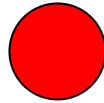


**Physical and Sensory Disability Strategy  
2012-15**

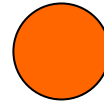
**Action Plan**

**Progress Report for period ending June 2013**

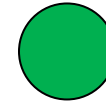
Target Indicator Key:



Not likely to achieve,  
significantly off profile,  
or not yet commenced



Near achieving.



Achieving or on  
profile to achieve.

## Key Themes

- Personalisation;
  - Service Redesign;
  - Transition Support and Planning;
  - Equipment – Procurement and Standardisation;
  - Rehabilitation;
  - Transport.
- Respite / Short Break Care;
  - Information, Advice and Advocacy;
  - Provision of a Skilled Workforce;
  - Day Opportunities
  - Housing; and

Implementation of the Strategy is carried out through the Strategy Implementation Group (SIG) and 3 supporting Work Streams as follows:

- Supporting Independent Living (SIL) - Chair, Garry Hyde, WHSCT
- Information & Training (I&T) – Chair, David Galloway, RNIB
- Regional Sensory Impairment Group (RSIG) – Chair, Anne Hillis, HSC Board

## Theme: Prevalence and Need

**Recommendation:-** Given the paucity of reliable data on which to base planning and commissioning decisions following actions are recommended.

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
1.	Determine and agree key outcome measures to inform future service commissioning provision and improvement in the lives of individuals.	HSCB will lead on this action with input from PHA, HSCTs and Service Users	Outcome measures for people with disabilities that will result in improved quality of life.	OD - December 2012  <b>RD – June 2014</b>	<p><b>I&amp;T</b></p> <p>10 Outcome Measures have been drafted as part of the Regional Sensory Impairment Group work, taken from work carried out by RNIB, Action on Hearing Loss and BDA consultation work which are being incorporated into the new regional care pathways for hearing and sight loss.</p> <p>A similar exercise is being explored for individuals with physical disabilities.</p> <p>Discussions have commenced within both the Workstream and SIG to explore the potential of developing high level outcomes for adults, similar to those in place for children and young people.</p>	

**R A G\* = Red, Amber, Green    OD = Original Date, RD = Revised Date**

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
2.	Work in partnership with other key agencies and stakeholders to commission work to collate and compile data in relation to Section 75 groups and take action to address inequalities and identified gaps in service provision.	DHSSPS will lead on this action with input from HSCB, PHA, HSCTs, and service users	<p>1. Inequalities and gaps identified for Section 75 Groups</p> <p>2. Improved equality in service provision.</p>	<p>OD - December 2013</p> <p><b>RD – December 2014</b></p>	<p><b>I&amp;T</b></p> <p>'Preparing for the Health and Social Care Trust's Equality Action Plans, Audit of Inequalities, Section 75 Equality Groups' was published in April 2011 to inform the development of action-based plans and set the framework for the Trusts to address inequalities relevant to their functions. The audit enabled the Trusts to identify potential functional areas for further or better discharge of the Section 75 duties and inform key strategic actions. The scheme is monitored every 3 years, as per the Timeline set out on page 13 of the document.</p> <p>Taking action to address inequalities and identify gaps in service provision is the overall rationale for the Physical &amp; Sensory Disability Strategy 3 year Action Plan which is underway.</p>	

## Theme: Promoting Health, Wellbeing And Early Prevention

**Recommendation:-** All relevant policies, strategies, service frameworks, programmes and services should reduce health inequalities by improving the health and social wellbeing of disabled people and support them to maximise their capabilities.

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
3.	Examine how disabled people can be targeted in future health promotion initiatives.	PHA will lead on this action with input from DHSSPS and service users	Targeted messages to be developed particularly for those with multiple needs.	OD- September 2012  RD – June 2014	<p><b>I&amp;T</b></p> <p>A Scoping exercise to determine what is currently available for disabled people has been completed and analysis is underway.</p> <p>The Board's Social Care Directorate has also become a member of the NI Public Health Research Network and continues to explore opportunities for research in physical and sensory disability.</p> <p>A pilot is being taken forward through the Information &amp; Training Workstream in partnership with BHSCT to ensure the needs of people with disabilities are considered in the design and development of the AAA screening programme campaign for 2013-14. A protocol will be then be developed which sets out</p>	

