

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 27TH FEBRUARY 2012

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE INTERIM STRATEGY FOR PEOPLE WITH A PHYSICAL DISABILITY AND OR SENSORY IMPAIRMENT 2012-2014

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 89 - 2012

1.0 PURPOSE OF REPORT

To recommend the approval of the "Dundee Health and Social Care Interim Strategy, for People with Physical disability and or Sensory Impairment, 2012 - 2014".

2.0 RECOMMENDATIONS

It is recommended that the Social work and Health Committee:

- Approve the Dundee Health and Social Care Interim Strategy, for People with Physical and or Sensory Impairment 2012 - 2014 appended to the report (appendix 1).
- Note that the interim strategy has been developed within the context of national and local policy direction. The aim of the interim strategy is to promote, enable and sustain independence, social inclusion and improve the quality of life for service users and carers within a framework offering flexibility and choice. The interim strategy sets out what has already been achieved in relation to service developments as well as making recommendations as to future potential developments.
- Approves the attached Action Plan appended to the report (appendix 2).

3.0 FINANCIAL IMPLICATIONS

The proposals outlined in this report will be met from within the existing Social Work Department revenue budget.

4.0 MAIN TEXT

4.1 The life span of the interim strategy is purposely short as, unlike other strategies, it has not been developed within a joint strategic planning and commissioning framework. The action plan which accompanies the interim strategy sets out priority actions to address this.

4.2 The interim strategy clearly sets out what has already been achieved in relation to service developments and makes suggestions as to what is still required; subject to the endorsement of the Joint Strategic Planning and Commissioning Group.

- 4.3 All of the achievements are worthy of note, however some have a particular focus, such as, how we have supported the role of Carers through specific developments including the provision of respite at home to give carers a break. as well as commissioning services for carers through the Carer's Centre
- 4.4 We also appointed Scotland's first Multiple Sclerosis Specialist Social Worker which has resulted in better outcomes for our citizens who are living with this condition. As part of the work in this area we have also opened a Multiple Sclerosis Therapy Centre to provide therapy options in a non-clinical environment
- 4.5 More recent developments have seen the wider use of technology to help support people be as independent as possible. We now have a flat in Dundee which has been equipped with a range of assistive technologies and which can be tried out by service users and carers alike. Our intention is that this flat will be made available to both social care and health staff to use with service users. It will enable staff to carry out more meaningful assessments away from the ward environment and lead to better outcomes for individuals. Arrangements are also proposed to ensure that the Mackinnon respite service will have some integrated technologies put in place as part of the refurbishment programme proposed to commence this May. This will enable those who use respite to become more relaxed and confident about the use of technology in a home environment.
- 4.6 The future development of services for people with a physical disability and/or sensory impairment in Dundee as described in this interim strategy has endeavoured to take into account a number of common themes that have been identified both from policy drivers and from service user and carer engagement.
- 4.7 There is a growing emphasis on personalised services and the promotion of self-directed support with an increasing number of service users and carers expected to seek control of their own care and support provision over the next ten years. We have commissioned, through the voluntary sector, a Direct Payment Support service which provides service users and carers who are considering managing their own care and support packages with information, advice and support to do this effectively.
- 4.8 There is an increasing focus on the management of long term conditions within the local community and on shifting the balance of care towards home based services and support which will require a more integrated approach between service providers and the further development of joint and partnership working alongside a greater recognition of unpaid carers.
- 4.9 Personalisation of support services, service re-design, management of long term conditions, self care, carers as partner and whole system approaches are key themes in the Changing Lives (21st century social work review) and the NHS Kerr Report, Delivering for Health. These key themes will assist to focus and guide partners across health, social work and housing including other partner agencies in developing and redesigning services around the needs of people in Dundee who have a physical disability and or sensory impairment, which impacts on their daily living.
- 4.10 **THE STRATEGY**
- 4.10.1 The strategy reflects the current position of services for adults with a physical disability and or sensory impairment in Dundee and has assessed the relevant areas for potential development and redesign.
- 4.10.2 The strategy has been developed within the context of national and local policy direction taking into account the key principles and values which underpin the planning, commissioning and provision of services to disabled people and those

with a sensory impairment. It has been informed by consultation with key partners.

- 4.10.3 The aim of the strategy is to promote, enable and sustain independence, social inclusion and quality of life for service users and carers within a framework offering flexibility and choice. The on-going challenge will be to provide services that are personalised, of high quality and which can most effectively meet needs from within finite resources.

5.0 POLICY IMPLICATIONS

- 5.1 This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management. There are no major issues.
- 5.2 An Equality Impact Assessment has been carried out and will be made available on the Council website <http://www.dundee.gov.uk/equanddiv/equimpact/>.

