

**Oxfordshire County Council
Social & Community Services**

Promoting Independence



**A commissioning strategy for people
with a physical disability**

2010 – 2015

Version Control

Version	Dates	Inclusions
1	August 2008	Proposed strategy for Alpha Presentation
2	February 2009	Feedback from Physical Disability Strategy Workshop included
3	March 2009	Current investment included
3	May 2009	Distributed to Physical Disability Strategy Implementation Group
4	May 2009	Feedback from Project Sponsor included
5	December 2009	Feedback from Physical Disability Strategy Implementation Group members and Project Sponsor Varsha Raja included. Strategy agreed by JMG .

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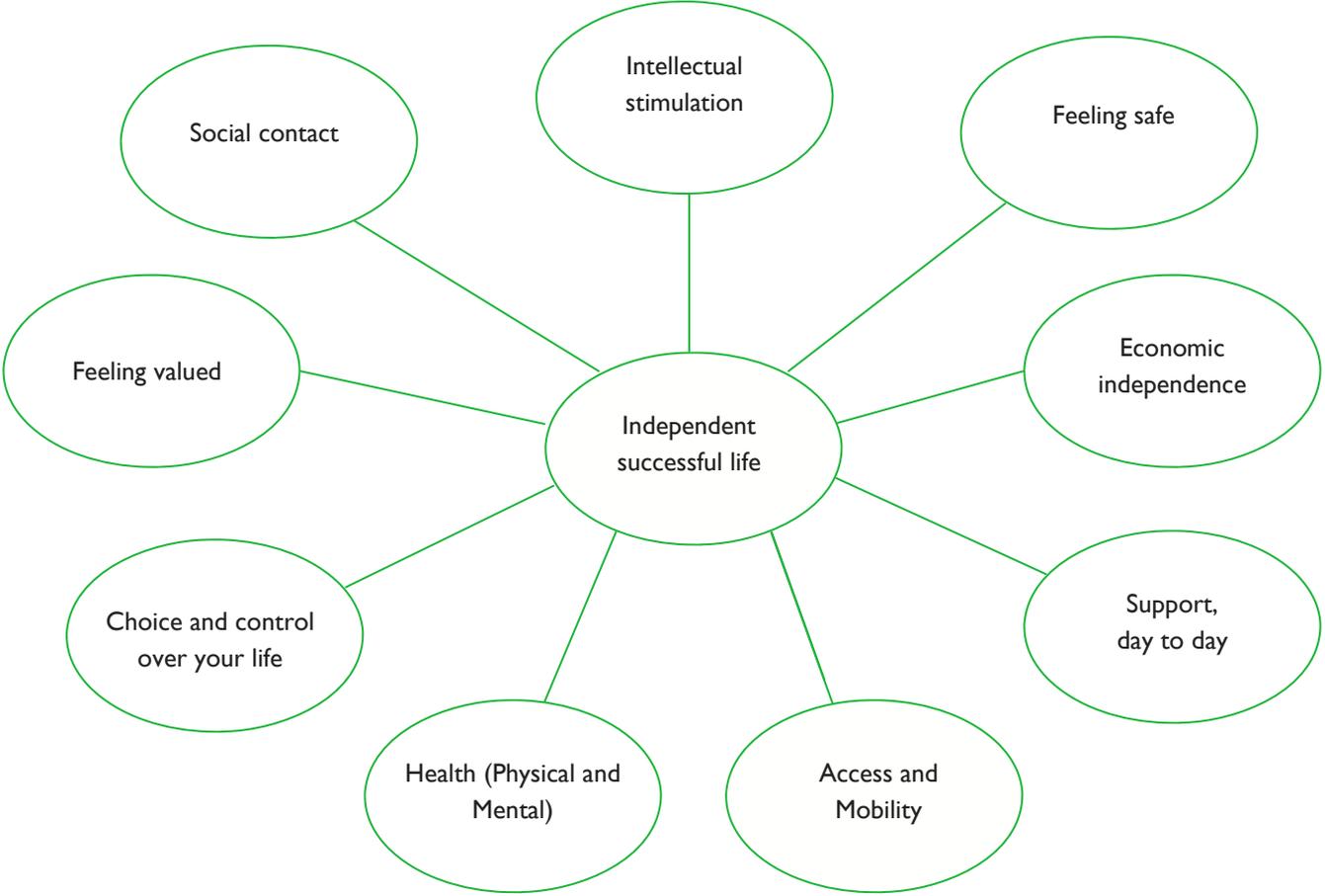
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Executive Summary

This strategy aims to support and promote strong and healthy communities so that people

with a physical disability can live their lives as successfully and independently as possible. The aim is to provide effective and efficient services to the most vulnerable, which meet local needs and are value for money.