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
					the key principles for engaging people with disabilities in future health promotion campaigns to be made operational within HSC.	
4.	Examine how a “prevention” message can be made known regarding preventative hearing and sight loss – this could include for example PHA incorporating messages in their public health education campaigns about positive steps that the public can take in order to avoid sight and / or hearing loss.	PHA will lead on this action with input from DHSSPS and service users	Method for inclusion of prevention messages in public health campaigns relating to preventative hearing and sight loss agreed.	OD - September 2012  <b>RD – December 2013</b>	<p><b>I&amp;T</b></p> <p>SIG met with PHA in the last quarter to explore how to progress this action, including the potential to include a public information campaign in future programme of campaigns. It was determined that hearing and sight loss prevention did not meet DHSSPS criteria for regional campaigns.</p> <p>It is anticipated that further meetings with PHA will be arranged to consider how PHA and voluntary sector stakeholders can work together to plan the communication of prevention messaging to the public. It is envisaged that local campaigns will be rolled out using existing communication fora.</p> <p>SIG voluntary sector</p>	

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
					partners continue to promote the importance of prevention via their own organisational campaigns,	
5.	Early detection, assessment and intervention services are provided for all disabled people, and assessments, particularly those for complex conditions, are carried out by properly trained personnel – for example HSC could ensure that appropriate services are provided for deafblind people - remembering that individual services for people who are deaf or who are blind may not be appropriate for someone who is both deaf and blind.	HSCB will lead on this action with input from HSCTs, PHA and service users	Timely detection, assessment and intervention for people with all disabilities.	OD - December 2013	<p><b>ALL</b></p> <p>A deafblind needs analysis is underway. The work will be carried out over a 12 month period and will be hosted by the WHSCT on behalf of the Regional Sensory Impairment Group A Steering Group has been established and specific Trust Steering Groups have also been set up.</p> <p>Additional non- recurrent funding has also been made available to Action on Hearing Loss to pilot interventions services in tinnitus and lip reading in 2013/14</p> <p>In relation to <b>sensory services</b>, Trusts have reviewed their current care pathway and developed a regional model. Draft regional care pathways for hearing and sight loss are being developed and consultation will begin in</p>	

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
					<p>November 2013.</p> <p>A Care pathway workshop was facilitated in June 2013 relating to <b>Physical Disability services</b> with a follow up workshop scheduled for September 2013 to develop a draft regional model which will also be consulted upon.</p> <p>Significant recurrent funding has also been made available to the <b>Neurological Conditions</b> Subgroup which has been established to take forward the implementation of the 12 key recommendations emanating from the 'Speak out for Change survey; enhanced regional coverage of the ECLO model; a regional wheelchair training specialist post; wheelchair repair and equipment contracts; enhanced coverage of the BDA advocacy service for deaf people; and funding for children with a disability to meet rising demand in wheelchairs and sensory equipment needs.</p> <p>In year funding has also</p>	



PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
					<p>been earmarked once again for to enhance the Regional Prosthetic Service, based at the Regional Disablement Service, Musgrave Park Hospital site, BHSCT; tinnitus and lipreading projects; sensory rehabilitation training bursaries; disability awareness training; e learning materials, among others.</p> <p>Plans are also underway to scope out the potential for support workers for people with hearing loss, similar to the ECLO model.</p>	
6.	Consider endorsing the Eye Care Liaison Officer (ECLO) model or other appropriate models available in NI as the preferred option in supporting those with newly diagnosed sight loss.	PHA will lead on this action with input from HSCB and service users	Preferred and approved best practice model may be adopted as support solution for people with newly diagnosed sight loss.	March 2013	<p><b>RSIG</b></p> <p>Funding has been secured to support on a recurrent basis the existing Eye Care Liaison Officer model to address in particular the needs of patients diagnosed with Wet AMD and Glaucoma at clinics across the region. Work is underway to enhance the operation of the model in</p>	

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
					conjunction with Trust sensory team services.	
7.	<p>The provision and delivery of appropriate positive risk taking training to HSC staff which would encompass:</p> <ul style="list-style-type: none"> <li>a) Understanding of risk</li> <li>b) Improved quality of life.</li> </ul>	<p>DHSSPS will lead on the issue of guidance with input from HSCB and HSCTs. HSCB will lead on implementation with input from HSCTs and service users</p>	<p>Positive risk taking will be promoted where possible, supported by the provision and delivery of appropriate training to HSC staff, with the aim of empowering children and adults with disabilities to fulfil their goals and ambitions to the maximum potential, ie. improved quality of life.</p>	<p>OD – Ongoing</p> <p><b>RD – Dec 2013 To be reviewed</b></p>	<p><b>I&amp;T</b></p> <p>Draft DHSSPS Guidance being developed. Expected date of completion – end Dec 2013</p>	

## Theme: Providing Better Services to Support Independent Lives

### Personalisation

**Recommendation:-** To promote independent living options that afford people with disabilities the maximum possible choice and control over the services they receive.

