in Croydon. It covers the three year period from April 2011 to March 2014 and has been developed in partnership with NHS Croydon and our Partnership Group - Physical Disability and Sensory Impairment. The strategy uses a “social model” of disability which recognises the difficulties and barriers faced by disabled people as a result of the attitudes and structures found within our own society.

We want to make a radical departure in this new strategy and get away from talking about illness, frailty and dependency. We want to focus on enabling, independence and control and above all for this to be a strategy for **all** disabled people in Croydon. We want it to help young disabled people prepare for their future, to get into work or volunteering, to obtain and use new qualifications and skills. We want it to help disabled people throughout their lives, to enable older disabled people to live as full and active a life as possible. We want it to help create a culture where disabled people make their own decisions and health and social care act to facilitate this not restrict it.

To achieve this we will use more self assessment and provide more and better information to help our customers make informed choices. This strategy will inform the way we commission health and social care services for disabled people in Croydon over the next three years to help realise these ambitions.

The scope of the strategy

The strategy deals with the policies and services we provide for the following groups:

- People with a physical disability aged 18 – 64
- People suffering a long term illness/conditions – (18+)
- People with a sensory impairment (18+)

The strategy uses the definition of disability from the Disability Discrimination Act 1995: “A physical or mental impairment that has a substantial and long-term impact on the ability of a person to carry out normal day-to-day activities”.

For the purpose of this strategy, the term “physically disabled people” is taken to include all the groups of people covered by the strategy.

Croydon’s Vision

It is a considerable challenge to set out a three year strategy when we are faced with so many uncertainties and potential changes. However, we are fortunate in Croydon to have a clear, long-term vision and a well thought out change programme, Step Change Croydon, which will guide this strategy in the pursuit of its objectives. In 2009 the Council undertook a major public engagement which led to the agreement of a new vision statement, ***We are Croydon***. The outcome of the engagement programme is an ambitious, compelling vision that paints a clear picture of the type of place that Croydon has the potential to be by 2040. It boldly states that in 2040:

“...we will be London’s most enterprising borough – a city that fosters ideas, innovation and learning and provides skills, opportunity and a sense of belonging for all.”



Our headline priorities to support this vision are:

- **An Enterprising City:** a place renowned for its enterprise and innovation with a highly adaptable and skilled workforce and diverse and responsive economy.
- **A Learning City:** a place that unleashes and nurtures local talent and is recognised for its culture of lifelong learning and ambitions for children and young people.
- **A Creative City:** a place noted for its culture and creativity - one of the best incubators of new artistic and sporting talent in the country.
- **A Connected City:** a place defined by its connectivity and permeability; with one of the best digital, communications and transport networks in the country.
- **A Sustainable City:** a place that sets the pace amongst London boroughs on promoting environmental sustainability and where the natural environment forms the arteries and veins of the city
- **A Caring City:** a place noted for its safety, openness and community spirit where all people are welcome to live and work and where individuals and communities are supported to fulfil their potential and deliver solutions for themselves.

The new vision and Community Strategy sit at the top of the overall planning and delivery framework for Croydon. This sets the context and overall priorities for other Croydon strategies. This includes Croydon’s new Local Development Framework and local Infrastructure Delivery Plan, Transport Strategy, Housing Strategy, Cohesion Strategy, the Work and Skills Plan, which are all in development this year.

The case for change

Big society

The previous Labour government, through *Putting People First (2007)* and *Transforming Social Care (2008)*, directed local councils to focus social care services on prevention, and the introduction of more choice and control for service users through self directed support. The new coalition government has set out a new approach in public services with its **Big Society** agenda. The coalition has emphasised the need for a cultural shift, moving power down through the system – and, where possible, putting power and control into the hands of people themselves. For this strategy **Big Society** means putting disabled people “*at the heart of what we do, not as beneficiaries but as participants, in shared decision-making*”. It means concentrating on improving outcomes not process targets and understanding the links between health and social care. Our strategy is firmly in line with this approach.