6.0 CONSULTATION

- 6.1 The interim strategy was widely consulted on and comments included in the final document. Consultation included people with a physical disability, carers, Health partners, and statutory bodies.
- 6.2 The Chief Executive, Depute Chief Executive (Support Services) and Director of Finance have been consulted in preparation of this report.

7.0 BACKGROUND PAPERS

Equality Impact Assessment

Alan G Baird
Director of Social Work

DATE: 15th February
2012

Dundee Health and Social Care Interim Strategy for People with Physical and Sensory Needs.

2012-2014

Dundee Health and Social Care Interim Strategy for People with Physical and Sensory Needs

CONTENTS

	PAGE
INTRODUCTION	4
STRATEGIC DIRECTION	4
POPULATION PROFILE OF PEOPLE WHO HAVE A PHYSICAL DISABILITY and/or SENSORY IMPAIRMENT	5
OUR VISION FOR PEOPLE WHO HAVE A PHYSICAL DISABILITY and/or SENSORY IMPAIRMENT	8
OUR VALUES:	9
LINKS TO OTHER PLANS & STRATEGIES	10
STRATEGIC PLANNING & COMMISSIONING IN DUNDEE	10
JOINT PERFORMANCE FRAMEWORK	10
OUR STRATEGIC PROMISES	
1. We will work with you to develop the services that you require to assist you to lead an independent and inclusive life and be part of your local community.	11
2. We will ensure that you are involved in helping to determine and shape the provision of accommodation appropriate for people with a physical disability and or sensory impairment.	12
3. We will work together with you to balance risk with personal choice and to support you to be safe and protected.	13
4. We will work with you to agree and provide the care and support you require to maintain your independence in the setting most appropriate to your needs.	14
5. We will ensure that the professionals you come into contact with have the knowledge and skills to support you set and work towards achieving your personal outcomes.	15

6. You will have easy access to accurate and up to date information on services and support and how to access them.	16
7. We will work with you and your family/friends/carers to promote maintain and improve your health and wellbeing.	17
COMMISSIONING INTENTIONS	17
MONITORING AND REPORTING FRAMEWORK	18

INTRODUCTION

Physical disability and sensory impairment, whether incurred through accident, illness or a congenital condition often brings with it a variety of emotional and social needs, as well as physical, communication, mobility and functional activity difficulties. It is important to encourage and support independence, social inclusion and individual respect, with the emphasis on personal ability rather than disability.

The approach in this interim strategy is compatible with the social model of disability which states that people with impairments are disabled by physical and social barriers. It is social structures and attitudes that create most problems for people, rather than their impairment or medical condition. This interim strategy addresses the needs of people over the age of 16 years and under 65 years who have health and social care needs as a result of:

- Physical needs
- Sensory needs
- Long-term limiting illness
- Terminal illness
- Progressive health conditions
- Sudden onset impairment as a consequence of trauma or pathology

The life span of the interim strategy is purposely short as, unlike other strategies, it has not been developed within a joint strategic planning and commissioning framework. The action plan which accompanies the interim strategy sets out priority actions to address this.

The interim strategy sets out what has already been achieved in relation to service developments and responses and makes suggestions as to what is still required; subject to the endorsement of the Joint Strategic Planning and Commissioning Group.

The 2014 fuller strategy will have a much stronger emphasis and direction in areas of integration, enablement, rehabilitation, personalisation, choice, control and empowerment. The interim strategy needs to be viewed as a platform on which strong partnerships and joint care pathways can and will be developed.

Demographic changes will be closely monitored as there is early evidence of a rising population of adults with long term conditions and these individuals and their carers will require a range of interventions from low level preventative support to some very sophisticated responses to individual need. The developments of telecare and telehealth are also recognised as being integral in providing support to enable individuals to lead as independent a life as possible. The full strategy will provide significantly more information on particular areas of needs and planned responses through a financial framework. Projections of anticipatory need will be available and this will inform budget discussions. This information will support both service redesign and remodelling of services.

STRATEGIC DIRECTION

This interim strategy sets out the services and supports that people with a physical disability and/or sensory impairment need in order to live as independently as possible within their local community.

The interim strategy provides a realistic and achievable framework to support the actions required to fulfil our strategic objectives for Community Care Services which are to:

- Support, protect and improve health

- Shift the balance of care across the whole system of health and social care
- Provide access to a wide range of care and support services
- Prevent inappropriate admissions to hospital
- Facilitate timely discharge from hospital
- Enable people to keep control over their own lives.
- Provide access to a range of equipment and adaptation to support functional independence

These strategic objectives contribute to and link with the local and national outcomes which form the basis of our local Dundee Partnership, Single Outcome Agreement.