The vision for this strategy is to empower and involve people with a physical disability to personalise the support they receive and remove the barriers to inclusion and participation.



Our vision for people with a physical disability in Oxfordshire

Jill’s story follows this as an illustration of our vision.

I've lived in some form of care home for most of my life. When I was very small I was in hospital; I moved to a special boarding school when I was 7 years old and I was in adult residential care for 32 years.

I enjoyed living in the home but I started to get more independent and determined to do things for myself. I heard about Cheshire Court as it was on the next site to the new residential care home. I put myself forward for a place there as I was interested in living on my own.

It was a huge change. I had to get used to getting around out in the town. The flat itself wasn't a problem as it had been adapted specifically for me and I'd always been independent in my personal care. I had to get used to cooking for myself – this was very difficult.

Once the excitement had worn off I found it hard to go out on my own and cook. I also missed the company at the home. As it's only next door, I spent a lot of my days back there. I wanted to return to the home

What turned me around was when I had to cope with something on my own. I had a problem one night and called out the paramedics who dealt with the problem for me. After this, I had a real confidence boost and believed that I could cope with anything.

I received some extra support for a few months to become more confident with cooking and easy routes into town in my wheelchair. This worked really well and has now stopped as I don't need the extra support any more.

I still visit the home regularly – I volunteer there once a week and I can see that the other residents are more dependent than I am.

I can now go out to local events at the weekends on my own, I go to a jewellery course in the evening, and I volunteer another day a week at a nearby school, listening to children read. I also went on my first cruise in the September – which I chose and arranged myself with some support. I like the fact that I get to watch what I want on TV in the evenings without interruption (if I was in the lounge with other residents this couldn't always happen).

I think moving out of the home has been a success for me. It is possible to move on as long as you're determined. I know what I want and I usually get it.

This strategy has been developed as a commissioning strategy which sets out both the **current investment** (see page 28) in services for people with a physical disability, and establishes a **series of future commissioning intentions** (see page 43) which have been highlighted through the various service user and stakeholder consultation processes.

The consultation processes have been equitable and transparent and have been open to influence from a wide range of users and stakeholders.

A 'Physical Disability Strategy Implementation Group' has been established to ensure that these commissioning intentions are developed, prioritised and translated into outcomes. The governance arrangements for this group have been strengthened to enable a link of accountability to the Joint Management Group and the Health and Well-being Partnership Board. This group will inform and make recommendations to the Joint Management Group and advise on how user representation will be further embedded in future commissioning and consultation arrangements.

(The membership of the group is wide ranging and detailed in the group terms of reference - Appendix I).

Key themes highlighted in this strategy and incorporated into action plans are:

- Care Homes Placement: improve price and outcomes
- Housing: developing appropriate housing and housing related support
- Transport & Street Environment: improving accessibility
- Employment: improving access to employment
- Information: improve information from diagnosis onwards
- Equipment: review present services
- Home Support: improve service county-wide
- Community Involvement: increase access to community involvement
- Direct Payment Support: increase confidence levels to manage direct payments
- Day Care/ Ryder Cheshire: improve outcomes

Introduction

This strategy will:

- Communicate a vision, define what future services should be commissioned, and identify and promote opportunities for disabled people.

- Identify, clarify and prioritise the gaps in services experienced by people with a Physical Disability of working age.
- Provide a framework for local policy making.
- Translate commissioning intentions into action plans.
- Strengthen accountability and governance arrangements.

This strategy links to many other areas of development being undertaken by the Primary Care Trust and Social & Community Services, including the National Service Frameworks for long term and neurological conditions, and the Transforming Social Care agenda.

This is a working strategy and will be revised to include future policy developments over the next five years. The progress will be reviewed quarterly by the Physical Disability Strategy Implementation Group and action plans updated accordingly.

The development of this strategy has evolved using best practice guidance issued by the Care Services Improvement Partnership relating to the commissioning of services for people with a disability or sensory impairment¹. Consequently, this strategy has been based on wide consultation which has included people with physical disabilities, carers and key strategic partners.

Local information has been gathered as has an understanding of both the national and local policy context.

The aim of the strategy is to review policy direction when necessary, create flexible service models and develop a market to meet identified needs in the most appropriate and cost effective way.

This will be done in partnership with people with a physical disability, carers, stakeholders and local organisations.