Public finances

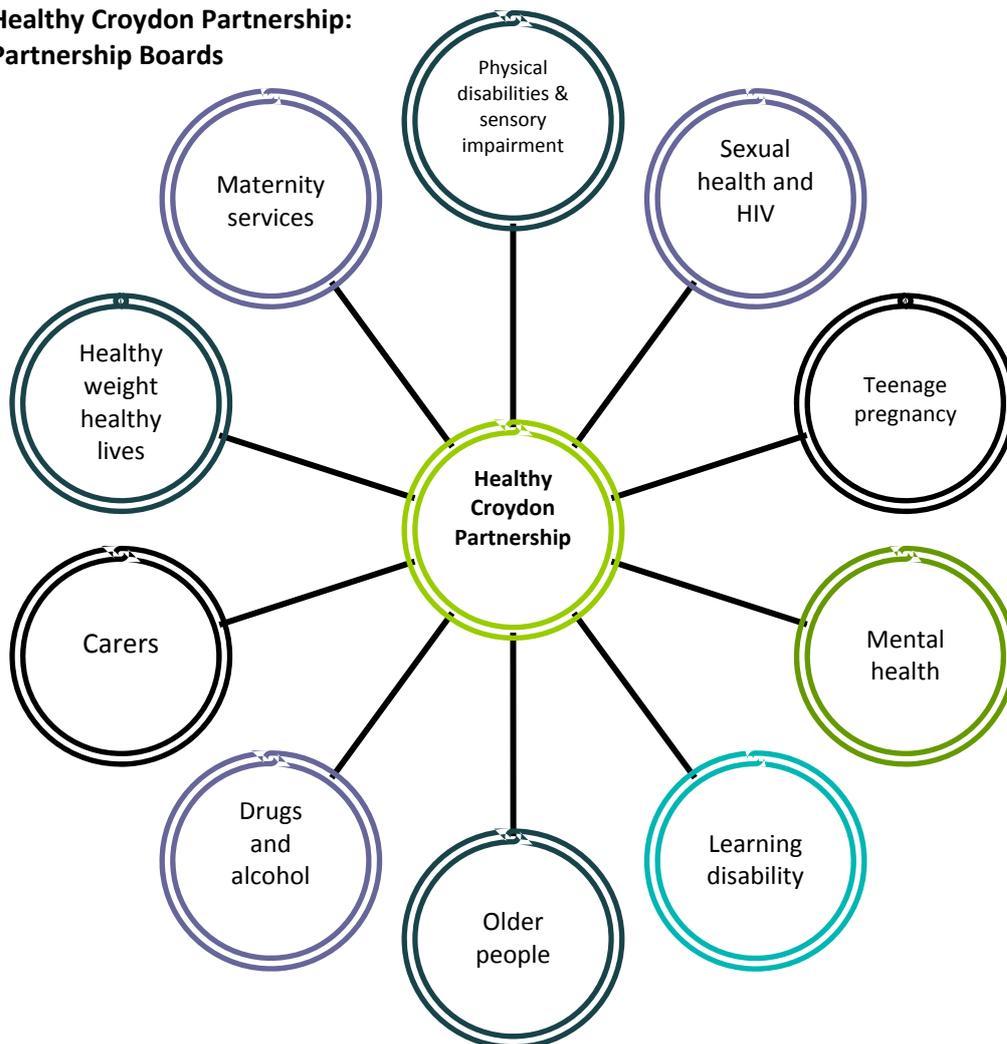
Looking ahead we know we face significant financial challenges and the resources available to deliver essential services will be severely reduced. The comprehensive spending review will mean taking a fresh look at our services and costs and working in different ways and this strategy is part of our

response. We believe that by making more services available through self assessment we can help more disabled people to help themselves. To be able to choose services earlier and be able to live independently with less need for more costly, higher need interventions later.

Our partnership

The Partnership Group Physical Disability and Sensory Impairment is part of the Healthy Croydon Partnership which supports our Local Strategic Partnership (LSP). It is a well established working group that brings together partners across a range of agencies including the council, NHS Croydon, the private, voluntary and community sectors, service users and carers. It works to improve services, oversee performance and develop the strategic direction for physical disability services.