POPULATION PROFILE OF PEOPLE WHO HAVE A PHYSICAL DISABILITY

In Scotland there have been demographic changes in the numbers of people affected by disability and it is likely that there will be a considerable increase in the numbers of people with disability and/or sensory impairment who have care and support needs. Scotland's Census, General Register Of Scotland (2001) showed that one in five adults are reported as having a long term limiting illness. This has since been accepted as the general prevalence for people with disability in the population. The trends specific to range of physical and sensory impairments affecting the population were not available at the time of publication. There is a national requirement to collect and publish more prevalence data about people with disabilities in order to understand the most basic epidemiology and to evaluate and improve the quality of care people receive.

NSS Information and Statistics Division have recently developed a register for people with Multiple Sclerosis. As well as collecting data about the number of people diagnosed with MS in Scotland each year, the register will examine patient management during the patient journey from referral to diagnosis. It is hoped that this will be a stepping-stone to further audit and research projects. (NSS ISD 2012) We do however know how many people receive hospital treatment. The following charts illustrate acute elective and emergency admissions for diseases of the nervous system and also stroke.

Chart 1 - Number of Discharges for Dundee City Residents Treated for Diseases of the Nervous System (Main Diagnosis) by Admission Type, 2006/07 - 2010/11

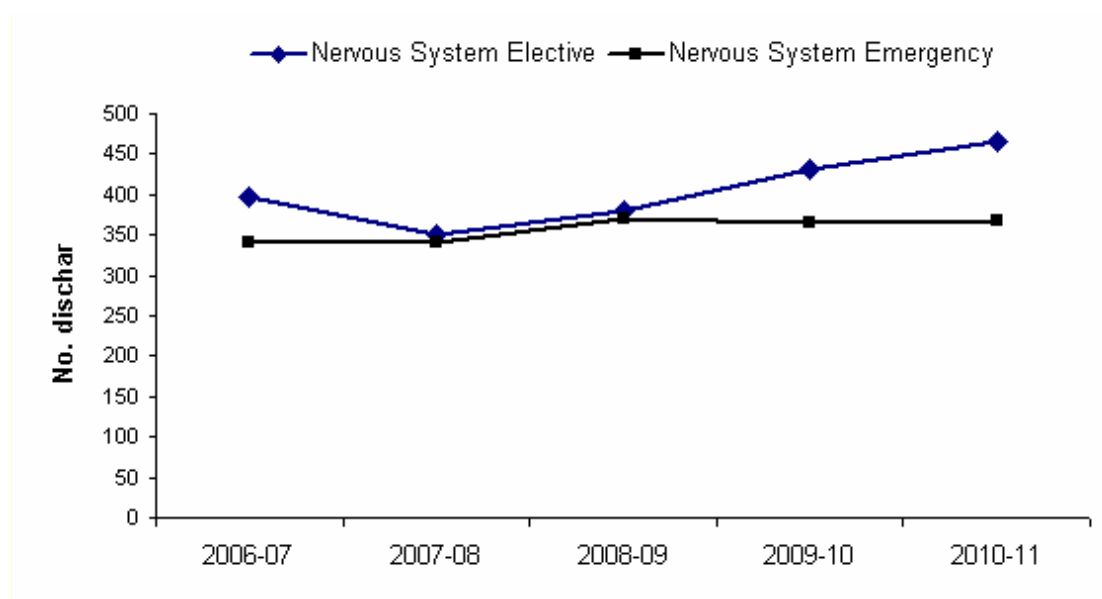


Chart 2 - Number of Discharges for Dundee City Residents Treated for Diseases of the Nervous System (Main Diagnosis) by Age Group, 2006/07 - 2010/11