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
8.	Explore the feasibility of introducing in NI provisions equivalent to Part Two of the GB Welfare Reform Act 2009, "Disabled people: right to control provision of services" either through administrative means or by means of legislation.	DHSSPS will lead on this action and will work in partnership with other Departments, on determining the implications of taking forward legislation in NI	Decision on feasibility of NI legislation covering provisions of Part Two of the Welfare Reform Act 2009 "Disabled people: right to control provision of services" developed.	OD - September 2012  RD – March 2014	<p><b>I&amp;T</b></p> <p>Senior officers from DHSSPS and DSD met (along with a lawyer from the DSO) on Friday 26<sup>th</sup> May 2012 to explore the feasibility of this action.</p> <p>The issue was discussed at length and the group concluded that it was not currently desirable or feasible for a number of reasons. These included:</p> <p>The view that as a result of the complex and sometimes controversial welfare reform agenda developed since the publication of the strategy, that the area is in a considerable state of flux and given that environment, there is considerable uncertainty about how helpful such a change would now be for disabled people;</p>	

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
9.	Determine the feasibility of introducing self-directed support / personalised / individualised budgets in NI which take account of the need for specialist support and lessons learned through their implementation in other parts of the UK	The Self Directed Support Programme Board, HSCB will lead on this issue with input from the DHSSPS and service users	Pilot schemes evaluated, feasibility study commissioned and relevant Legislation, if necessary, amended.	OD - March 2013 for completion of feasibility study.  RD – September 2013	<p><b>Self Directed Support Programme Board</b></p> <p>A Project Initiation Document which sets out a two - year (2013 – 2015) plan to transform Social Care Services from a service led system to one that promotes peoples' autonomy and independence through mainstreaming a Self-Directed Support approach is in its final stage of development.</p> <p>Significant funding has been earmarked by the Board through TYC for implementation with £1.015m in 2013/14 and £1.498m in 2014/15 for TYC transitional funding across the 5 Trusts and HSCB to support the successful mainstreaming of SDS, including funding for posts in both HSCB and Trusts and bridging funding to support project delivery.</p>	

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
10.	Increased uptake of Direct Payments will continue to be promoted.	The Regional Direct Payment Group, HSCB will lead on this action with input from PHA , HSCTs and service users.	Increase in uptake of Direct Payments by people with disabilities.	Quarterly and Annual Monitoring through Priorities for Action progress reporting	<p><b>Regional Direct Payment Group</b></p> <p>The Board continues to receive quarterly updates regarding uptake of direct payments.</p> <p>As of March 2013, there were 761 direct payments in place, compared with 757 in March 2012. . The regional Direct Payments Group is being re-configured under the Self-Directed Support Programme; as part of that it has commenced a Good Practice Forum intended to disseminate examples of and ideas for improved practice. This commenced in June 2013.</p> <p>The Regional Group has been also reconvened to monitor progress against the regional Direct Payments target across Programmes of care, including physical and sensory disability. The Board is working with Trusts to seek agreement on the baseline and subsequent targets for increased uptake. The new monitoring template has been issued and first</p>	

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
					<p>returns are currently being made by trusts Data regarding uptake and also numbers of Direct Payments offered to people with disabilities will be available on the quarter ending June 2013.</p> <p>As part of the SDS strategy, there is £500k Service Change Bridging Funds for Learning and Physical Disability combined (rising to £1m next year). This will target innovations which can facilitate alternatives to building-based and in.-house day care. The promotion of Direct Payments will come under the auspices of the Self-directed Support programme</p>	