Healthy Croydon Partnership: Partnership Boards



Over the past two years there have been a number of engagement events, that have helped identify a number of areas for improvement that have been included in our strategy as follows:

- Single integrated joint assessment
- Independence through equipment and technology
- 24/7 information and advice
- Increase disability awareness
- Improve community transport

- Further develop the predictive healthcare model
- Improving joint working
- Increase accessibility to public buildings
- More accessible housing/homes

Population increase

Croydon is London's most populated borough with an estimated resident population of 339,500. Projections suggest our population will increase to 349,600 by 2016 made up of 157,000 households. Within that increase the proportion of single person households is expected to increase. These changes will increase pressure on local public services.

Age

In 2008 there were 43,959 people aged 65 or over living in Croydon: that is, 13% of the population. 6,061 people were aged 85+. The proportion of older people living alone is about average. However, our population is ageing; with the proportion of people 65 and over expected to rise to 16% by 2026 and the proportion 85 and over expected to nearly double by 2016.

Diversity

Our population is becoming more diverse. Local people speak more than 100 languages, with black and minority ethnic groups making up almost 42% of our population. Amongst these residents, those who are black or black British form the largest group at 15% of the total population and Asian and Asian British are the next largest at 13.9%. The growth in ethnic diversity is expected to continue, with projected increases to 43% in 2013, 47% by 2018 and 51% by 2026. The largest increases over the next five years are expected in the following groups: Other (+17%), Pakistani (+15%), Black African (+13%), Bangladeshi (+14%), Black Other (+13%), Black Caribbean (+11%) and Indian (+10%). White and Chinese groups are projected to decrease by 6% and 3% respectively. Our services will need to reflect changing cultural needs, religious beliefs and ethnicity.

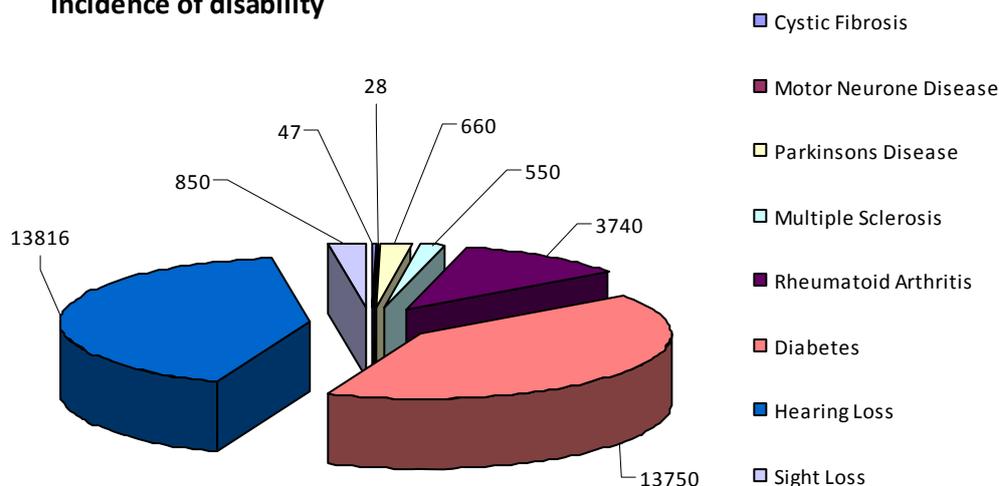
Disability

There is no single statistic that captures the extent of our disabled population. We have 51,300 people with a limiting long term illness or disability, which is just below the national and London average. We have around 6,800 people aged 65 or over who need support with mobility tasks. Almost 3,900 are blind or partially sighted. Nearly one in four people aged 65 and over have one or more chronic health condition, representing 10,900 people. In addition, we know there are:

- 7930 adults claiming a disability living allowance
- 6690 adults unable to work due to disability
- An estimated 20,857 adults with a moderate or serious physical disability (PANSI)
- An estimated 9612 adults that need some help with personal care (PANSI)
- An estimated 7740 adults with some degree of hearing loss (PANSI)
- An estimated 141 adults have a serious visual impairment (PANSI)
- 693 disabled people receiving social care services in the community
- 86 disabled people living in residential/nursing care
- 6000 disabled people issued with freedom passes
- 11,000 people issued with Blue Badges
- 6500 disabled people using wheelchairs in Croydon

We can estimate the number of people affected by specific disabilities using information from national organisations on their prevalence. While this data is not standardised to our population, it nevertheless provides a rough outline of the numbers of people with different disabilities in Croydon.

