

A Joint Physical Disability Strategy for Oxfordshire

A draft for consultation

Contents

Section	Heading	Page
	Executive Summary	3
1	Introduction	6
2	What is a <i>Commissioning Strategy</i>?	7
3	Having your say on this draft	7
4	Vision	8
5	Outcomes: what would success look like?	8
6	Scope: who and what is covered by this strategy?	11
7	Level of need	13
8	Resources available to support the strategy	13
9	Plan of action, <i>draft commissioning intentions</i>	13
10	Implementation Plan	22
11	Risks	22
12	Timeline for development of this strategy	22
	Appendix 1: People consulted and views expressed to date	24
	Appendix 2: Current local initiatives	26
	Appendix 3: Local and national strategies	27
	Appendix 4: Needs assessment	29
	Appendix 5: Resources	30

Executive Summary

These headings are expanded in the full draft strategy below. For a fuller account of these headings see the section and page number indicated

Introduction (Section 1, page 6)

1 Oxfordshire County Council and Oxfordshire Clinical Commissioning Group are developing a joint health and social care commissioning strategy to meet the needs of people living in the County with physical disability.

2 Oxfordshire County Council is responsible for social care and support of people with a physical disability. Oxfordshire Clinical Commissioning Group is the body that will in future commission health services in line with the Health and Social Care Bill. Together we believe that a joint approach will work better for people with physical disability. We need to put in place a more integrated approach to care where services are built around the individual and reflects personal needs. We think this will help people to live as independently as possible for as long as possible.

How can you have your say? (Section 3, page 7)

Unlimited is running a consultation regarding this draft strategy on behalf of the Commissioners to get the public's views on what disabled people need. Unlimited is a user led organisation of people living with a physical or a sensory disability.

The Commissioners want views on this new draft strategy to meet the needs of people living in the County with a physical disability. You can comment on the strategy using the survey designed by Unlimited. The survey can be filled in on-line at <http://www.oxfordshireunlimited.org/> or <http://www.oxfordshire.gov.uk/cms/public-site/consultation>

Unlimited will be facilitating a number of events for service users and carers which will be publicized locally. For more information please contact Unlimited through their website or on 0845 121 4112.

We would prefer responses to the consultation to use the survey, but if you wish to send in any other comments or raise any queries these can be sent to the writer of this draft, Ian Bottomley at Oxfordshire Clinical Commissioning Group ian.bottomley@oxfordshirepct.nhs.uk

The deadline for responses is 16TH MAY 2012

All responses to the survey will be used to form a report on the consultation which will be used to finalise the strategy. The report will form an appendix to the final strategy.

Vision-what are we trying to achieve? (Section 4, page 7)

1 We believe all people living with disability should have the right and the opportunity to fulfil their potential.

2 We believe that we can translate this ambition into practice through an approach designed to deliver the following outcomes

- The best possible assessment, care and support
- Helping people live as independently as possible for as long as possible through approaches that support prevention and enablement
- A better deal for carers that recognizes both their role in supporting the delivery of this vision, and their own needs within that role
- A model of care that works now and in the lifetime of this strategy, which can deal with increasing pressure on budgets and which is accountable to people with physical disability and the wider population of Oxfordshire

Outcomes: What would success look like? (Section 5, page 8)

1 If this strategy is successful people living with physical disability ...

- will have the same choices as anyone else.
- should be supported to meet their ambitions and aspirations
- should have the information, care and support to motivate and enable them to live as independently as possible for as long as possible.
- And commissioners will be able to demonstrate that they are delivering these outcomes, and are managing effectively with the money available.

2 We will work out how successful we have been by measuring

- How easily people can find information about support
- How many people feel supported to manage their own condition
- how many people living with a physical disability are in a job
- the number of people who have to go into hospital in an unplanned way and how often this happens
- how many people using social care receive self directed support and how many receive direct payments
- how many people who use services feel safe
- how satisfied carers are with the quality of their lives

Scope: who and what services are covered by this strategy? (section 6, page 11)

- People aged 18-65 who meet the definition of disability in the Equality Act
- People with neurological and other long-term conditions who might meet the definition of the disability at some point in the course of their life and for whom preventative services may help them maintain independence
- People with an Acquired Brain Injury
- Children and Young People in transition to adult services
- Older people who do not otherwise meet the thresholds for care who have a long-term condition and may benefit from preventative services
- Older people with disability who are transitioning to older people's services
- All those community assessment and health and social care services that are designed to meet the needs of people with physical disability
- Those physical and mental health services based in hospital that are designed to help people living with a physical disability return to the community with the maximum level of independence
- Personal budgets in social care and health
- Housing and housing support services for people with physical disability
- Employment services
- Equipment and transport services for people with physical disabilities

Plan of action: how might the strategy be delivered? (section 9, page 13)

The full draft strategy sets out a list of actions that we could take to ensure that we are successful. We believe that the main areas for action are to

- Ensure that any assessment for physical care or support, mental health, and support for carers, or equipment should be built around the needs of the individual and their carer
- Ensure that people living with a physical disability should be able to access services easily and be able to return to them quickly after any gap in use
- Review and commission new preventative and reablement services that help people to live independently in the wider community
- Ensure we address the needs of children and young people coming into adult services
- Ensure that services should meet the specific needs of people from minority groups protected under the Equality legislation
- Implement the Oxfordshire Physical Disability housing strategy
- Review the options for helping people retain or get into work

Getting started (section 10, page 21)

A full implementation plan, with our priorities for action will be published after we consider the feedback from consultation in June 2012. The strategy will be live from July 2012.

A Joint Physical Disability Commissioning Strategy for Oxfordshire

1. Introduction:

1.1 Oxfordshire County Council and Oxfordshire Clinical Commissioning Group intend to develop a joint health and social care commissioning strategy to meet the needs of people living in the County with physical disability.

1.2 The County Council and the Clinical Commissioning Group currently put social care and health funds together within a s75 NHS Act 2006 pooled budget. This fund seeks to address the needs of people with physical disability alongside the needs of older people.