In parallel with the development of this strategy, the Primary Care Trust has established a Local Implementation Group, which focuses on the National Service Frameworks for neurological conditions and reports to the Long Term Conditions Board. The terms of reference for the Local Implementation Group (Appendix 2) establish reporting responsibilities for the group both to the Long Term Conditions Board, and the Physical Disability Strategy Implementation Group, which will inform the Local Implementation Group and Joint Management Group. The Health and Well Being Partnership Board (H&WBPB) will be updated of the progress of this strategy via the H&WBPB Officer's Group; Social Care Commissioners attend this group.

Definition

There is no single agreed definition for disability. The report *Improving the life chances of disabled people*² defines disability as 'disadvantage experienced by an individual... resulting from barriers to independent living or educational, employment or other opportunities... that impact on people with impairments and/or ill health. Impairments are long term

characteristics of an individual that affect their functioning/ appearance. Ill health is the short/long term consequence of disease or sickness’.

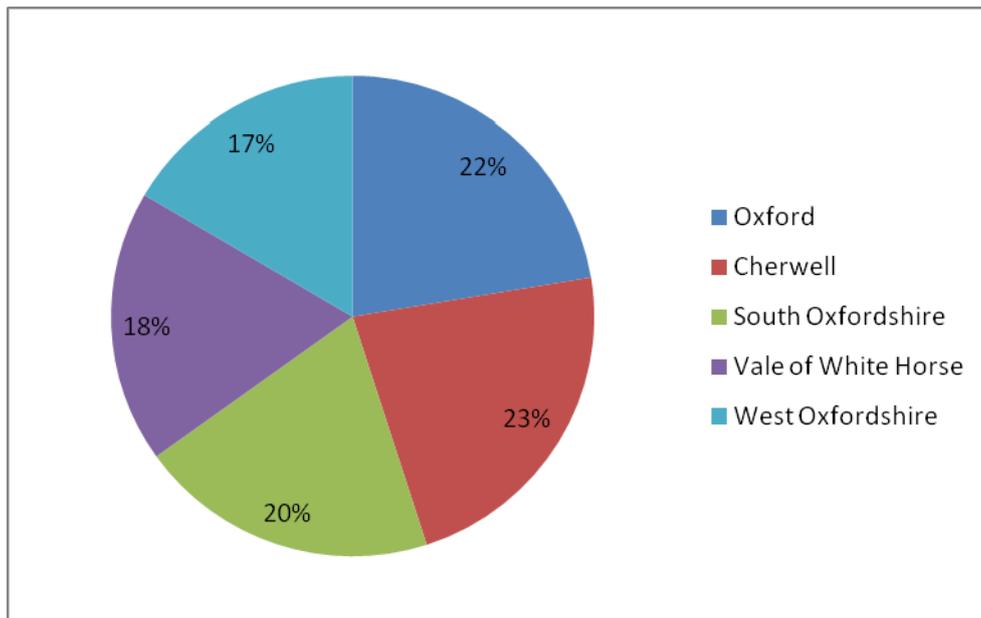
This strategy for people with a physical disability includes the needs of people who have a wide range of functionality difficulties or conditions for example, long term conditions, neurological conditions and muscular- skeletal conditions. This means that the needs of this group are diverse.

Demographics

Countywide

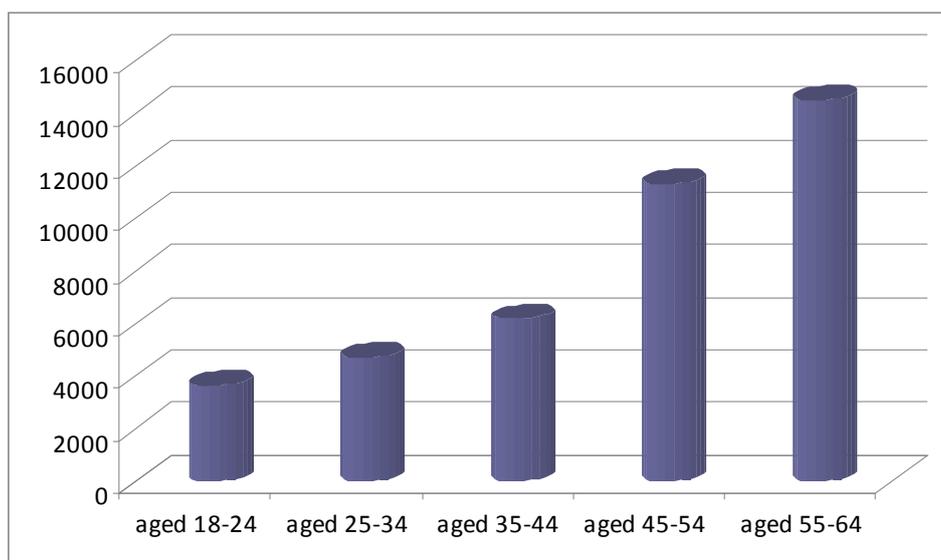
Oxfordshire has a population of 439,000 people between the age of 18 and 64. It is the most rural county in the South East region with over 50% of the people living in settlements of less than 10,000 people. Oxford City is a densely populated, diverse, urban area with higher levels of Black and Minority Ethnic Communities than the rural districts.