**Recommendation:- to commission more personalised services appropriate to the needs of individuals.**

11.	Produce a policy framework / guidance on long-term conditions management across primary and secondary care sectors which includes details on the promotion of self management	DHSSPS will lead on this action with input from HSCB/ PHA and service users	<ol style="list-style-type: none"> <li>1. Policy Framework for the management of long term conditions.</li> <li>2. Individuals as experts in their care.</li> </ol>	March 2012 (subject to Minister's approval)	<p><b>I&amp;T</b></p> <p>Living with Long Term Condition – A Policy Framework was launched on 26<sup>th</sup> April 2012.</p>	
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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
12.	Person-centred planning will be adopted as mainstream practice & evidenced in person centred plans.	HSCB will lead on this action with input from PHA, HSCTs and service users	Person-centred planning adopted as mainstream practice, which will contribute to the Equality and PPI Agenda.	OD - April 2013  <b>RD – September 2013</b>	<p><b>SIL</b></p> <p>The Supporting Independent Living Workstream is considering this approach as part of the current physical disability care pathway review.</p> <p>Findings from a recent scoping exercise in Trusts in relation to current PCP practise and training available showed that variation exists across Trusts.</p> <p>A sample audit of case files will be carried out within the next quarter to locate evidence of PCP in practise.</p>	
13.	The Wraparound Initiative or similar model of good practice for providing multi-agency / multi disciplinary services for children and young people with disabilities should be rolled out to and deployed in all Trust areas.	HSCB (Children and Young People's Strategic Partnership) will lead on this action with input from PHA & HSCTs	Wraparound adopted as regional model and approach in all HSCTs.	March 2013  <b>RD – December 2013</b>	<p><b>Children &amp; Young People's Strategic Partnership (CYPSP)</b></p> <p>Subsequent to the development of the Physical and Sensory Disability Action Plan the HSCB/PHA have issued commissioning specifications to all Trusts in 2012 and the key</p>	

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
					<p>principles of the Wraparound model have been outlined within the Children's Child Health and Long Term Conditions commissioning specifications. In addition the principles of this model were contained the information provided to inform the Children's Services Framework and this is currently with the DHSSPS</p> <p>The Children With a Disability subgroup from the CYPSP has also issued a draft action plan for consultation and is presently reviewing the response to such . This Action Plan was drafted in conjunction with young people with disability including sensory and physical disabilities representatives from the CWD strategic alliance and parental /carer input, and has been benchmarked against the UNCRC and UNCRPD.</p> <p>The HSCB has identified the need for additional support for CWD and in conjunction with family policy DHSSPS and the</p>	



PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
					<p>childcare partnerships has sought to progress additional investment for CWD to access early years supports . This was a key element of wraparound. In addition, in line with the carers strategy, the family matters strategy and the ofmdfm disability strategy the HSCB is seeking to provide additional funds to support carers of CWD and to align this with SDS in line with best practice model from the UK</p>	

## Theme: Information, Advice and Advocacy

**Recommendation:-** To enhance access to information, advice and advocacy for patients, clients, families and carers with a view to increasing independence for people with disabilities.

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>TH</sup> June 2013	R A G*
14.	Ensure that information and advice about services is accessible and staff are trained to communicate appropriately with people who are blind or partially sighted.	All service providers	Accessible information and advice in a range of formats.	OD - April 2013  <b>RD – March 2014</b>	<p><b>I&amp;T</b></p> <p>An Accessible Communication Guidelines was produced as a result of funding allocated to Action on Hearing Loss/ Royal National Institute for the Blind to produce regional composite guidelines for GPs for patients with sensory loss.</p> <p>A regional Accessible Communications Guide was also produced by BSO in 2013 for use in Trusts,</p> <p>Engagement is also underway with the Regional Patient Access System Group to explore how patient booking systems can be made accessible for service users with sensory needs.</p> <p>The content of the Care Pathways for hearing and</p>	

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>TH</sup> June 2013	R A G*
					<p>sight loss will also take cognisance of the sensory communication needs of services users.</p> <p>A Training Task &amp; Finish Group has been set up by the Regional Sensory Impairment Group to explore current and required training programmes for staff working with individuals with sight and hearing difficulties.</p> <p>2 separate Level 1 E-Learning awareness raising programmes for hearing and sight loss are in draft format which will form part of the corporate training programme for HSC staff. It is anticipated that both programmes will be launched at the 3<sup>rd</sup> December conference event to mark International Day of Persons with Disabilities.</p>	
15.	Publish "A Policy for Developing Advocacy Services – A guide for Commissioners".	DHSSPS will lead on the finalisation of the policy guidance.	Agreed principles and standards for the future commissioning and delivery of advocacy services.	March/April 2012	<p><b>I&amp;T</b></p> <p>Guidance document and associated Implementation Plan now published.</p>	