Incidence of disability



Leading the way

We have been leading the way in transforming adult services through focusing our efforts on helping people remain independent longer and reducing costly interventions later on as a result. In 2010 the Council won the Local Government Chronicle award for efficiency by showing how, with innovation and careful planning, we could provide personalised care packages and reduce the need for high-cost intensive home-based services.

Since 2007, the Council has saved £1.03m, but increased the number of people we have helped from 600 to 4,200. At the same time the Council have maintained the quality of the services we provide, with the Care Quality Commission describing our services as “performing excellently” in 2008/2009. We have achieved this through designing bespoke care packages; moving triage assessments to our contact centre, leaving care managers more time for specialist work; offering users online self-assessment; introducing patch working for our care managers; and centralising procurement of residential placements. We have also made extensive use of technology, with telecare services helping people to live safely in their own homes for longer than would otherwise be possible.

We have good links between health and care and have focused our efforts on early intervention and prevention of the major causes of disability and long term illness. NHS Croydon have established community virtual wards which support people with long term conditions to manage their illness resulting in better health outcomes and reducing the need for admissions to hospital.

Stroke is a major cause of disability and we have improved our services for people experiencing transient ischaemic attack (TIA - mini stroke) and strokes through ensuring our Rapid Access TIA Clinic is available for diagnosis and treatment within 24 hours. Most people suffering a stroke are now cared for on Croydon University Hospital’s acute stroke unit and community stroke services have been expanded and improved. Croydon University Hospital has been rated as among the top 50 hospitals in the country for its stroke services.

Services for people who fall have also been improved across hospital, community and voluntary sector agencies. Falling can have a devastating impact on some peoples lives and lead to disability and loss of independence. Croydon’s service focuses on falls prevention and ensuring high quality rehabilitation following falls.

Our Priorities

The health and social care priority goals identified in the Caring City section of the Community Strategy are:

- Improved health and well being
- Greater independence
- Integrated, safe, high quality services
- Transformed social care services

We have agreed a number of strategic objectives for this strategy that will help us achieve these goals which incorporate the Care Quality Commission seven outcomes that we see as fundamental to this plan:

1. We will improve outcomes for local people
2. We will intervene early and work to reduce unfair differences in outcomes
3. We will provide solutions that are personalised and local
4. We will continuously improve quality, safety and people's experience of our services
5. We will increase the efficiency and effectiveness of everything that we do

1. Improving outcomes for local people

We expect to be judged on the basis of the difference we make for the people of Croydon. We will improve the health and well being of people of Croydon. We will improve our resident's quality of life:

Improved health and well-being

- Continue to exceed the England average life expectancy: reaching 78.5 years for men and 82.7 years for women or greater by 2015.
- Narrow the gap in life expectancy between the most and least deprived parts of the borough with a reduction in the gap of at least 1.9 years for men and 0.6 years for women by 2015.
- Increase the percentage of people with type 2 diabetes who have their blood sugar levels under control from 38% to 50% or more by 2015
- Reduce deaths from chronic obstructive pulmonary disease from a rate of 28.5 per 100,000 population to 22.5 per 100,000 population or lower by 2015.
- Improve people's satisfaction with NHS services in Croydon so that our score is equal to or greater than the national average by 2015.
- Continue to develop community stroke services to deliver gold standard requirements for community rehabilitation and early supported discharge

Healthier lives – health promotion

- Reduce the numbers of people who smoke
- Ensure people with physical disability and/or sensory impairment have access to leisure, sports and recreation services (is this a Council led action?)

Improved quality of life

- Increase accessibility to universal services such as trains, retail outlets, leisure and education facilities

- Continue to fund neighbouring and community groups to encourage the inclusion of people with disability in the community
- Reduce isolation by encouraging more befriending, 'buddying', 'phone trees' and other innovatory schemes

2. We will intervene early and work to reduce unfair differences in outcomes

We will provide **information, advice** and early input to prevent a problem becoming a crisis. We will work to promote **recovery and restore capability** after an illness or injury. We will **promote resilience** in order to prevent a problem recurring. We will target our resources to those who need them most and who are at greatest risk of poor outcomes. We will promote **economic well-being** through maximizing people's income and ensuring they receive benefits they are entitled to.