1.3 Oxfordshire County Council is responsible for meeting the social care and support needs of people with a physical disability in the county.

1.4 Oxfordshire Clinical Commissioning Group is the body that will in future commission health services in line with the Health and Social Care Bill. From April 2012 the Clinical Commissioning Group takes shadow responsibility for this activity from Oxfordshire Primary Care Trust. Formal legal transfer of responsibility will take place in April 2013.

1.5 The County Council and the Clinical Commissioning Group believe that a joint commissioning strategy supported by a dedicated pooled budget arrangement will better meet the needs of people with physical disability. A joint commissioning strategy will support a more integrated approach to care where services are built around the individual and reflects his or her individual needs. This will deliver better outcomes and help people to live as independently as possible for as long as possible.

1.6 This document is a draft. It has been developed through conversations with a range of patients and service users, carers and voluntary organizations, social work professionals, clinicians and GPs. These groups, and what they told us, are listed at Appendix 1.

1.7 The County Council and the Clinical Commissioning Group invite views on this draft commissioning strategy. They aim to agree a joint strategy, including their priorities for action by July 2012. The final agreed strategy will provide a work plan for commissioners for the period 2012-15. The County Council and Clinical Commissioning Group intend that the final commissioning strategy should accurately reflect the needs of disabled people in Oxfordshire and their carers, and that its aims, intended outcomes and priorities for action are informed by the views of the people who will be supported by the strategy, and those that will deliver it. The report on this consultation will form an Appendix to the final strategy.

2 What is a *Commissioning Strategy*?

2.1 This is a draft joint *commissioning* strategy. The final version will

- Identify the outcomes that are required and how these outcomes will be measured
- Support the design of any services the commissioners will buy from providers (health, social care, voluntary and community or independent sector) to deliver these outcomes
- Support the design of the procurement and contracting model: how these services will be purchased, how they will be contracted, how this will fit with other models such as personalization, self-help and peer support
- Set out our quality expectations of any contracts that are issued to deliver the outcomes
- Set out the timeframe for this activity
- Assess the needs over the lifetime of the strategy and allocate the resources available to deliver the outcomes
- Set out the accountability, assurance, and governance arrangements that will ensure and demonstrate that the strategy is meeting its intended outcomes

3. How do you have your say?

Unlimited is running a consultation regarding this draft strategy on behalf of the Commissioners to get the public's views on what disabled people need. Unlimited is a user led organisation of people living with a physical or a sensory disability. Unlimited are represented on the Physical Disability Joint Management Group that manages the budget for people living with a physical disability. They have been set up to handle issues related to physical disability and can be contacted on 0845 121 4112.

The Commissioners want views on this new draft strategy to meet the needs of people living in the County with a physical disability. You can comment on the strategy using the survey designed by Unlimited. The survey can be filled in on-line at <http://www.oxfordshireunlimited.org/> or <http://www.oxfordshire.gov.uk/cms/public-site/consultation>

Unlimited will be facilitating a number of events for service users and carers which will be publicized locally. For more information please contact Unlimited through their website or on the number above.

We would prefer responses to the consultation to use the survey, but if you wish to send in any other comments or raise any queries these can be sent to the writer of this draft, Ian Bottomley at Oxfordshire Clinical Commissioning Group ian.bottomley@oxfordshirepct.nhs.uk

The deadline for responses is 16TH MAY 2012

All responses to the survey will be used to form a report on the consultation which will be used to finalise the strategy. The report will form an appendix to the final strategy.

4. Vision

4.1 Oxfordshire believes all people living with disability should have the right and the opportunity to fulfil their potential.

4.2 Oxfordshire believes that the best way of achieving this ambition is to adopt the social model of disability, and to develop and implement this strategy using an approach based on co-production. So this strategy is not driven by medical diagnoses, and it will not be delivered by “doing things to people”

4.3 Instead Oxfordshire believes that the way in which we can translate this ambition into practice is through an approach designed to deliver the following outcomes

- The best possible assessment and care and support
- Helping people live as independently as possible for as long as possible through approaches that support prevention and enablement
- A better deal for carers that recognizes both their role in supporting the delivery of this vision, and their own needs within that role
- A model of care that works now and in the lifetime of this strategy, which can deal with increasing pressure on budgets and which is accountable to people with physical disability and the wider population of Oxfordshire

4.4 This vision supports Oxfordshire County Council’s Corporate objective to achieve *Healthy and Thriving Communities* and *Efficient Public Services*. It supports Social and Community Services strategic aims to deliver Prevention, Personalization, Protection and Partnerships.

4.5 The vision supports the Oxfordshire Clinical Commissioning Group intention that all patients will receive the right care in the right place first time, and that wherever appropriate and safe the patient should be enabled to sleep in their own bed at night

4.6 This vision supports the developing Health & Wellbeing Strategy for Oxfordshire which aims to

- Make real improvements to the health of the people of Oxfordshire
- Reduce inequalities
- Expand and develop life chances for people
- Ensure that people who use services experience “nothing about us without us”
- Maintain or improve quality of care and support
- Make more efficient use of services and public money

5. Outcomes: what is this strategy trying to achieve? What would success look like?

5.1 The needs of people living with physical disability have been considered both nationally and locally on several occasions. There is a current national consultation entitled *Fulfilling Potential*. These reports are detailed at Appendix 3. Essentially the aspirations of people with disability are the same as those of anyone who does not live with a disability:

As regards my own sense of what is important to me, I like to be properly included in discussions and actions regarding my health and care. I have largely self-managed my disability throughout the 47 years it has been a part of my life. I don't want to lose that...care should be enabling, it should enable me to live as active a life as is possible, both physically and intellectually.
[Person living with Physically Disability]

If this strategy is successful

- people living with physical disability will have the same life choices as someone without a physical disability.
- They should be supported to fulfil their ambitions and aspirations
- They should have the information, care and support to motivate and enable them to live as independently as possible for as long as possible.
- Commissioners will be able to demonstrate that they are delivering these outcomes, and are achieving the best possible use of resources.