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>TH</sup> June 2013	R A G*
		The associated implementation plan will be taken forward by the HSCB with input from the PHA, LCGs and HSCTs and service users.		October 2012	Please see Action 16 below for further information about implementation plans.	
16.	Advocacy models, supported by training programmes, to help maximise decision making and control for disabled people will be available.	HSCB through the Advocacy Network NI will lead on this action with input from PHA and HSCTs and service users	Range of advocacy models / training programmes adopted.	April 2013	<p><b>Advocacy Network NI (ANNI)</b></p> <p>Advocacy models are included in the Guidance document which provides policy standards for advocacy services. The regional Advocacy Implementation Plan is under way.</p> <p>The mapping exercise is complete and project now 'cleansing' data prior to its publication</p> <p>HSCB is currently consulting directly with service users across the region to help finalise the quality standards to which it is expected that providers would adhere.</p> <p>Disability Action hold the vice Chair position on the</p>	

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>TH</sup> June 2013	R A G*
					<p>Advocacy Network NI thus ensuring that the needs of people with disabilities will be considered within this work.</p> <p>British Deaf Association also provides a regional independent advocacy service to deaf users. Residual funding has been made available in 2012/13 to fund an additional BDA Advocacy post to ensure regional coverage</p>	

### Theme: Skilled Workforce

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
17.	All health and social care staff should be given disability awareness training which includes equality and human rights training inclusive of PPI agenda.	HSCTs will lead on this action with input from HSCB, PHA & BSO and service users	Skilled and informed workforce	Assessed annually through training evaluations – Ongoing	<p><b>I&amp;T</b></p> <p>A Discovering Diversity E-learning programme is available on Trust Intranets. Trust Equality Managers are currently gathering information about programme uptake rates and advising on notable gaps. An Action Plan will be drawn up to target those</p>	

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
					<p>groups of staff who have not completed the course.</p> <p>It was also suggested that a scoping workshop in the autumn 2013 would be a good opportunity to build upon current practise and identify a regional approach across these areas.</p> <p>The NI Human Rights Commission have also been commissioned to develop a human rights awareness programme which will be rolled out to HSC staff both generally and targeted at specific groups of staff. Discussions are ongoing about next steps</p>	
18.	All health and social care staff in regular direct contact with clients or patients with a disability will be given disability equality and PPI training relevant to their level of involvement.	HSCTs will lead on this action with input from HSCB, PHA & BSO and service users	Skilled and informed workforce who are enabled to respond appropriately to the needs of people with disabilities whilst respecting their rights to privacy, dignity and equality.	Assessed annually through training evaluations - Ongoing	<p><b>I&amp;T</b></p> <p>Please see Action 17 above</p>	

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
19.	All health and social care staff in regular direct contact with clients or patients with a disability should be given human rights training on legislation, on a human rights approach and on incorporating the convention rights of people with disabilities.	HSCTs will lead on this action with input from HSCB, PHA & BSO	Skilled and informed workforce.	Assessed annually through training evaluations – Ongoing	<b>I&amp;T</b>  Please see Action 17 above	

### Theme: Equipment (Procurement and Standardisation)

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
20.	A rationalisation of budgets for the provision of the range of sensory equipment will be developed and implemented and a regional approach to procurement will be adopted where possible. The new arrangements and protocols should be supported by training for HSC staff.	HSCB will lead on this action with input from BSO/HSCTs and service users	Regional model for procurement of sensory equipment.	OD – September 2013  RD - Sept 2014	<b>RSIG</b>  Progress against this action will be taken forward when it has been agreed regionally what services and their associated values will be included in the Self-directed Support programme.	

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
21.	Ensure that the Procurement and Logistics Service (formerly Regional Supplies Service) procures wheelchairs and their accessories, from the agreed and approved range of products in line with the National Framework Agreement, at best cost from suppliers and that relevant staff are trained appropriately in the new procedures.	BSO / HSCB will lead on this action with input from PHA and HSCTs and service users	Regional approach to procuring wheelchairs and wheelchair accessories.	September 2012	<p>Regional Wheelchair Reform Group - Completed</p> <p>Recurrent funding for a specialist wheelchair training post, wheelchair repair contract and buggy covers for children's wheelchairs has been secured to consolidate and enhance the wheelchair reform initiative.</p> <p>In year funding has also been secured for the Red Cross wheelchair loan service and the regional wheelchair contract to bolster the increasing demand for this service. On-going discussions with the Commissioner and Trusts are in place to monitor the increasing demand on the service.</p>	