Information, advice and advocacy

- Provide an integrated, easy to access information and advice service using a user led organisation within the community also supporting access to advocacy services

Carers

- Ensuring carers receive an appropriate range of information at the start of the assessment process
- Development of flexibility of short breaks for individuals and their carers in line with eligibility criteria
- Introduce a new support service for carers to remain in employment and other carer support initiatives

Income, benefits and fuel poverty

- Support people to maximise their income entitlements from welfare benefits
- Ensure that wherever possible we promote fuel efficiency initiatives such as new central heating that will benefit 176 Council properties and our partnership with British Gas that will provide grants to 500 private sector properties that will benefit some people with physical disabilities

Training and skills

- Provide community access training for people with a disability so they gain skills and build confidence in using universal community services
- Support disabled people to engage in education and community activities

Volunteering

- Increase the opportunities for disabled people to volunteer

Employment and business

- Develop specialised support for people with specific disabilities to access employment.

Preventive equipment and technology

- Increase access for disabled people to telecare, and technology equipment
- Enable more people to live at homes adapted to meet their physical needs.

Early intervention

- Continue to work with the Kings Fund and public health on predictive modelling to support information on people physical disabilities and sensory impairment in inform commissioning decisions.

3. We will provide solutions that are personalised and local

We want services to be provided **closer to home** or in the home rather than in institutions. We want to increase **choice and control** for people, giving advice and support where it is needed. Our services will be **designed with the individual in mind**, fitting services to people not fitting people to services. We will support people to develop their own solutions by fostering greater **self-help and self-care** when this is what people want. We want to ensure people are provided with the support and opportunity to make a positive contribution.

Choice and control

- To provide people approaching the end of life with more choice about where they would like to be cared for and where they would like to die, with the aim of reducing deaths in acute care settings.
- Ensure people with a physical disability and/ or sensory impairment have a voice in service development and delivery
- Ensure people with a physical disability and/or sensory impairment and their carers take part in the planning and delivery of services, individually and as a group
- Involving people with a physical disability and/or sensory impairment in co-design and co-production of commissioned services.

Self directed support

- Roll out self directed support so that people with a disability can make informed choices about the care they need and how it might be delivered.

POP services

- Extending the focus of POP to more suitably address the needs of people with disabilities and provide a static POP village to become a 'Centre of Excellence' for use by people with physical difficulties and older people

Community services

- Commission more focussed preventative services.

Counselling and talking therapies

- Disabled people who need counselling have access to relevant services

4. We will continuously improve quality, safety and people's experience of our services

We will use the best available evidence-to commission and design services, always insisting on **quality** and ensuring that guidelines and standards are met. People's safety will always be our top priority. We will **safeguard** vulnerable people from abuse. We will eliminate unlawful **discrimination and harassment**. **We will work to eliminate unlawful discrimination and harassment**. We will deliver services in a way that maintains people's personal dignity and respect. We will work to improve the experience of all those who use our services.

Disability equality and equal access

- Ensure that the councils, its partners and other stakeholders' policies and procedures do not discriminate against people with a physical disability and/or sensory impairment and promote disability equality.
- Ensure all staff members are able to effectively communicate with people with a physical disability and/or sensory impairment including getting access to interpreters if necessary

Safeguarding

- Continue to implement the Safer Croydon policies along with our statutory and voluntary sector partners.
- Support earlier intervention safeguarding vulnerable people with a physical disability and/or sensory impairment from abuse.
- Ensure people with disabilities feel safe and supported in their own home

Quality services

- Develop a health and social care charter to be adopted by all major service providers

5. We will increase the efficiency and effectiveness of everything that we do

We will seek best value for money and greater productivity. We will ensure that we get the best possible outcomes from the resources we have available. We want to promote collaboration and integration to provide cost effective and seamless services.

Partnership working

- Good partnership working with a strong commitment to improve outcomes for people with a physical disability and/or sensory impairment.