5.2 The outcomes set out in the Vision above were identified in the development of this draft strategy. Based on feedback from service users, carers and professionals to this draft document, the detailed outcomes might include the following.

5.2.1 A better experience of care: *much more real co-ordination and co-operation between the organisations that have an input in to health and care issues* [Person with Physical Disability]

- People living with a disability will experience a holistic assessment of their needs. This will include appropriate expert input relevant to their condition as necessary. It will include such matters as support to maintain independence, equipment, the needs of their carers, mental as well as physical health.
- People living with a disability will experience a *personalized approach* to needs assessment and care planning. Self-directed support and personal budgets will deliver choice and control, and better outcomes for the individual. Our systems for delivering self-directed support will not create unintended unreasonable burdens to the person and their carer.
- Everyone who needs one should have a care plan that sets out who is responsible for their care, who they should contact when they need help, a plan for managing crises, and what elements of the plan the person will deliver for him/herself
- People living with a disability will have packages of care that meet Care Quality Commission standards. We will support these quality measures with personal feedback from the people receiving the service, and those who care for them.
- People living with a disability will have a positive and effective experience of general medical care.
- Children and Young People, and their carers will experience an orderly and personalized transition to adult services
- Older people with physical disability will experience an orderly and personalized transition to older person's services where necessary, but would remain within the scope of this strategy if there is no clinical or care reason for transfer
- Services must be culturally competent and address the needs of all people with protected characteristics as defined by the Equality Act 2010

5.2.2 Prevention and independence: helping people manage their own lives as independently as possible for as long as possible

- People living with a disability will be able to access the right information at the right time to help them understand their condition and the options that are available to them to support self-care
- People living with a disability will be able to access support that helps them plan and manage better, and live more independently for longer prior to meeting the threshold where they qualify for social care

- People living with a disability will be encouraged to develop care plans that are built on the principle of living as independently as possible
- People living with a disability will be able to access assessment and care in way that flexes around the individual, putting in support when it is needed in such a way that it can be easily “stood up or stood down”
- People living with a disability will be able to use personal social care and (where possible) health budgets to support their needs in the wider community
- People living with a disability will have access to a range of housing options that will help them live independently
- People living with a disability will have access to opportunities for meaningful activity that support independence
- People living with a disability will be supported to retain and/or access employment
- People living with a disability will have access to the wider community and will not live in isolation

5.2.3 A better deal for carers: *we were told if we had any problems we should ring 999. As it was the only people who gave us the help we needed were the paramedics.* [Carer of someone with neurological condition]

- Carers’ needs will be assessed as part of the same process as the needs of the person they care for
- Carers will have access to the right information at the right time to help them understand the needs of the person they care for and the options that are available to them
- Carers will have access to forms of respite care that reflect their needs and the person they care for

5.2.4 A model of care that works now and in the lifetime of this strategy, **which is sustainable** at times of increasing pressure on health and social care budgets and **which is accountable** to people with physical disability and the people of Oxfordshire

- We will bring together the various health and social care budgets needed to deliver this strategy in one pooled budget
- We will develop a financial plan which supports preventative and self-help approaches and meets need from the within the allocated resources
- We will develop a dedicated body within the developing Health & Wellbeing Board structures to deliver this strategy for Oxfordshire with appropriate involvement and participation from the people who use services and those who care for them
- We will align this strategy with those external strategies that impact on its delivery
- We will monitor performance against the outcomes specified in this strategy and within the Health & Wellbeing Board reporting structure, and review this strategy and the Commissioning Intentions annually

5.3 How will success in meeting these outcomes be measured? There are national and local targets that the strategy needs to deliver through the new Health & Wellbeing structures arising out of the Health and Social Care Bill. The Adult Health and Social Care Partnership Board for Oxfordshire plans to

- increase the proportion of people who use services or who care for them who find it easy to find information about support
- increase the proportion of people feeling supported to manage their own condition
- increase the employment of people living with a physical disability
- reduce unplanned hospitalisation for chronic conditions
- increase proportion of people using social care who receive self directed support and receive direct payments
- increase the proportion of people who use services who feel safe
- increase carer reported quality of life

5.4 The Adult Health and Social Care Partnership Board will also require that this strategy is delivered within budget, and that it meets any efficiency targets that are set in the future.

5.5 These measures will broadly indicate if this strategy is successful in delivering the outcomes identified above, but in the lifetime of this strategy it will be necessary to develop more sensitive user and carer feedback monitoring to provide assurance that the strategy is working.

6. Scope: who and what services are covered by this strategy?

6.1 The Joint Physical Disability Strategy for Oxfordshire is designed to meet the needs of adults aged from 18-65 and to deliver the outcomes set out below. In terms of physical disability it is possible to describe 3 broad groups of people:

- Those people with a lifelong disability and/or people who became disabled in childhood
- Those people who become disabled following some trauma (accident, impact of illness), including those with Acquired Brain Injury
- Those people with a long-term condition who become disabled as a consequence of their illness: this may include people with a neurological condition, as well as people with illness such as diabetes or chronic obstructive pulmonary disease.

6.2 This strategy is not designed to address specific diagnoses, but rather will seek to address the needs of people meeting the definition set out in the *Equality Act 2010*

- A person has a disability if:
 - they have a physical or mental impairment
 - the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities
- For the purposes of the Act, these words have the following meanings:
 - 'substantial' means more than minor or trivial
 - 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
 - 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

6.3 Currently the needs of people with a physical disability are addressed as part of the Older People and Physical Disability pooled budget between the County Council and the NHS. However, this budget does **not** include all of the expenditure on health

and social care that might support someone with a physical disability in order to help them meet the outcomes above. Therefore this strategy needs to consider other services provided within the current health and social care commissioning. A list of services that might be included are set out in Appendix 5.