Pansi (Projecting Adults Needs & Service Information System) data ¹⁶ estimates there will be **40,537 people with a serious and moderate physical disability** between 18-64 in Oxfordshire by 2015. The graph below shows a break down of percentages per area.



- This is an increase of 72 (1.7%) people from the 2008 figures.
- Of these 31530 (78%) will have a moderate physical disability, while 9007 (22%) will have a serious physical disability. This figure is endorsed by the 10,060 people between 18-64 who receive a Disability Living Allowance in Oxfordshire.
- Cherwell District Council will have the highest number of residents, 9278 (23%) with a serious and moderate physical disability (22%) with Oxford City following closely with 9072.
- West Oxfordshire District Council will have the lowest number of residents with a serious and moderate physical disability 6698 (17%)

The graph below shows Pansi data estimates split by age range for the whole county anticipated for 2015.



- The largest age group is the 55-64, with 14,552. This compares with the onset age for many people with long term conditions. (see separate graph on page)
- The smallest age group is the 18-24 year olds age group, with 3,675.
- The numbers increase significantly with age. This shows that only a small percentage of this group have inherited conditions which started in childhood. A larger percentage join this group through acquiring conditions like brain injury, multiple sclerosis or spinal injury.

Looking at 2008 figures the following trends are estimated

- General increase of 1.7% across all age groups
- Highest increase of 16% is estimated to occur in the age range 25-34, This is an increase of 769 people. The requirements this creates needs to be investigated further.
- Decreases are estimated to occur in the 35-44 and 55-64 age groups. Possibly reasons for declining figures include, moving into care homes, moving out of county, loss of life and improvement in condition.

Local Oxfordshire evidence shows a 56% increase in the number of children reaching the age of 18 who are transferred from children's disability services to care management teams. Although this percentage increase appears high the numbers are low; from 2000-2003, there was an average of 4 per year in comparison to 2008 and 2009 where the numbers have increased to 9 per year. This increase is supported by evidence that there is improved life expectancy for certain conditions. For example Duchene Muscular Dystrophy the mean life

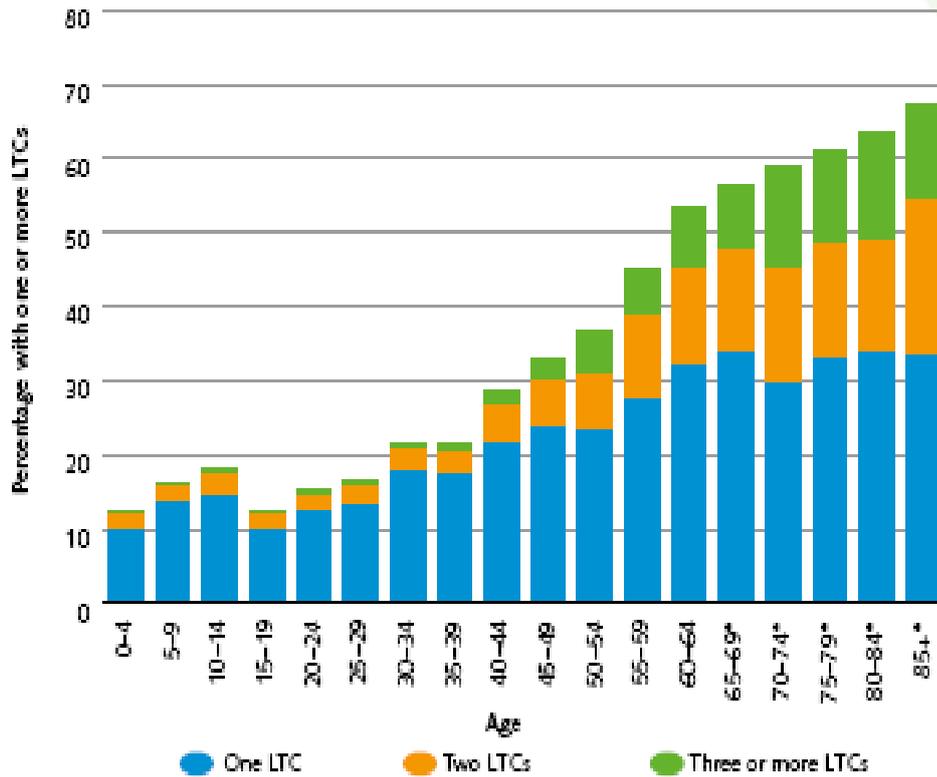
expectancy has increased from 19 years in the 1990's to 30 years in 2007. (Eagle M, Bourke J, Bullock R, Gibson M, Straub V and Bushby K (2007) Neuromuscular Disorders, Volume 17, Issue 6)¹⁶ .