Effective joint commissioning and joint working

- Increase joint commissioning and implement the Joint Commissioning Plan for Adults.
- Develop an integrated joint assessment process and information about support agencies and carers at the start of the assessment process
- Review the rehabilitation process and pathway between acute and community services
- Ensure effective joint working between the PCT, council departments and voluntary organisations
- Implement effective working with housing and the occupational therapy service to enable speedier resolution for people in need of adapted housing
- Implement effective planning for younger people in the transition to adult services and the transition from adult to older people services

Effective strategy

- Continue to optimise value for money, through coherent and consistent approaches by different agencies; and by allowing commissioning to be done more strategically.

Outcome focused

- Strong outcome based focus with good budgetary management and effective strategies to secure value for money.

Market development and voluntary sector capacity

- Increased provider diversity to ensure that the local market of provision, including the ¹voluntary sector, is able to respond to diverse and changing needs over time.
- Where possible and practicable, bring new providers into the market particularly where there are shortages or new needs identified through the various strategies.

Performance management

- Effective monitoring and management of performance.

¹ Final Draft

Action Plan

Priority	Action	Lead	By when	Comments
Improving Health and Wellbeing Continue to develop community stroke services to deliver gold standard requirements for community rehabilitation and early supported discharge	Through partnership and joint working look at mechanisms to support health and wellbeing outcomes through advice, information, early identification, screening and early intervention. Continue to explore how the POP bus service and POP village will support this approach. Continue to monitor service and outcomes via the contracting process	NHS Croydon DASH Voluntary Sector Assistant Director Adult Strategic Commissioning NHS Croydon	2011-13	
Improved quality of life <ul style="list-style-type: none"> • Increase accessibility to universal services such as trains, retail outlets, leisure and education facilities • Continue to fund neighbouring and community groups to encourage the inclusion of people with disability in the community • Reduce isolation by encouraging more befriending, 'buddying', 'phone trees' and other innovatory schemes 	Develop and deliver an integrated accessible transport strategy concentrating on the needs for those with a physical disability improve community accessible Continue to work with street champions to keep an eye on streets and surrounding local areas Demonstrate more use of social networking, for carers to provide mutual support and facilitate peer support groups for people with similar disabilities.	LA transport services, LA Commissioning OP/PD Street champions, LA Carers Commissioning	2012 2012	
Information, advice and advocacy Provide an integrated, easy to access	<ul style="list-style-type: none"> • Provide a 24 hour x 7 days a week information and advice service of website and helpline. 	LA Communication Team	2013	

<p>information and advice service using a user led organisation within the community also supporting access to advocacy services</p>	<ul style="list-style-type: none"> • Commission new advocacy services specifically for people with a physical disability and/or sensory impairment in light of the changes in self directed support. • Develop easier access to information, advice and advocacy through electronic and traditional methods of communication suited to the different needs and capabilities of disabled people in Croydon 	<p>LA Head of Commissioning, NHS Croydon , Voluntary sector organisations</p>	<p>2011</p>	
<p>Carers</p> <ul style="list-style-type: none"> • Ensuring carers receive an appropriate range of information at the start of the assessment process • Development of flexibility of short breaks for individuals and their carers in line with eligibility criteria • Introduce a new support service for carers to remain in employment and other carer support initiatives 	<p>Action/ target</p>	<p>Carers Commissioning, Voluntary sector organisations, LA commissioning OP/PD</p>	<p>2012</p>	
<p>Income, benefits and fuel poverty</p> <ul style="list-style-type: none"> • Support people to maximise their income entitlements from welfare benefits • Ensure that wherever possible we promote fuel efficiency initiatives such as new central heating that will benefit 176 Council properties and our partnership with British Gas that will provide grants to 500 private sector properties that will benefit some people with physical disabilities 	<p>Ensure a minimum of 40 PoP sessions for welfare and income benefits. Ensure benefits and welfare advice is set up in PoP village.</p> <p>Ensure the fuel efficiency leaflets are distributed to people accessing community care services</p>	<p>Director customer services. Head of Commissioning, OP/PD, operational division of Revenue and benefits division.</p>	<p>2012</p>	