6.4 This strategy also needs to consider its relationship to services commissioned by other agencies such as housing (District councils), housing support (Oxfordshire Supporting People, employment services (Department of Work and Pensions), travel and so on.

6.5 The age range within the strategy is determined by the historical way in which health and social care services have been commissioned in Oxfordshire. Although the strategy is designed to meet the needs of people aged 18-65, it will need to identify how it will help children and young people make the transition to adult life, and older people.

6.6 The strategy should meet the needs not just of those people who meet the thresholds for social care, but it should develop responses that meet the needs of people who are still living independently so that they can continue to live as independently as possible as long as possible.

6.7 People and services within scope of the strategy

- People meeting the definition of disability in Equality Act aged from 18-65
- People with neurological and other long-term conditions who might meet the definition of the disability at some point in the course of their life and for whom preventative services may help maintain independence
- People with an Acquired Brain Injury
- Children and Young People in transition to adult services
- Older people who do not otherwise meet the thresholds for care who have a long-term condition and may benefit from preventative services
- Older people with disability who are transitioning to older people's services
- All community assessment and health and social care services designed to meet the needs of people with physical disability set out in Appendix 5
- Those physical and mental health services based in hospital that are designed to help people return to the community with the maximum level of independence
- Personal budgets in social care and health
- Housing services for people with physical disability
- Employment services
- Equipment and transport services for people with physical disabilities

6.8 People and services outside of the scope of this strategy

- The needs of people with sensory impairment. This group was considered in connection with this strategy, but there is a proposal that there should be a dedicated strategy for this work. However, there is much that this Joint Physical Disability strategy can learn from the rehabilitative approach adopted in sensory impairment approaches. The two strategies will need to have a relation to each other.
- GP services and pharmacy. Although services in primary care will be a key part of the integrated care pathway for people living with physical disability, these specific services will not be commissioned locally in Oxfordshire in the new health structures.

- Acute in-patient health services. This strategy starts from the premise that it should be helping prevent people going into hospital in an unplanned way, and should be working to help people return home to a life of independence and self-care. Rehabilitative services are therefore within scope, but medical care within the hospital setting is not.

7. The level of need in Oxfordshire

7.1 The development of this strategy has not been informed by a formal needs assessment. Oxfordshire County Council's current strategy *Promoting Independence* did consider this in 2009-10 and a summary of its findings is presented at Appendix 4

7.2 Further to that needs assessment there are a number of additional factors that support the case for the outcomes set out above:

- The Physical Disability expenditure within the current s75 NHS Act Older People and Physical Disability pool has been consistently over budget. The County Council has committed further investment to address this.
- Service user, professional and carer feedback as set out in Appendix 1 tells us that more needs to be done to deliver quality services and support independence for people living physical disability
- The reports set out at Appendix 3
- The requirements of the Equality Act 2010 that require commissioners to develop culturally competent services

8. Resources available to support the delivery of this strategy

8.1 The expenditure on the needs of people with physical disability that is within the Older People/Physical Disability budget does not represent all of the resource that support the needs of this group. In addition to some specific health and social care budgets, there are the costs of staff employed by the County and the NHS who actually deliver services (staff costs for external organizations are included already). These budgets and resources need to be mapped into the final strategy. See Appendix 5.

8.2 A number of the priorities for action listed below represent work streams that are already being taken forward. These resources may also need to be mapped into the final strategy. These initiatives are set out in Appendix 2.

8.3 The structure of commissioning both within the County Council and within the Clinical Commissioning Group is currently under review, and so the resource that may be available to implement this strategy is not yet certain. This work will form part of the portfolio of the Lead Commissioner for Adults at the County Council.

9. Plan of action: how might the strategy be delivered?

9.1 Respondents to the preliminary engagement activity have urged commissioners to set out how this strategy will be implemented, how we might deliver the outcomes if they are endorsed through consultation. The view is that potential respondents to the consultation will be better placed to give their views if they can understand the implications on the ground.

9.2 Therefore a list of **possible** actions to implement the strategy are set out below as draft *Commissioning Intentions*. This list is intended to illustrate how the strategy might be put into action.

9.3 This strategy has not been developed and will not be delivered in isolation. The strategy will be delivered in some areas through existing work-streams. These are highlighted in the draft *Commissioning Intentions* below and listed at Appendix 2.

9.4. Draft Commissioning Intentions to deliver the outcomes of the Joint Physical Disability Strategy

Strategic Outcome	Draft Commissioning Intention	Output-what might possibly be done to deliver the commissioning intention Where this builds on existing work these are highlighted and further details appear in Appendix 2
<p>People living with physical disability will have a better experience of care/support</p>	<p>People living with a disability will experience a holistic assessment of their needs</p>	<ul style="list-style-type: none"> ▪ Specify needs of people with PD within the developing integrated care teams ▪ Ensure that the integrated care teams include specialists such as Physical Disability Physiotherapists and Community Neuro nurse specialists ▪ Ensure that relevant 3rd sector agencies are involved in integrated care planning as appropriate ▪ Build holistic approaches to assessment into preventative services
	<p>People living with a disability will experience a <i>personalized approach</i> to needs assessment and care planning.</p>	<ul style="list-style-type: none"> ▪ Ensure that integrated care planning is built around and owned by the individual ▪ Ensure that relevant 3rd sector agencies are involved in integrated care planning as appropriate ▪ Ensure that integrated care planning includes self-care and reablement planning to support independence with scope for review ▪ Ensure that the personalized approach works through the patient pathway
	<p>Everyone who needs one should have a care</p>	<ul style="list-style-type: none"> ▪ Ensure that the model of integrated care planning