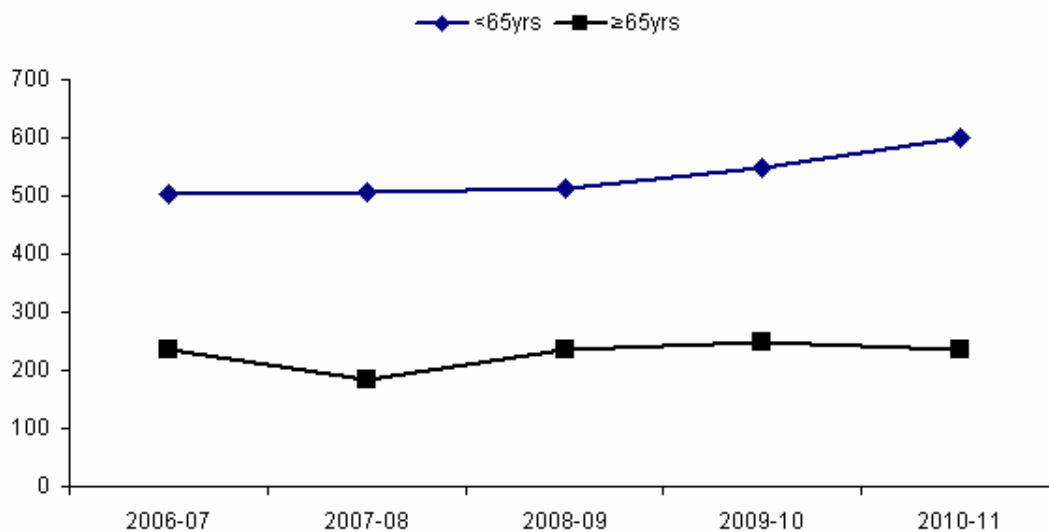


Chart 1 illustrates that the number of elective admissions have increased over the last 5 years, whereas the number of emergency admissions have remained steady. Additionally, chart 2 illustrates that the number of people aged less than 65 receiving hospital treatment for diseases of the nervous system has increased. Both charts indicate that the prevalence of diseases of the nervous system may have increased, however improved patient pathways contributed by anticipatory care and low level supports have reduced the number of people being admitted as an emergency.

Chart 3 - Number of Discharges for Dundee City Residents Treated for Stroke (Main Diagnosis) by Admission Type, 2006/07 - 2010/11

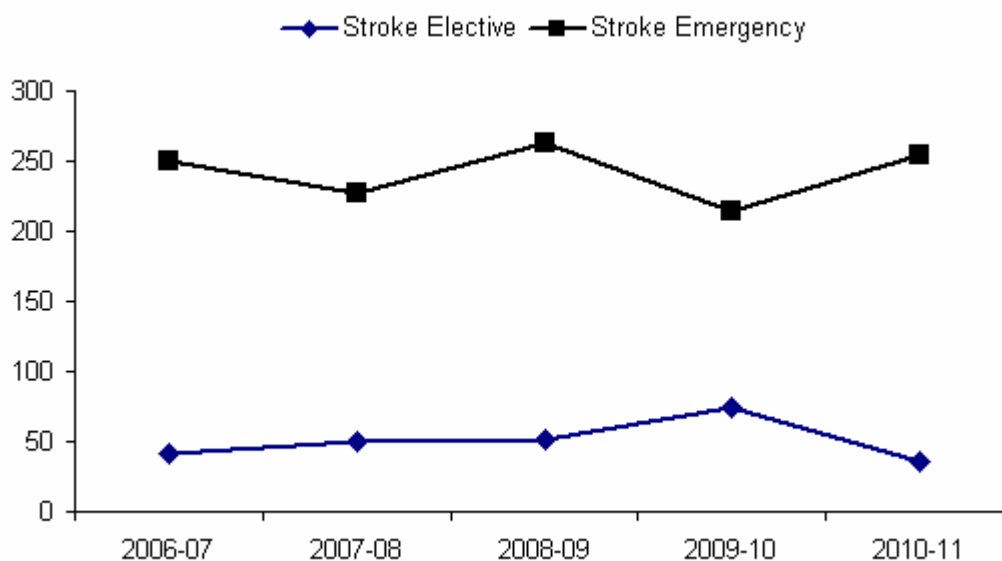
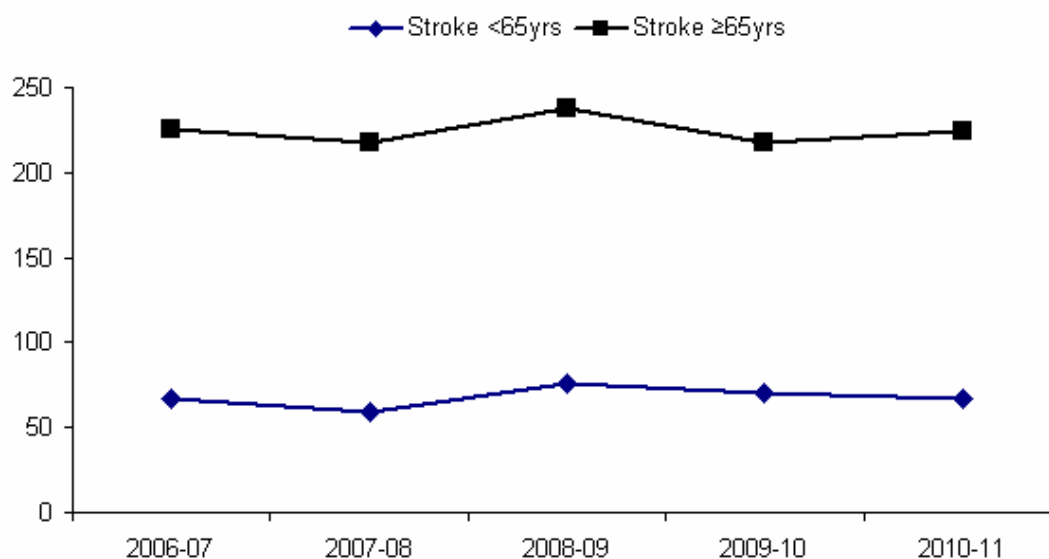