<p>and public health on predictive modelling to support information on people physical disabilities and sensory impairment in inform commissioning decisions.</p>		<p>OP/PD</p>		
<p>Choice and control</p> <ul style="list-style-type: none"> • To provide people approaching the end of life with more choice about where they would like to be cared for and where they would like to die, with the aim of reducing deaths in acute care settings. • Ensure people with a physical disability and/ or sensory impairment have a voice in service development and delivery • Ensure people with a physical disability and/or sensory impairment and their carers take part in the planning and delivery of services, individually and as a group • Involving people with a physical disability and/or sensory impairment in co-design and co-production of commissioned services. 	<p>Review impact of Local Enhanced Service for General Practice on the implementation of Gold Standards Framework (GSF) in primary care Ensure all staff are trained and skilled in advanced care planning and communication skills and advanced care planning is delivered for community and care home patients Review of support to care homes to implement Gold Standard Framework and Liverpool Care Pathway</p> <p>Continue to commission user led and managed organisations as part of the Putting People First milestones Greater user involvement in commissioning decisions – in both what and how services are delivered. Hold annual Open space events and advertise and encourage people with a physical disability and/or sensory impairment and their carers take part in area based and borough based initiatives.</p> <p>Set –up a user panel to review the physical disability and/or sensory impairment strategy annually report (January)</p>	<p>Workstream Manager Long Term Conditions NHS Croydon</p> <p>Head of Commissioning OP/PD; Head of Service Business relations; Transformation team</p> <p>Head of Commissioning OP/PD; NHS Croydon; Public participations officers in department; CVA, other Voluntary</p>	<p>2011, 2012,2013</p>	

		organisations		
<p>Self directed support</p> <ul style="list-style-type: none"> Roll out self directed support so that people with a disability can make informed choices about the care they need and how it might be delivered. 	<p>Ensure at least one third of service users have personal budgets and agreed support plans. Commission a range of services to enable people to make informed choices about who cares for them. Increase access to / uptake of Self Direct Support and Direct Payment</p>	<p>DMT, directors of Support OP/PD; Adults and Finance; Operation divisions; policy and performance</p>	<p>March 2011</p>	
<p>POP services</p> <ul style="list-style-type: none"> Extending the focus of POP to more suitably address the needs of people with disabilities and provide a static POP village to become a 'Centre of Excellence' for use by people with physical difficulties and older people <p>Community services</p> <ul style="list-style-type: none"> Commission more focussed preventative services. 	<p>To expand the benefits advice service including the POP Bus and the voluntary sector, 4 sessions a year. Identify location for the static POP village</p> <p>Ensure preventative services are commissioned through the Supporting Independence Fund</p>	<p>NHS Croydon, POP provider, Head of commissioning</p> <p>Head of commissioning OP/PD</p>	<p>2011-12</p> <p>2011-13</p>	
<p>Counselling and talking therapies</p> <ul style="list-style-type: none"> Disabled people who need counselling have access to relevant services 	<p>Increase access to Talking/Psychological Therapies.</p>	<p>NHS Croydon Assistant Director Mental Health</p>	<p>2011-13</p>	

<p>Disability equality and equal access</p> <ul style="list-style-type: none"> • Ensure that all of the councils, its partners and other stakeholders' policies and procedures do not discriminate against people with a physical disability and/or sensory impairment and promote disability equality. • Ensure all staff members are able to effectively communicate with people with a physical disability and/or sensory impairment including getting access to interpreters if necessary 	<ul style="list-style-type: none"> • Develop services that are responsive to the needs of people with disabilities people from black and ethnic minority communities. • Ensure vulnerable people with a physical disability who are lesbians, gay men, transsexuals and bi-sexuals are enabled to get access to all services. • Ensure the strategy is equal and fair for all through the preparation and monitoring of an equality impact assessment. • Ensure staff has access to interpreter services and staff use plain English for report writing. 	<p>Policy and Performance team, OP/PD Head of Social Work.</p>	<p>2011-13</p>	
<p>Safeguarding</p> <ul style="list-style-type: none"> • Continue to implement the Safer Croydon policies along with our statutory and voluntary sector partners. • Support earlier intervention safeguarding vulnerable people with a physical disability and/or sensory impairment from abuse. • Ensure people with disabilities feel safe and supported in their own home 	<p>Ensure all staff and managers for all statutory providers have safeguarding training. Work towards integrating social care and health safeguarding procedures and policies particularly in relation to serious untoward incidents.</p> <p>Ensure all commissioned services and all providers from whatever sector comply with all aspects of the multi agency safeguarding policy and procedure within all new contracts.</p> <p>Arrange Keep Safe, Be Safe events during the next two years to keep people with a Physical Disability and/or Sensory Impairment informed and involved in preventing and being safer from crime and its aftermath.</p>	<p>HR (training and Development) head of safeguarding, Head of Commissioning. NHS Croydon Head of Social work.</p>	<p>2011-13</p>	