## Theme: Rehabilitation

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>TH</sup> June 2013	R A G*
22.	<p>Promote effective rehabilitation taking account of the user's perspective to include:</p> <ul style="list-style-type: none"> <li>○ Good quality information appropriate to people with a disability;</li> <li>○ A focus on anticipatory care planning as part of a care pathway approach;</li> <li>○ Shared best practice within available resources; and</li> <li>○ A standardised approach to assessment and documentation in HSC organisations.</li> </ul>	HSCB will lead on this action with input from PHA, PCC & HSCTs and service users	Best practice approach to rehabilitation services adopted.	Dec 2014	<p><b>SIL</b></p> <p>The AHP representative on the Supporting Independent Living Workstream has scoped out rehabilitation approaches currently in use with clients across the 5 Trusts.</p> <p>The Care Pathway work both in sensory and physical disability will include the perspectives identified under Action 22 to ensure that a standardised approach is in place.</p> <p>In year funding is being applied to enhance the Regional Prosthetic Service, based at the Regional Disablement Service, Musgrave Park Hospital site, BHSCT, including a rehabilitation track for RDS.</p> <p>The remit of the Eye Care Liaison Officer</p>	

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>TH</sup> June 2013	R A G*
					<p>posts funded by the Commissioner also includes quality information available for service users at the point of diagnosis for sight loss.</p> <p>Plans are underway to explore a similar model for service users for hearing loss/impaired.</p> <p>A meeting with Patient Client Council is to be arranged to determine the approach required to seek service user views about information they receive.</p>	
23.	Review of sensory rehabilitation services from a user perspective with a view to promoting provision of cost effective and timely services.	HSCB will lead on this action with input from PHA, PCC, HSCTs and service users	Services redesigned from a user's perspective	OD – June 2013  <b>RD - Dec 2013</b>	<p><b>RSIG</b></p> <p>The Care Pathway 'Task &amp; Finish' Group continues to meet. Draft regional care pathways for hearing and sight loss are being developed and consultation will begin in Autumn 2013. HSC Board to meet with Patient Client Council to consider how to seek service users' views about the sensory rehabilitation service.</p>	

## Theme: Short Breaks and Respite

**Recommendation:-** Appropriate short break and respite services should be available to meet the needs of individuals and their parents and carers.

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
24.	Ensure the recommendations from the HSCB Respite Review Group are equitably implemented for the benefit of disabled people.	The Regional Respite Group, HSCB will lead on this action with input from DHSSPS and HSCTs and service users	Baseline established. Wider range of short breaks / respite available	Annual Review/ Ongoing	<b>Regional Respite Group</b> RRG has been reformed and an inaugural meeting will be held in September; extended membership to include carers and Carers Trust. A draft Action Plan has been produced and will be finalised after the September 2013 meeting. This will reform domiciliary respite and review the short break pilot in SET which is encouraging innovation around alternatives for carers of people with physical disability. The Plan also includes targets for the roll-out of direct payments and individual budgets for carers.	
25.	Explore the developments and regional opportunities for crisis response	The Regional Respite Group, HSCB will lead on this action	Crisis response interventions identified.	March 2013 <b>RD – March</b>	<b>Regional Respite Group</b> The Regional Respite Implementation Group will	

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
	interventions in respect of respite services which could be used by for people with disabilities.	with input from HSCTs and service users		2014	factor this action into their future work. This may require a scoping exercise to determine what Trusts currently provide for families at times of crisis. The current monitoring/reporting templates may also need to be refined to include crisis response intervention data. This is referenced in the Action Plan, but no discussion on it has yet taken place. A prior step may be to scope services available currently which can be accessed in emergencies	

### Theme: Service Redesign

**Recommendation:-** Consideration will be given to the potential to improve equity of services across the region, whereby Trusts work collaboratively to share resources.

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
26.	Examine areas where sharing resources between Trusts creates the potential	HSCB will lead on this action with input from HSCTs and service	Regional protocol for sharing resources established.	OD - March 2013	<b>SIG</b> A meeting was held with	

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	for more equitable efficient support and services through economies of scale and sharing of scarce resources.	users		RD – March 2014	Trust Assistant Directors and it was agreed that a draft protocol would be developed for consideration which set out those areas where sharing resources between Trusts created the potential for more equitable efficient support and services.	

### Theme: Transition Support and Planning

**Recommendation:-** To build and sustain good practice models for transitions and address and apparent inconsistencies in the provision and availability of transition planning.