Strategic Outcome	Draft Commissioning Intention	Output-what might possibly be done to deliver the commissioning intention Where this builds on existing work these are highlighted and further details appear in Appendix 2
	plan that sets out who is responsible for their care, who they should contact when they need help, a plan for managing crises, and what elements of the plan the person will deliver for him/herself	includes a plan that can be used to support the needs of people with physical disability
	People living with a disability will be able to access community support at times of a health crisis	<ul style="list-style-type: none"> ▪ Develop a “crisis” service to provide 24/7 support, learning from the current County pilot for older people
	People living with a disability will be assessed for and offered support in respect of their mental health needs	<ul style="list-style-type: none"> ▪ Ensure that mental health screening forms part of the care assessment ▪ Integrate this into the developing Mental health for long-term conditions planning ▪ Review mental health support around diagnosis for potentially disabling long-term conditions
	People living with a disability will have packages of care that meet Care Quality Commission standards	<ul style="list-style-type: none"> ▪ Continue to review all care packages and placements against CQC standards and take action as necessary ▪ Review user and carer feedback mechanisms
	People living with a disability will have a good experience of general medical care.	<ul style="list-style-type: none"> ▪ Commission user-led training for GPs and other health professionals ▪ Ensure that integrated care planning has “red flags” to be triggered when people go into

Strategic Outcome	Draft Commissioning Intention	Output-what might possibly be done to deliver the commissioning intention Where this builds on existing work these are highlighted and further details appear in Appendix 2
	<p>Children and Young People, and their carers will experience an orderly and personalized transition to adult services</p> <p>Older people with physical disability will experience an orderly and personalized transition to older person's services where necessary, but would remain within this strategy if there is no clinical or care reason for transfer</p> <p>Services must be culturally competent and address the needs of all people with protected characteristics as defined by the Equality Act 2010</p>	<p>hospital for elective surgery</p> <ul style="list-style-type: none"> ▪ Improve flagging of people with neurological conditions to specialist staff from general wards <p>Review current transition arrangements and services.</p> <p>Build monitoring of these arrangements into contract reviews.</p> <ul style="list-style-type: none"> • Develop a cultural toolkit to support assessment and care planning in integrated care planning and other commissioned services • Adopt the toolkit within procurement and contracting processes
	<p>People living with a disability will be able to access the right information at the right time to help them understand their condition and the options that are available to them to support self-care</p> <p>People living with a disability will be able to access support that helps them plan and</p>	<ul style="list-style-type: none"> ▪ Ensure that appropriate information is available to teams involved in integrated care planning ▪ Review information services available in Oxfordshire ▪ ▪ Review the current day service provision, and seek to commission information, well-being and

Strategic Outcome	Draft Commissioning Intention	Output-what might possibly be done to deliver the commissioning intention Where this builds on existing work these are highlighted and further details appear in Appendix 2
<p>People living with a physical disability will be supported to live independently and achieve their full potential</p>	<p>manage better, and live more independently for longer prior to meeting the threshold where they qualify for social care</p>	<p>support services that provide advice, orientation, information and help with self-care for people for people still able to live independently</p> <ul style="list-style-type: none"> ▪ Review the role of user led or peer support approaches
	<p>People living with a disability will be able to access assessment and care in way that flexes around the individual, putting in support when it is needed in such a way that it can be easily “stood up or stood down”</p>	<ul style="list-style-type: none"> ▪ Develop a model of care planning within the social care pathway that allows people to access services in a way that reflects their fluctuating needs ▪ Ensure people can access specialist health advice in the community when they need it ▪ Review and clarify the range of support available across community and acute health services, and the pathway across them
	<p>People living with a disability will be encouraged to develop care plans that are built on the principle of living as independently as possible</p>	<ul style="list-style-type: none"> ▪ Develop motivational approaches and peer-led examples that encourage hope, ambition and goal setting within care planning, at all levels
	<p>People living with a disability will be able to use personal budgets to support their needs in the wider community</p>	<ul style="list-style-type: none"> ▪ Support the current review of brokerage options to develop a package where people can draw down brokerage support as their needs change, and to mitigate some of the pressures of holding a personal budget ▪ Work with User Led organizations and providers

Strategic Outcome	Draft Commissioning Intention	Output-what might possibly be done to deliver the commissioning intention Where this builds on existing work these are highlighted and further details appear in Appendix 2
		to develop the market place for people holding personal budgets
	People living with a disability will have access to a range of housing options that will help them live independently	<ul style="list-style-type: none"> ▪ Implement Oxfordshire Physical Housing Plan (2011-15); <ul style="list-style-type: none"> ○ Develop new accessible homes including supported living to meet local needs ○ Adapt existing homes to make the best use of grant resources ○ Create an easy system for people to find a solution to their housing need through advice and support and the ability to find available properties across different tenure types ○ Provide an adequate level of support for those who need it to live an independent life
	People living with a disability will have access to opportunities for meaningful activity that supports independence	<ul style="list-style-type: none"> ▪ Promote a range of self-help activities in the community that increase a sense of achievement, confidence and independence ▪ Support providers around “reasonable adjustments” to meet Equality requirements
	People living with a disability will be supported to retain and/or access employment	<ul style="list-style-type: none"> ▪ Review employment options for people living with a physical disability, with a view to commissioning a service that supports access to

Strategic Outcome	Draft Commissioning Intention	Output-what might possibly be done to deliver the commissioning intention Where this builds on existing work these are highlighted and further details appear in Appendix 2
	People living with a disability will have access to the wider community and will not live in isolation	<p>jobs as well as job retention</p> <ul style="list-style-type: none"> Encourage the development of peer support, user led and facilitated groups that enable people to build friendships, offer mutual support and develop their own plans to fulfil their potential
<p>Carers of people with physical disability will be better able to manage their caring role</p>	Carers' needs will be assessed as part of the same process as the needs of the person they care for	<ul style="list-style-type: none"> Ensure carers' needs are considered within the integrated care planning teams
	Carers will have access to the right information at the right time to help them understand the needs of the person they care for and the options that are available to them	<ul style="list-style-type: none"> Ensure that the same information available to patients/service users is available to carers Ensure that carers are offered "orientation" around diagnosis to support longer-term planning, and managing expectations
	Carers will have access to forms of respite care that reflect their needs and the person they care for	<ul style="list-style-type: none"> Identify and bring together dedicated carers' budgets Inform the review of Carers services in Oxfordshire: identify the specific needs (if any) for carers for people with physical disability
	We will support the carer-cared for relationship in a way that meets the needs of both parties	<ul style="list-style-type: none"> Where indicated by mental health screening, or where requested by the parties we will seek to develop a family therapy capacity to support the care planning process