<p>Quality services</p> <ul style="list-style-type: none"> • Develop a health and social care charter to be adopted by all major service providers • We will increase the efficiency and effectiveness of everything that we do • We will seek best value for money and greater productivity. 	<p>Work with Partner to develop to identify priorities for social care charter</p>	<p>CVA, Voluntary organisation; Head of OP/PD. NHS Croydon</p>	<p>2011-12</p>	
<p>Partnership working</p> <ul style="list-style-type: none"> • Good partnership working with a strong commitment to improve outcomes for people with a physical disability and/or sensory impairment. 	<p>We will ensure that we get the best possible outcomes from the resources we have available. We want to promote collaboration and integration to provide cost effective and seamless services.</p>	<p>Voluntary sector organisation; Head of OP/PD. NHS Croydon</p>	<p>2011-13</p>	
<p>Effective joint commissioning and joint working</p> <p>Increase joint commissioning and implement the Joint Commissioning Plan for Adults.</p> <ul style="list-style-type: none"> • Develop an integrated joint assessment process and information about support agencies and carers at the start of the assessment process • Review the rehabilitation process and pathway between acute and community services • Ensure effective joint working between the PCT, council departments and voluntary organisations • Implement effective working with housing and the occupational therapy service to enable speedier resolution for people in need of adapted housing 	<p>Review the assessment process in line with introducing Self direct Support</p> <p>Pilot Reablement service through the Community occupational Therapy Service</p> <p>Build on the existing joint arrangements and propose further joint commissioning between partner organisations</p> <p>Review tenant and leaseholder housing panels, and ensure there is appropriate feedback with the Council and ensure appropriate representation for those from the physical disability community and those requiring adapted or</p>	<p>Voluntary sector organisation; Head of OP/PD. NHS Croydon</p>	<p>2011-13</p>	

<ul style="list-style-type: none"> Implement effective planning for younger people in the transition to adult services and the transition from adult to older people services 	<p>wheelchair accessible accommodation. Create a register of all wheelchair accessible and adapted properties in the Council and Registered Social Landlords housing stock</p> <p>Ensure Clients and their carers are supported through transition for the age of 14</p>			
<p>Effective strategy</p> <ul style="list-style-type: none"> Continue to optimise value for money, through coherent and consistent approaches by different agencies; and by allowing commissioning to be done more strategically. 		<p>Voluntary sector organisation; Head of OP/PD. NHS Croydon Head of Service Business relationships</p>	<p>2011-13</p>	
<p>Outcome focused</p> <ul style="list-style-type: none"> Strong outcome based focus with good budgetary management and effective strategies to secure value for money. Market development and voluntary sector capacity Increased provider diversity – to ensure that the local market of provision, including the voluntary sector, is able to respond to diverse and changing needs over time. 	<p>All social services contracts and care plans will include the proposed outcomes. Robust monitoring systems in place</p> <p>Ensure wherever possible the use and development of the voluntary sector to provide help and support.</p>	<p>Voluntary sector organisation; Head of OP/PD. NHS Croydon Head of Service Business relationships</p> <p>Voluntary sector organisation; Head of OP/PD. NHS Croydon Head of Service Business relationships</p>	<p>2011-13</p> <p>2011-13</p>	

<ul style="list-style-type: none"> Where possible and practicable, bring new providers into the market particularly where there are shortages or new needs identified through the various strategies. 	Organise a framework			
<p>Performance management Effective monitoring and management of performance.</p>	Ensure robust monitoring system for Voluntary sector contracts	<p>Voluntary sector organisation; Head of OP/PD. NHS Croydon</p>	<p>2011-12</p>	