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
27.	Improve joint working across relevant Departments, with the aim of ensuring that young people with disabilities are offered the same opportunities as other young people for learning and personal development. (PSI Recommendation)	DHSSPS will lead on this action to collaborate with DE and DEL and service users	Joint working approach adopted to improve access to opportunities for young people.	June 2013	REQUIRES DISCUSSION between DHSSPS AND OTHER GOV DEPTS	

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28.	Ensure arrangements are developed to improve the transitional arrangements between child and adult health services.	HSCB (Regional Transitional Implementation Group) will lead on this action with input from PHA & HSCTs and service users	Models of good practice and transition planning operational teams established.	September 2013	<p><b>Regional Transitional Implementation Group, HSCB</b></p> <p>The Transitions subgroup from the CYPSP has recently been reviewing the responses from the regional consultation that was concluded in December 2012. This action plan was drafted in conjunction with young people with disability including sensory and physical disabilities, statutory services, community and voluntary sector.</p> <p>CYPSP subgroups on CWD and transition have endeavoured to ensure synchronicity between the Action plans of these groups but also through the formal Chairs meeting across the other working groups and the 5 outcomes groups.</p> <p>The next stage will involve looking at delivery of the</p>	

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					<p>Action Plans in partnership with the Outcome groups across the province.</p> <p>SIG will maintain on-going dialogue with the Subgroup and will seek regular updates on progress against the action.</p> <p>A CYPSP workshop was held in June and key priorities in the action plans identified.</p> <p>Task and finish groups have been established to now progress the action plans from the two CYPSP subgroups The workshop was undertaken using a person centre planning model and the outcomes tweeted as part of the CYPSP communication strategy</p>	
29.	Develop palliative and end of life care services for people with disabilities within the framework of the palliative and end of life care strategy.	PHA / HSCB will lead on this action through the Regional Palliative Care Group, with input from HSCTs	Appropriate palliative / end of life care services will be available.	In line with palliative care strategy	<p><b>Regional Palliative Care &amp; End of Life Service Group</b></p> <p>The Strategy Implementation Group has met with the regional Palliative Care Service Leads to explore this</p>	

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					<p>action. In lieu of specific reference within P&amp;SD strategy or Living matters Dying Matters strategy documents.</p> <p>A monitoring process was established report how people with disabilities are included in developments for palliative and end of life care under the strategy.</p> <p>The Regional Commissioning Plan for 2013/14 also includes a regional priority as follows: All Trusts should provide evidence that they are working to increase the quality of life for people in the last year of life by ensuring that palliative care measures run alongside acute intervention for people with cancer, cardiovascular and respiratory disease, dementia, frail elderly and those with a physical disability who are at the end of life. This has been included in the 5 Local Commissioning Plans and will be monitored through formal LCG reporting processes.</p>	



## Theme: Day Opportunities

**Recommendation:-** To review existing statutory day support services, with a view to refocusing commissioning on models of day opportunities that promote independence and inclusion and meet the needs of disabled people.

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>TH</sup> June 2013	R A G*
30.	Examine the potential for the development of social networking services focussed on enabling sustained community engagement for disabled people, eg, with the view to helping prevent disabled people needing care and support in the first place or from developing long-term dependencies on health and social care provision.	HSCB will lead on this action with input from PHA, HSCTs and the Vol / Com Sector and service users	Review containing agreed model for social networking services completed.	OD – 2012  RD – Dec 2014	<p><b>SIL</b></p> <p>Aims of action clarified as preventing inappropriate admission of disabled people to day care services. Pilot projects identified involving CEDAR, Belfast and SE Trusts.</p> <p>Scoping work is also under way to explore the potential for a community access model for people with physical disabilities across the region similar to the SHSCT model. This work is in keeping with the Transforming your Care key recommendation and the new regional self-directed support programme commenced across all 5 Trusts.</p>	
31.	Examine ways of working more closely with other	DHSSPS will lead on this with input from	Joint working approach developed.	OD - Dec 2012	<p><b>SIL</b></p> <p>DHSSPS officials have</p>	

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>TH</sup> June 2013	R A G*
	government departments and voluntary/community bodies to support the development of vocational orientation/rehabilitation services for disabled people.	HSCB/PHA/HSCTs/Vol/Com Sector and in collaboration with other government departments and service users		<b>RD - Ongoing</b>	<p>enjoined with officials from DEL, DETI, DSD and other Government Departments and organisations from the VC sector under the “Tackling Economic Inactivity” Group.</p> <p>Recognising the particular needs of the long-term sick and disabled it will focus on developing innovative support with the aim of reducing the number of people classified as economically inactive due to long-term illness or disability.</p> <p>Pilot projects will be developed to test innovative approaches to transitioning people from inactivity to employment which are likely to involve HSC Board and Trusts.</p>	

## Theme: Housing

**Recommendation:-** To provide a comprehensive choice of housing accommodation and housing support services for disabled people, ranging from supporting people to remain in their own homes in their own community, with assistance from the Supporting People programme, to specialised supported living projects, including new builds identified in the Social Housing Development programme, within the resources available.