Chart 4 - Number of Discharges for Dundee City Residents Treated for Stroke (Main Diagnosis) by Age Group⁸, 2006/07 - 2010/11



Charts 3 and 4 illustrate the numbers of elective and emergency discharges for people diagnosed with Stroke. The number of people treated for Stroke remained fairly static over the last 5 years, however there was variation between elective and emergency admissions. Chart 3 illustrates that in 2010-11 there was a decrease in the number of elective admissions for stroke, however emergency admissions increased.

Locally according to NOMIS (service provided by office for National Statistics) figures in 2006, 11,230 people were in receipt of disability related benefits.

An indicator of the rising trend is number of children with complex needs surviving, now evidenced within local schools as the number of children with multiple and complex needs has shown a consistent upward trend since 2006-2007. For Kingspark School alone, within S5/6 in the current session 2011-2012 there are 30 children who will require significant care and/or support services when they leave school.

In adult services, the increasing demand for domiciliary care for adults with a disability can be evidenced by the rising number of adults with disabilities maintaining themselves longer in the community. The development of the personalisation agenda whereby individuals will have care and support arrangements more directly tailored to their needs will create further demands on resources. It is estimated that this will require a year on year increase of social care resources.

At March 2011, 800 people with a physical disability received home care services in Dundee (including personal care).

The current accommodation with care and supported housing model lacks capacity and choice options for people with a disability. This unmet need necessitates the placement of some individuals in nursing homes due to a lack of suitable alternatives.

Table 1 - Registered Blind and Partially Sighted (Source Scottish Government, 2011, Registered Blind and Partially Sighted Statistics Release 2010)

	<65		>65			
Registered Blind Persons, 2010						
	male	female	male	female	Total	Rate per 1,000 population
Dundee City	81	58	99	213	451	3.1
Scotland	2,648	2,190	4,801	9,303	18,942	3.6
Registered Partially Sighted						
Dundee City	65	42	79	176	362	2.5
Scotland	2,161	1,884	3,707	7,798	15,550	3.0
Registered Visually Impaired						
Dundee City	146	100	178	389	813	5.7
Scotland	4,809	4,074	8,505	17,101	34,492	6.6

Table 1 shows the number and rates of people who are blind, partially sighted or who have a visual impairment. Dundee has slightly lower prevalence than Scotland as a whole.

VISION FOR PEOPLE WHO HAVE A PHYSICAL DISABILITY AND/OR SENSORY IMPAIRMENT

To dismantle barriers in life which exclude physically disabled people and/or people with sensory impairment from achieving the following outcomes:

- Improved Health
- Improved Wellbeing
- Improved Opportunities for Social Interaction
- Improved Independence and Responsibility

VALUES

This interim strategy embraces and promotes the following values:

Achieving Individual Potential

We acknowledge the importance of maximising opportunities for individuals to achieve their full potential in life. This interim strategy endorses the rights of individuals to live without stigma as valued and equal members of their own community, regardless of their disability.

Autonomy and Choice

People with a physical disability and/or sensory impairment will be supported to consider and design their own care plans in order to enable and support them to have the level of control, over their own lives, that they wish to have. This is consistent with the forthcoming Self Directed Support legislation.

Consumer Voice

People with a physical disability and/or sensory impairment will have the opportunity to contribute to the planning and delivery of services that are responsive to their assessed needs. Planning partners will inform, consult with and involve users of services in what they are doing and how they are performing.

Empowerment

People with a physical disability and/or sensory impairment will be empowered to take greater control over their own services and resources so that they can influence decisions about their own lives.