Strategic Outcome	Draft Commissioning Intention	Output-what might possibly be done to deliver the commissioning intention Where this builds on existing work these are highlighted and further details appear in Appendix 2
<p>A model of care that works now and in the lifetime of this strategy, which is sustainable at times of increasing pressure on health and social care budgets and which is accountable to people with physical disability</p>	<p>We will bring together the various health and social care budgets needed to deliver this strategy in one pooled budget</p>	<ul style="list-style-type: none"> ▪ We will draw together the relevant budgets to form one pooled budget for physical disability from April 2013
	<p>We will develop a financial plan which supports preventative and self-help approaches and meets need from the within the allocated resources</p>	<ul style="list-style-type: none"> ▪ We will identify resources to support preventative approaches as detailed above on an invest to save basis ▪ We will review the costs of care packages as part of contract negotiation ▪ We will explore payment structures that incentivise reablement and allow for reduction of care packages
	<p>We will develop a dedicated body to deliver this strategy for Oxfordshire with appropriate involvement and participation from the people who use services and those who care for them</p>	<ul style="list-style-type: none"> ▪ We will develop an interim body within the current JMG to take this work forward from April 12 ▪ We will develop a dedicated Physical Disability Joint Management Group reporting to the Adult Health and Social Care Partnership Board from April 13
	<p>We will align this strategy with those external strategies that impact on its delivery</p>	<p>Influence outcomes of the following strategies through representation on the following strategies in development</p> <ul style="list-style-type: none"> • Equipment strategy

Strategic Outcome	Draft Commissioning Intention	Output-what might possibly be done to deliver the commissioning intention Where this builds on existing work these are highlighted and further details appear in Appendix 2
		<ul style="list-style-type: none"> • Information strategy • Integrated Community Services development • Transport • Physical Disability Housing Plan • Stroke pathway development • Review of Carers strategy • Oxfordshire End of Life Strategy • Oxfordshire Supporting People • Sensory Impairment Strategy
	<p>We will monitor performance against the outcomes specified in this strategy and within the Adult Health and Social Care Partnership Programme Board, and review this strategy and the Commissioning Intentions annually</p>	<ul style="list-style-type: none"> ▪ We will set annual Key Performance Indicators for the Joint Management Group ▪ We will review these KPI annually in line with our Commissioning Intentions

10. Implementation: a possible time-line for this strategy

10.1 This strategy is designed to run for 3 years at a time of considerable change in the commissioning environment both within health and within social care. Therefore in some cases the commissioning intentions need to be phased over the lifetime of the strategy, and reviewed annually to check progress and developing priorities.

10.2 A final timeline will not be published until the strategy has been agreed but there are priorities partly driven by external factors:

Deadline	Activity
July 2012	Adopt joint commissioning strategy Agree interim governance arrangements within current joint management group Identify commissioning support resource to implement strategy
Mar 2013	Ensure needs of people with disabilities are built into Oxfordshire's integrated community services development Review preventative day services and commission in line with strategy Review housing support provision with Oxfordshire Supporting People Align the strategy with other strategic developments and ensure they map back to this strategy Develop a financial plan for 2013-14

11 Risks

11.1 There are a number of high level risks associated with the development of this strategy

Risk	Mitigation
There is a risk that the draft strategy does not reflect the needs and aspirations of people with physical disability in Oxfordshire	The process of consultation and the prior engagement mean that all people affected by this strategy will be able to have their say. This should endorse the strategy or indicate where it needs to change
There is a risk arising from the rapidly changing health, social care and commissioning environment that the strategy does not map onto local and national drivers	The strategy is owned by the Older People/Physical Disability Joint Management Group, and has been developed to meet the objectives of the Oxfordshire system. The strategy will be reviewed in the light of the outcome of the national strategy, <i>Fulfilling Potential</i>
There is a risk that there are insufficient resources to support the implementation of the strategy	This issue will be addressed by the OPPD JMG prior to approval of the strategy

12 Timeline for the development of this strategy

12.1 The next steps for this strategy are as follows

- Consultation phase 16 April to 18 May

- Consultation report: 11th June
- Develop Commissioning Intentions and Implementation Plan in the light of Consultation report by 15 June
- Final draft strategy to Older People and Physical Disability Joint Management Group for approval 22 June
- Strategy adopted through Oxfordshire County Council and Oxfordshire Clinical Commissioning Group governance processes by 31 July 2012

Appendix 1-People consulted in the preparation of this draft strategy and what they had to say

In the period January to March 2012 we sought views from a number of stakeholders on the scope of this draft strategy and what they saw as the priorities for action. The groups we met were

- Abbey Wanderers user group (Abingdon)
- West Oxfordshire MS User Group
- Headway Carers and User Group
- OXSRAD Neurological Conditions group (users and carers)
- Oxfordshire Unlimited
- Oxfordshire Clinical Commissioning Group: South-East, North-East and City GP locality groups
- Oxfordshire Neurological Long term conditions implementation group
- Oxfordshire Supporting People Core Strategy Group
- Staff from Oxfordshire County Council, including Oxfordshire Employment Service and operational managers from adult and children and young people's services

In addition we received a number of responses to a discussion paper from professionals and service users and carers.