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>TH</sup> June 2013	R A G*
32.	Address issues around delays for adaptations and Progress the Ministerial approved actions and recommendations from the Interdepartmental Review of Housing Adaptations.	DSD will lead on this action with input from NIHE, HSCB/PHA, and DHSSPS and service users	Performance targets for housing adaptations achieved.  Improved infrastructure to maximise housing choices for disabled people.	OD - June 2013  <b>RD – to be revised to reflect slippage due to requirement for both Joint Ministerial and Executive approval</b>  <b>P O'Brien to liaise with DHSSPS colleagues on this particular issue.</b>	<b>SIL</b>  DHSSPS/NIHE can confirm that both the DSD and DHSSPS ministers have now endorsed the Interdepartmental Review of Housing Adaptations and public consultation has now been successfully completed. A consultation response report is being compiled and a final report outlining the policy context, final recommendations and strategic action plan will be prepared for final ministerial consideration before the end of the calendar year.  In relation to specific recommendations from the housing adaptations review which have been	

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					<p>authorized for implementation:</p> <ol style="list-style-type: none"> <li>1. A proof of concept study to create a framework for an accessible housing register has been completed. This study was led by the NIHE with project support from the Housing Adaptations Liaison Manager. The data from this study will inform the methodology and planning of a full regional survey of the accessibility features and accessibility classification of Northern Ireland's social housing.</li> <li>2. A cross sector toolkit of standardized housing adaptations recommendations and specifications to ensure evidence based and consistent communications</li> </ol>	

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>TH</sup> June 2013	R A G*
					<p>between HSC Trust community occupational therapy services and housing providers has been successfully piloted. The evaluation is complete and the Joint Housing Adaptations Steering Group has approved regional roll out in autumn 2013.</p>	
33.	<p>Jointly review the commissioning of assistive technology and telecare to enhance the quality of life and independent living options for disabled people and carers.</p>	<p>PHA will lead on this action with input from HSCTs and HSCB and service users.</p>	<p>Options and best practice approach considered and evaluated.</p>	<p>September 2013  <b>RD – Sept 2014</b></p>	<p><b>DHSSPS/DSD</b></p> <p>An initial scoping document regarding terms of reference has been drafted by the housing adaptations liaison manager for consideration by stakeholders September 2013.</p> <p>The DHSSPS will table environmental controls at the next Interdepartmental meeting with the DSD.</p>	

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>TH</sup> June 2013	R A G*
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**Theme ; Transport**

**Recommendation :- To enhance personal mobility options for disabled people**

34.	Engage with relevant stakeholders with a view to enhancing independent travel training as part of rehabilitation programmes.	HSCTs will lead on this action with input from voluntary sector	Range of travel programmes available.	March 2013  <b>RD – June 2014</b>	<p><b>DHSSPS/DRD</b></p> <p>DHSSPS officials engaged with stakeholders regarding current position on travel training. Relevant documents forwarded for SIG's consideration. Supporting Independent Living Workstream to undertake a scoping exercise to seek confirmation from Trusts that travel training is incorporated/mainstreamed into rehabilitation programmes.</p>	
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## Theme: Infrastructure

**Recommendation:-** To improve the lives of those living with disabilities through co-ordinated HSC action and partnership working

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 <sup>th</sup> June 2013	R A G*
35.	Convene a Disability Strategy Implementation Group to coordinate Implementation of the Action Plan – supported by a dedicated Project Manager	HSC Board and PHA (DHSSPS to fund Project Manager post)	Full Implementation of Action Plan by 2015.	June 2012	Completed & Ongoing	
36.	Regular reports on Implementation of Actions inclusive of progress made in progressing equality and human rights duties including screening and impact assessment where relevant.	HSC Board and PHA	Publish 6-monthly progress reports.	Successive years over lifespan of Strategy.	End of June 2013 report completed.	