Equality

People with a physical disability and/or sensory impairment will be treated with fairness, respect and dignity, and any inequalities will be challenged. People will be entitled to receive consideration, attention and appropriate services matched to their assessed needs whatever their race, colour, ethnic or national origin, gender, marital status, sexual identity, class, ethical or religious beliefs, medical condition or personal capacity.

Equity

People with a physical disability and/or sensory impairment will be allocated resources justly and fairly in accordance with established eligibility criteria.

Joint Commissioning

The need for a partnership approach is both evident and required to develop a joint commissioning framework to ensure that services are responsive and required.

Partnership

Future planning partners will include people with a physical disability and/or sensory impairment, local voluntary organisations as well as Health and Social Work. It is our intention to work together to offer co-ordinated, efficient and effective services.

Public Accountability and Individual Rights

People with a physical disability and/or sensory impairment will be given clear information about the responsibilities of public and publicly funded organisations. This will include how to make a complaint if they think their rights have been infringed or that they are not receiving a service of an adequate quality.

Quality

Resources will be used efficiently and effectively to provide the standard of services expected by the public and at an acceptable cost.

Respect

As valued individuals of their community, people with a physical disability and/or sensory impairment will be treated with respect, care and courtesy.

Stakeholder Involvement

The need for greater stakeholder involvement will be addressed through the development of the joint strategic planning group. The establishment of a physical disability and/or sensory impairment strategic planning group and Providers' forum are required to progress this.

LINKS TO OTHER PLANS & STRATEGIES

Physical Disability and Sensory Impairment can affect people of all ages, so the interim strategy complements, and is consistent with, other Dundee plans and strategies already in place.

The interim strategy is a key component of a wider planning framework that embraces health, housing, social work and private and voluntary services. Some relevant plans and strategies that complement this interim strategy include:

- Single Outcome Agreement and Delivery Plans for Dundee 2009 - 2012
- NHS Tayside Long Term Conditions Annual Commissioning Plan
- Dundee Joint Health Improvement Plan
- Dundee Joint Community Care Plan
- Dundee Telecare Strategy
- Local Housing Strategy
- Strategic Housing Investment Plan

STRATEGIC PLANNING & COMMISSIONING IN DUNDEE

The interim strategy is viewed as a starting point on which to develop a joint strategy and commissioning framework which will be reflective of the needs of our citizens. The action plan which accompanies the interim strategy addresses how this will be achieved.

JOINT PERFORMANCE FRAMEWORK

The Single Outcome Agreement (SOA) for Dundee 2009 - 2012 represents the shared ambitions of the Dundee Partnership and describes 9 strategic priorities. The Community Care Services contribution to delivering several of these high level outcomes for the citizens of Dundee, by supporting individuals achieve their own personal outcomes, including:

- Improving Health
- Improving Wellbeing
- Improving Opportunities for Social Interactions
- Improving Independence and Responsibility

A performance and outcomes framework for Physical Disabilities and Sensory Impairment will be developed through the strategic planning group.

OUR STRATEGIC PROMISE 1

We will work with you to develop the range of services that you require to assist you to lead an independent and inclusive life and be part of your local community.

What progress have we made so far?

To date we have:

- formed a Personalisation Project Board and Project Team
- commissioned a Direct Payment Support Service
- developed the Dundee Independent Living Centre and Joint Equipment Store
- reviewed the Joint Equipment Service resulting in easier access to equipment and a more responsive service
- procured electronic rehabilitation and assistive technology
- carried out service reviews on commissioned sensory impairment services
- extended the Single Shared Assessment process to include sensory services
- commissioned a Social Work Service with Scottish Huntington's Association
- commissioned a Social Work Service with the Multiple Sclerosis Society and developed a multi-agency MS team
- established a multi-agency transition forum to co-ordinate transition planning arrangements for young people requiring adult services
- provided a SHOPMOBILITY service for Dundee city and a scooter service at Ninewells Hospital
- established a "holiday loan" service for prescribed equipment to support people coming to Dundee for a holiday or short break and to support breaks out of town for local
- developed Home Care Enablement Services.
- implemented the outcomes from the review of Independent Advocacy in Dundee
- completed an option appraisal for the building redesign at the Mackinnon Centre
- delivered multi-agency staff training on Telecare
- developed a specialist health team (Working Towards Health) in the Discover Opportunities Centre to support people with health needs towards the employment market
- developed a multi-professional team to support people remain in employment (Working Health Services) when employed in a small or medium sized enterprise

What suggested actions are planned?