The key themes from this feedback were:

- Independence
- Quality of Care
- Prevention
- Support for carers

There were a number of elements to these themes that cut across each other. There was broad support for the idea that a future strategy should

- Not be based on diagnosis
- Should have a strong emphasis on prevention and reablement
- Deliver a model of care that is personalized, based on holistic assessment, flexes according to the needs of the individual and seeks to mitigate rather than heighten the pain, exhaustion and stress that is often attendant on long-term disabling conditions

Respondents raised the possibility that there may be broadly 3 different types of disability and suggested that these may benefit from some specific approaches:

"type of disability"	"specific approach" that might be a priority
Lifelong levels of disability (possibly including trauma disability that began in childhood);	transition into adult life
Trauma-based disability (including Acquired Brain Injury) that "happens" at any time and can lead to a sudden and dramatic change of life	Support around "orientation" for user/carer over and above "standard" assessment and review

Disability arising out of long-term (particularly neurological) conditions	Opportunities for peer supported and user led initiatives that help people “life plan” before they meet the formal thresholds for care
--	--

Respondents acknowledged that these 3 categories are not always clear cut.

Priorities identified by our respondents:

Assessment and review

- Must be timely and holistic.
- Must have an “easy-in”/crisis support approach.
- Must include carers needs
- Must be clear on the scope and the offer-strong sense at the moment that people feel they need to be good advocates for their own needs
- Must include Mental Health needs: help at point of diagnosis; support around orientation post diagnosis; psychological well-being; maybe family therapy
- People made the case for specific pathway approaches for some conditions- such as for Acquired Brain Injury or Huntingdon’s disease?

Personalization

- The *personalized approach* is vital; but we need to recognize the potential burden of personalized budgets, particularly on carers
- Lack of a market place-and fear that services may not be there for people holding personal budgets

Prevention

- There are 2 issues: (1) the question of supporting people in such a way that they can live as independently as possible for as long as possible; and (2) mitigating the impact of short term crises so that people do not suffer significant deterioration. People describe the experience of unplanned hospital admission as being particularly difficult.
- Information. People have different approaches to this. Many people describe how they rely on their specialist nurses/people to relate the available information to their specific needs and peer support. Many people describe “finding out for yourself” to be a key part of maintaining independence/motivation. But carers describe the sense of information being “privileged”. That useful info is only available after digging/hassling people.

Independence

- Strategy needs to align with developing housing plan . Sense that it may work best if we commit to an integrated pathway approach which governs the various aspects of housing: Disabled Facilities Grants; floating support; suitable housing provision; support in the private sector.
- Employment. Needs a 2 way focus: job retention and getting employment. Need to understand the “offer” to potential employers, and decide how we deliver reablement/employment or a join up of the two approaches
- Equipment and travel: -when it is not available-it is a problem. There seems to be a variety of experience amongst professionals and service users

Carers

- Burdens created by personalization, crisis management
- Need for family therapy.

Appendix 2-local initiatives mentioned in this draft strategy

1. Integrated health and social care. Oxfordshire is developing a more integrated approach to providing health and social care services in the community to support better outcomes. It aims to offer patients, GPs and hospitals one quick and simple route to joined up care based in the community that will enable patients to stay in their usual place of residence as much as possible – regardless of how many different community based health and social care specialists are involved in providing them with that care. The key features of this service are

- A single point of access to community services
- A common assessment process across health and social care, and different disciplines within each area which develops a single integrated care plan owned by a single named care professional for each person
- An approach based on keeping people at home, and helping them return home when they are in hospital

Integrated community teams are in development and will be implemented across Oxfordshire during the lifetime of the strategy. **This strategy must incorporate and map onto this development to address the health and social care needs of people with physical disability.**

2. The Joint Housing Strategy for People with Physical Disabilities is the first joint County and District strategy to improve the availability and access to adapted or accessible properties. It specifically looks at the needs of those aged between 18 and 65 but in practice the improvements will also affect provision to older people and families with children with a disability. The strategy recommends a 4 pronged approach to addressing this issue

- Develop new accessible homes to meet local needs
- Adapt existing homes to make the best use of grant resources
- Create an easy system for people to find a solution to their housing need through advice and support and the ability to find available properties across different tenure types
- Provide an adequate level of support for those who need it to live an independent life
- The strategy has an action plan and was designed to be delivered across the period 2011-14. An OPDHG (Oxfordshire Physical Disability Housing Group)has been established consisting of senior officers across the districts and county to facilitate the implementation of the strategy. The first meeting is planned for the 27 February 2012. It is suggested that this work is incorporated into the new joint strategy

3. Oxfordshire Supporting People provides a range of housing support services for people with Physical Disability. A strategic review of these services has been recently undertaken and has concluded that these services should be aligned within the Joint Housing Strategy and incorporated into the new joint strategy.

Appendix 3-National and local strategies

1. The current Oxfordshire County Council strategy: ***Promoting Independence, a commissioning strategy for people with a physical Disability 2010-15*** developed action plans to deliver the following priorities:

- improving price and outcomes in care homes
- developing housing and support
- improving accessibility in transport and streets
- improving access to employment
- improving information
- improving home support service countywide
- reviewing present equipment services
- increase access to community involvement
- increase confidence to manage direct payments
- improve outcomes in day care
- the strategy can be read at

<http://www.oxfordshire.gov.uk/cms/content/promoting-independence>

2. The Office for Disability Issues is currently consulting on a proposed national strategy, ***Fulfilling Potential***. The Ministerial foreword identifies the following broad priorities:

- We want to realise the aim of independent living, where “all disabled people have the same choice, control and freedom as any other citizen – at home, at work, and as members of the community. This does not necessarily mean disabled people ‘doing everything for themselves’, but it does mean that any practical assistance people need should be based on their own choices and aspirations”... This Government wants disabled people to be able to achieve their full potential, so that they can have the opportunity to play their role in society. It is critical that wherever we can, we remove barriers to enable disabled people to fulfil their potential.
- The consultation report can be read at <http://odi.dwp.gov.uk/odi-projects/fulfilling-potential.php>
- The outcome of this consultation is expected in May. It's findings will be reviewed and incorporated into the final strategy.