Local Oxfordshire evidence of county increases includes:

- An Oxford Brooks University study ¹⁸ which predicted there would be 16 more new cases in 2011 of people with acquired brain injury who require some level of support.
- A 29% increase from 56 to 79 from 2007 to 2009 in the number of parents with disabilities receiving services through care management teams. The highest increase is reported from the South and Vale team
- Increasing numbers of people with obesity (figures to be confirmed). It is noted that the West Oxfordshire Health and Well being Strategy (2009-2012) intend to provide a range of activities to assist obesity.
- Increasing numbers of people diagnosed with functional disorders, like Chronic Fatigue Syndrome (figures to be confirmed).

Long term conditions

The graph below shows the national trend of people with one or more long term conditions. There is a steady increase from the age of 20 to 64, with an increasing proportion of more than one condition. This leads to increased difficulties experienced by the person and generally greater need for services and professional support.

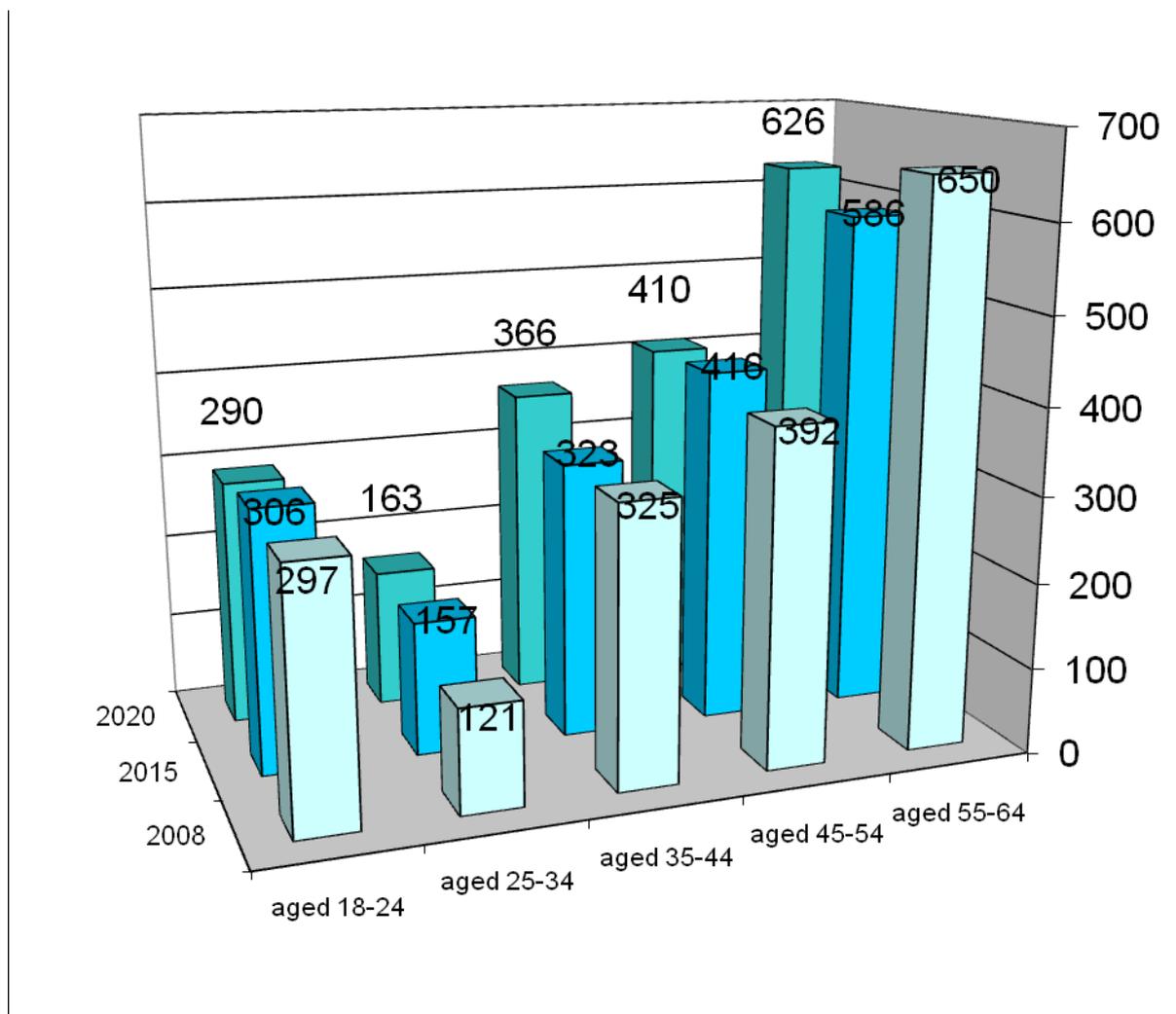


Sources: General Household Survey 2005 and population census estimates 2004 for England.

* For those aged 65 or over an adjustment has been made using 2001 census data to account for those living in communal establishments.

The next five graphs show the estimated Pansi data per district by age range for people with a serious disability, over the next 12 years.

Oxford City Below is a graph showing the estimated increase of people aged 18-64 with serious physical disability from 2008 to 2020.



The graph highlights the following trends about people with a serious disability (in total 1788) in Oxford City by 2015.

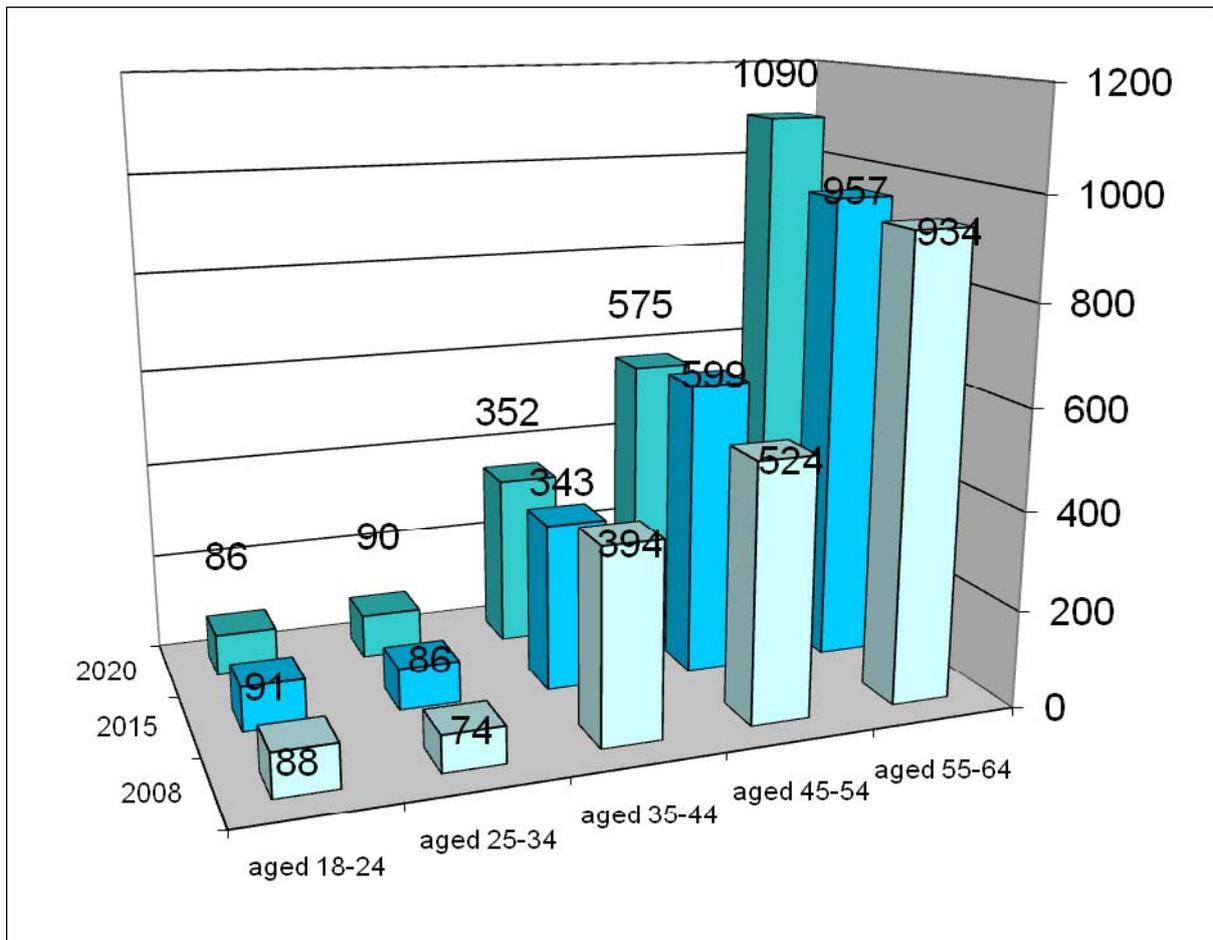
* Highest number of people, 586 (33%) for 2015 in the age range 55-64, this is a reduction from 2008.