To further address our strategic promises we will:

- establish a strategic planning group for people with physical disabilities and/or sensory impairment
- set out a joint commissioning framework and implementation plan
- establish a Providers' Forum
- undertake a Service Review of Mackinnon Centre and implement recommendations from this
- implement the Telecare Strategy
- implement the Personalisation Action Plan including actions recommended in Scottish Government Self Directed Support Act (due 2012)
- develop a clear and straightforward care pathway
- develop and implement an improvement plan for access to the Employment Unit (current waiting time 12 weeks)
- investigate options to address the inequalities deaf people experience when engaging with the job market
- work in partnership to address the transport requirements of people with a disability
- review how adaptations are provided
- look at whether some items of equipment can be self assessed

OUR STRATEGIC PROMISE 2

You will be involved in helping to determine, shape and live in accommodation appropriate for people with a physical disability and or sensory impairment and which promotes your independence.

What progress have we made so far?

To date we have:

- arranged supported living in Supported Accommodation
- funded specialist placements with care providers
- funded Housing Support Services
- participate in the Special Needs Housing Committee

- contributed to the Strategic Housing Investment Plan
- *effective building programmes for suitable housing including 'Homes for Life'*
- adopted a housing allocation policy based on need and not age
- provided support and advice for people who require to adapt their own homes as well as providing opportunities for people to "try out" equipment at the Independent Living Centre. (Adaptation funding is through OT and the Private Sector investment unit)

What suggested actions are planned?

To address our strategic promise we will:

- improve partnership with all housing providers especially at design and pre allocation stages
- develop and extend accommodation options which offer alternatives to care placements
- develop resources to enable people with disabilities to move on from homeless hostel accommodation
- ensure that transition planning for young people moving to their own house from the family home incorporates care provision and equipment requirements.
- reduce the waiting time for wheelchair suitable housing.
- explore the need to establish interim housing
- explore the practicality of developing accessible housing for families.
- Improve the planning for discharge arrangements and timelines for people in hospital

OUR STRATEGIC PROMISE 3

We will work together with you to balance risk with choice and to support you to be safe and protected.

What progress have we made so far?

To date we have:

- liaised with Fire and Rescue Service to balance risk/choice/independence for people with decreased mobility
- introduced telecare support models
- introduced and implemented an Adult Support and Protection Framework
- concluded a review of our advocacy services and have commissioned services based on the review recommendations

- embedded risk assessment into our assessment and care management process
- provided specific smoke alarms for hearing impaired citizens
- commission two specialised Social Work services for people who have a sensory impairment

What suggested actions are planned?

To address our strategic promise we will:

- monitor the effectiveness of our advocacy services and supports to make sure that they meet your needs.
- support you take a stronger role in assessing your needs and developing your own care plan.
- make sure that you have clear information about your rights and how to protect yourself

OUR STRATEGIC PROMISE 4

We will work with to agree and provide the care and support you require to maintain your independence in the setting most appropriate to your needs.

What progress have we made so far?

To date we have:

- progressed joint working in palliative care provision including Palliative Care Training and Welfare Rights Support
- extended palliative care beyond Cancer Care
- achieved and sustained improvement in delays for discharge for people in hospital
- supported the Dundee Healthy Living Initiative
- appointed Scotland's first Multiple Sclerosis Specialist Social Worker
- opened a Multiple Sclerosis Therapy Centre to provide therapy options in a non-clinical environment
- developed group support for those with an Acquired Brain Injury
- established a Rehabilitation Service for limb loss - Tayside Rehabilitation Engineering Service.(Prosthetics)
- provided an Arts programmes via Tayside Healthcare Arts Trust
- enabled the Voluntary Sector, in partnership with Health and Social Work to provide social opportunities for people with disabilities

- continued to provide respite care at Mackinnon Centre
- commissioned a range of domiciliary care services to support people with physical disabilities and or sensory impairments
- commissioned Dundee Blind and Partially Sighted Society and Tayside Deaf Action to provide statutory Social Work Services.

What suggested actions are planned?

To address our strategic promises we will:

- provide personalised respite and short breaks options
- improve access to Healthy Living Initiative activities
- explore the provision of an adult rehabilitation "playground"
- work collaboratively to plan and implement neurological-services redesign
- address the gaps in services for conditions such as Fibromyalgia and ME/CFS/PVFS (Myalgic Encephalopathy/Chronic Fatigue Syndrome/Post Viral Fatigue Syndrome),
- review the range of equipment important for improving the quality of life and physical activity as well as safety
- strengthen the rehabilitation focus at Mackinnon Centre
- develop pathway for employment support and opportunities for those with a physical disability and or sensory impairment
- support the development of self managed care support groups/information
- commissioned the refurbishment plan for the McKinnon Centre

OUR STRATEGIC PROMISE 5

We will ensure that the professionals you come into contact with have the knowledge and skills to support you set and work towards achieving your own personal outcomes.