3. The *Sayce Review* considered particularly the national role of employment in supporting independence and well-being and how this could be delivered. Its recommendations:

- Employment matters. Work is positive for health, for income, for social status and for relationships. Employment is a core plank of independent living and for many people work is a key part of their identity.
- Public money should be used to deliver the best outcomes – for as many people as possible, on the most equitable basis possible.
- There should be a clear recognition of the role of the individual, the employer and the State in achieving equality for disabled people.
- Disabled people should have choice and control over the support we need to work. Resources and power should be allocated to individuals who, where they wish, have the right to control that resource to achieve agreed outcomes.
- There is a clear role for specialist disability employment expertise – as a resource not a world apart from mainstream support – available to those

who demonstrably have the greatest support needs and/or labour market disadvantage, and also to those who support or employ them.

- The report can be read at <http://www.dwp.gov.uk/docs/sayce-report.pdf>
- The government has now published a response which can be read at <http://www.dwp.gov.uk/consultations/2011/specialist-disability-emp-prog.shtml>

4. The National Audit Office has recently reviewed the impact of the National Service Framework for Long-Term Neurological Conditions. The original framework had the following 11 objectives:

- A person-centred service
 - Early recognition, prompt diagnosis and treatment
 - Emergency and acute management
 - Early and specialist rehabilitation
 - Community rehabilitation and support
 - Vocational rehabilitation
 - Providing equipment and accommodation
 - Providing personal care and support
 - Palliative care
 - Supporting family and carers
 - Caring for people with neurological conditions in hospital or other health and social care settings.
- The NAO report raises a number of comments re the impact of the NSF. The overall assessment is that the performance of the NSF has been “poor”. Whilst there are examples of good practice nationally, and access has improved, there are problems around: diagnosis; information and support for carers; poor co-ordination of ongoing care.

Appendix 4-Needs Analysis

National and local analysis

In Oxfordshire there are 439,000 people between the age of 18 and 64. Pansi (Projecting Adult Needs and Service Information System) estimates that by 2015 there will be 40,537 people with a physical disability living in Oxfordshire. Of this group 9,007 are reported to have a serious physical disability. The geographic spread across the county is fairly even with Oxford City having a slightly higher number of people at 23%. Thirty six percent of this group are between the age of 55 and 64, in contrast 9% are between the age of 18-24. Local and national statistics show that despite the small numbers there is evidence of younger people living longer with more complex health conditions, for example, Duchene Muscular Dystrophy. An Oxford Brooks University Study predicted there would be 16 more new people in 2011 with an acquired brain injury who would require some level of support.

An analysis of people receiving high and low rate mobility (DWP: 2011) shows there are 15,875 people receiving high and low rate disability living allowance (mobility) in Oxfordshire. Approximately 9160 people, 58% of this group receive high rate mobility. Further analysis of both levels show a range of number of people receiving this allowance across the county, for example 26% in Oxford City, 15% in Banbury and on the lower end 3% in both Charlbury, Chipping Norton and Woodstock area and Goring and Henley.

There are currently 796 people (this excludes people funded in care home) living in the community receiving assistance through social and community services . These include services like personal budgets, equipment (with no ongoing cost) and day care. An analysis by locality showed that 28% of this group lived in Oxford City, 17% in Banbury as opposed to 3% in Goring and Henley, Grove and Wantage and Burford and Carterton.

Who are the people with physical disability.

Broadly speaking there are three groups of people within this group.

1. People who are born with a physical disability, for example, people with spastic quadriplegia (severe form of cerebral palsy), muscular dystrophy or spina bifida.
2. People who suddenly acquire a trauma based disability for example, a spinal injury accident or an acquired brain injury. The Royal College of Physicians (2003) define acquired brain injury as 'an inclusive category that embraces (rapid onset) brain injury of any cause, including:
 - Trauma- due to head injury or postsurgical damage
 - Vascular accident- stroke or subarachnoid haemorrhage
 - Cerebral anoxia or other toxic /metabolic insult
 - Infection (for example: meningitis, encephalitis, or other inflammation).'
3. People who acquire a disability, from a long term condition for example multiple sclerosis or rheumatoid arthritis. For some people these conditions fluctuate with rapid declines at times.

A large proportion of the group will be people with neurological conditions. The Oxfordshire Neurological Health Needs Assessment (2011-of people 18 and above) estimated that the prevalence of the most common conditions included traumatic brain injury (7,387), epilepsy (3,087) and chronic fatigue syndrome(up to 2,462) .

Appendix 5: Finance and Resources

Health and social care financial investment to support the needs of people with physical disability is currently pooled within a s75 NHS Act 2006 pooled budget that covers Older People and Physical Disability.

The contributions to the Pooled Budget in respect of Physical Disability in 2011/12 were as follows:

Oxfordshire County Council: **£6.92m**

This budget covers:

- Placements in care homes
 - Support for people in their own homes (including equipment) in older peoples pool
- These budgets are spent through personal budgets

- External contracts for day opportunities for people with physical disabilities, including dedicated resource for people with acquired brain injury

Oxfordshire PCT: **£6.28m**

This budget covers

- Continuing Healthcare
- Residential nursing support for people with Acquired Brain Injury
- Delegated healthcare tasks and funded nursing care for people under the care of social services
- Personal health budgets in continuing healthcare

The pooled budget is forecast to overspend by £1.8m in 2011/12, but this pressure has been met by an additional payment from Oxfordshire County Council

There are other areas of expenditure which currently sit outside of the pooled budgets but support the needs of people with physical disability and would currently be considered to be aligned with the pooled budget expenditure:

- Oxfordshire County Council expenditure on care homes and home support for people with acquired brain injury. Budget 2011/12 £305k.
- Supporting people funding for housing and housing-related support. Budget 2011/12 £137k.

There are other areas of expenditure that supports the needs of people with physical disability. In taking forward this work forward, there may be a case for bringing these resources within scope of the strategy:

- Assessment and care planning (staff costs)
- Rehabilitative services, in the hospital and community
- Specialist community services
- Housing and housing support