- 306 in the age range 18-24, this is significantly higher (by 73%) than the other districts in Oxfordshire. The requirements this creates need to be investigated further.

In addition to this in 2015 there will be 7,284 people with moderate physical disabilities across all age groups.

Cherwell District Council

Below is a graph showing the estimated increase of people aged 18-64 in Cherwell District Council with a serious physical disability from 2008 to 2020.



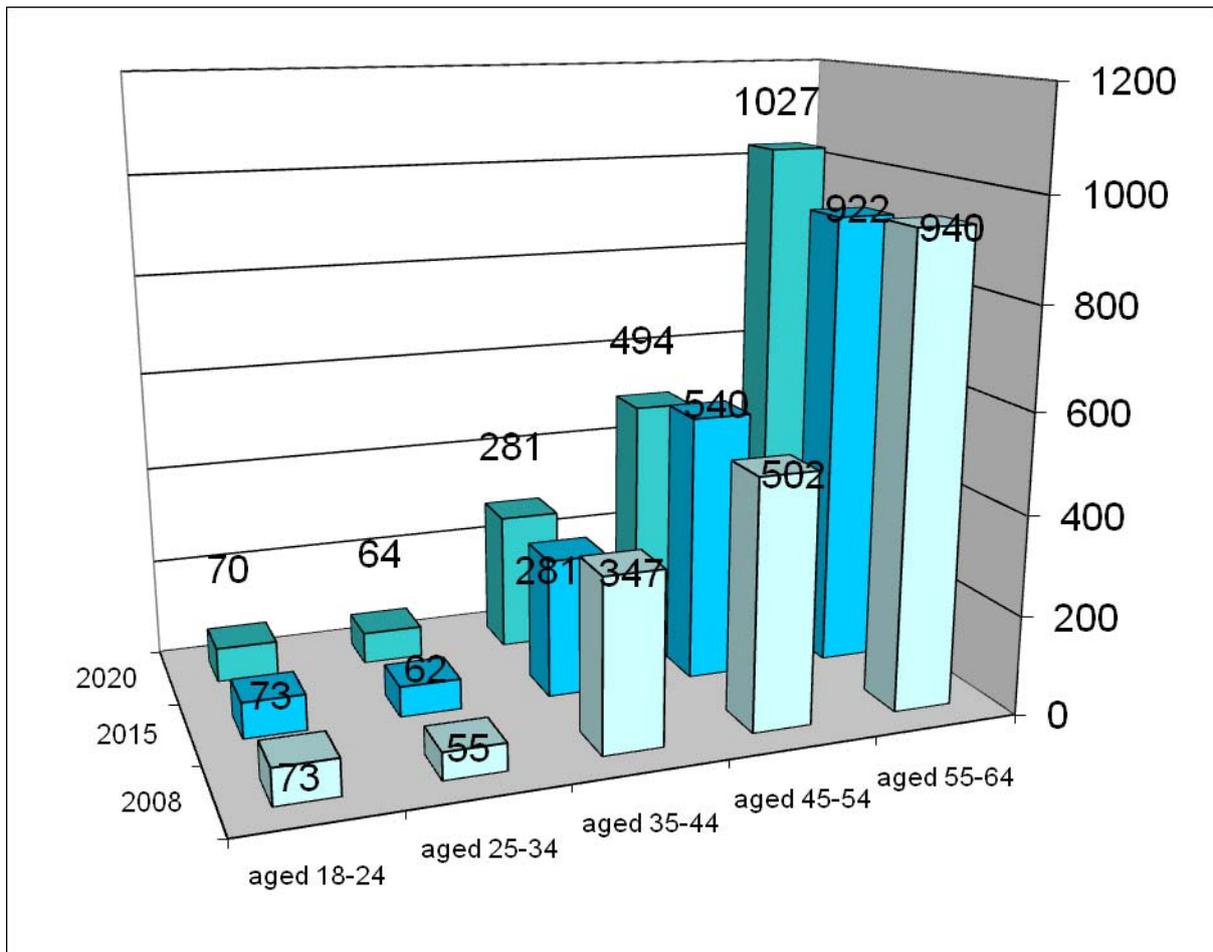
The graph highlights the following trends about people with a serious disability (in total 2076) in Cherwell District Council area by 2015.