What progress have we made so far?

To date we have:

- specialist training completed for the multi-agency MS team
- cross agency training developed for equipment
- developed a musculoskeletal pathway to improve access to therapeutic and diagnostic services
- delivered multi-agency staff training on Telecare and invested in specialist guidance)

What suggested actions are planned?

To address our strategic promises we will:

- develop integrated models of health and social care teams to work across adult services
- implement a person centred approach to record keeping and sharing of information
- ensure the involvement of users and carers in the evaluation of the effectiveness and quality of care and support
- progress the range of options for earlier management of pain in the community
- identify training needs and implement training programmes for staff in assessing for specialist equipment

OUR STRATEGIC PROMISE 6

You will have access to accurate and up to date information on services and support and how to access them.

What progress have we made so far?

To date we have:

- produced a range of public information including -'Community Care Services in Dundee - A Guide to Meeting Your Needs' and service provision leaflets
- put in place individualised communication arrangements. e.g. Braille letters and care plans
- established a health information shop at Ninewells Hospital
- funded deaf-blind communicators to support individuals
- hosted an event to publicise an international Disabled Person's Day
- Opened Dundee Independent Living Centre
- gathered feedback from service users and carers through case work and case file audits
- developed a user resource for people with MS

What suggested actions are planned?

To address our strategic promises we will:

- help to develop the Council's accessible communication strategy

- further develop web-based information about services
- provide information on charges for services
- share the Social Work staff directory with health and other partners
- promote and increase the use of communication equipment in public places
- explore the need for a regular customer newsletter for disabled people.
- continue to improve public information including information about who does what
- use local media to increase public awareness and understanding of disability
- provide feedback to service users after consultation

OUR STRATEGIC PROMISE 7

We will work with you and your family/friends to promote maintain and improve your health and wellbeing.

What progress have we made so far?

To date we have:

- enabled carers to go on a holiday break with the person that they care for
- provided respite at home services to give carers a break
- provided support for carers through commissioned services by the Carer's Centre

What actions are planned?

To address our strategic promises we will:

- assess and address the support needs of Young carers

COMMISSIONING INTENTIONS

The Joint Strategic Planning Group will be responsible for developing the commissioning framework to support the development of services and supports to meet the target areas set out in the strategy. The current redesign and remodelling work which has already started will feed into this work stream.

MONITORING AND REPORTING FRAMEWORK

The Joint Strategic Planning Group will be responsible for developing a monitoring and reporting framework.

PHYSICAL DISABILITY AND SENSORY IMPAIRMENT INTERIM STRATEGY ACTION PLAN 2012 - 2014				
ACTIVITY	ACTION	TIMESCALE	EXPENDITURE	LEAD OFFICER
1) Present Strategy to Health and Social work Committee for approval.	Finalise Strategy and Committee Report/s	27th February 2012.	Within existing budget	Service Manager - Adult Services, Dundee Social Work.
2) Present Strategy to CHP Committee for approval	Finalise Strategy and Committee Report/s	23rd February 2012.	Within existing budget	Head of Allied Health Professionals - Dundee Community Health Partnership
3) Establish the Strategic Planning Group	Map out proposed SPG membership	By end of February 2012	Within existing budget	Service Manager - Adult Services, & Head of AHP Dundee CHP

ACTIVITY	ACTION	TIMESCALE	EXPENDITURE	LEAD OFFICER
3) Establish the Strategic Planning Group Cont:	Arrange launch of interim strategy as first meeting	By mid April 2012	Within existing budget	Service Manager - Adult Services, Social Work
	Set schedule of meetings for 2012	At launch of interim strategy	Within existing budget	Service Manager - Adult Services, Social Work
	Agree business of SPG	At launch of interim strategy	Within existing budget	Service Manager - Adult Services, & Head of AHP Dundee CHP
4) Establish Providers Forum	Map out proposed Providers Forum membership	By middle of March 2012	Within existing budget	Service Manager - Adult Services, Resource Manager - Adults Services & Head of AHP Dundee CHP
	Arrange launch of interim strategy as first meeting	Following launch at SPG - early may 2012	Within existing budget	Adult Services Resource Manager - SW

ACTIVITY	ACTION	TIMESCALE	EXPENDITURE	LEAD OFFICER
4) Establish Providers Forum: COnt	Set schedule of meetings for 2012	At inaugural meeting	Within existing budget	Adult Services Resource Manager - SW
	Agree business of Provider's Forum	At inaugural meeting	Within existing budget	Adult Services Resource Manager - SW