- Highest number of 957 (47%) in the age range 55-64
- Fairly low numbers of 176 (8%) in the 18-34 age group

In addition to this in 2015 there will be a 7,108 people aged 18-64 with moderate physical disabilities.

South Oxfordshire

Below is a graph showing the increase of people aged 18-64 with a serious physical disability from 2008 to 2020.



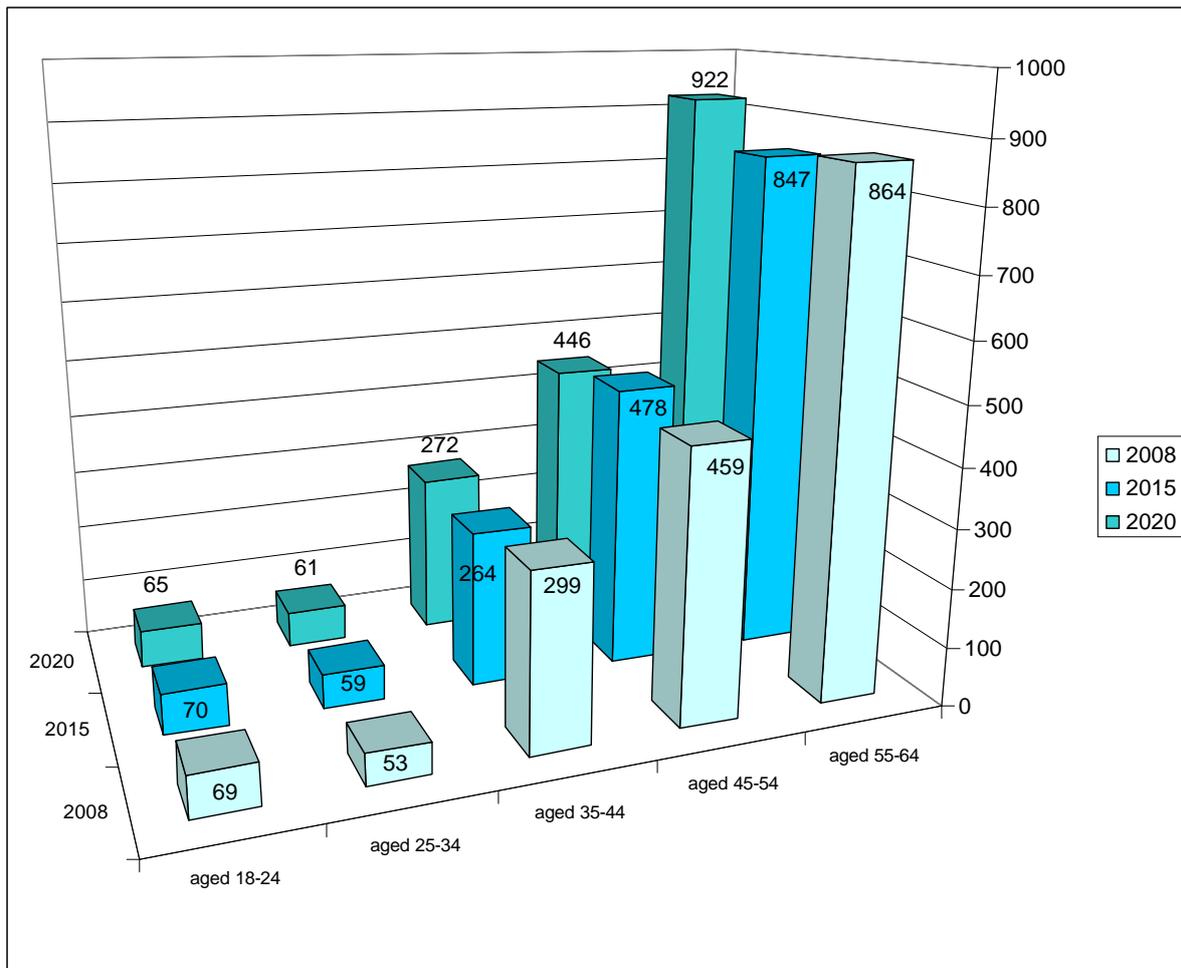
The graph highlights the following trends about people with a serious physical disability (in total 1,878) by 2015 in South Oxfordshire.

- Highest number of 922 (49%) in the age range 55-64, this is reduction on the 2008 figures.
- The only increasing age group will be the 45-54 age group

In addition to this in 2015 there will be a 6253 people aged 18-64 with moderate physical disabilities.

Vale of White Horse

Below is a graph showing the increase of people aged 18-64 with a serious physical disability from 2008 to 2020.



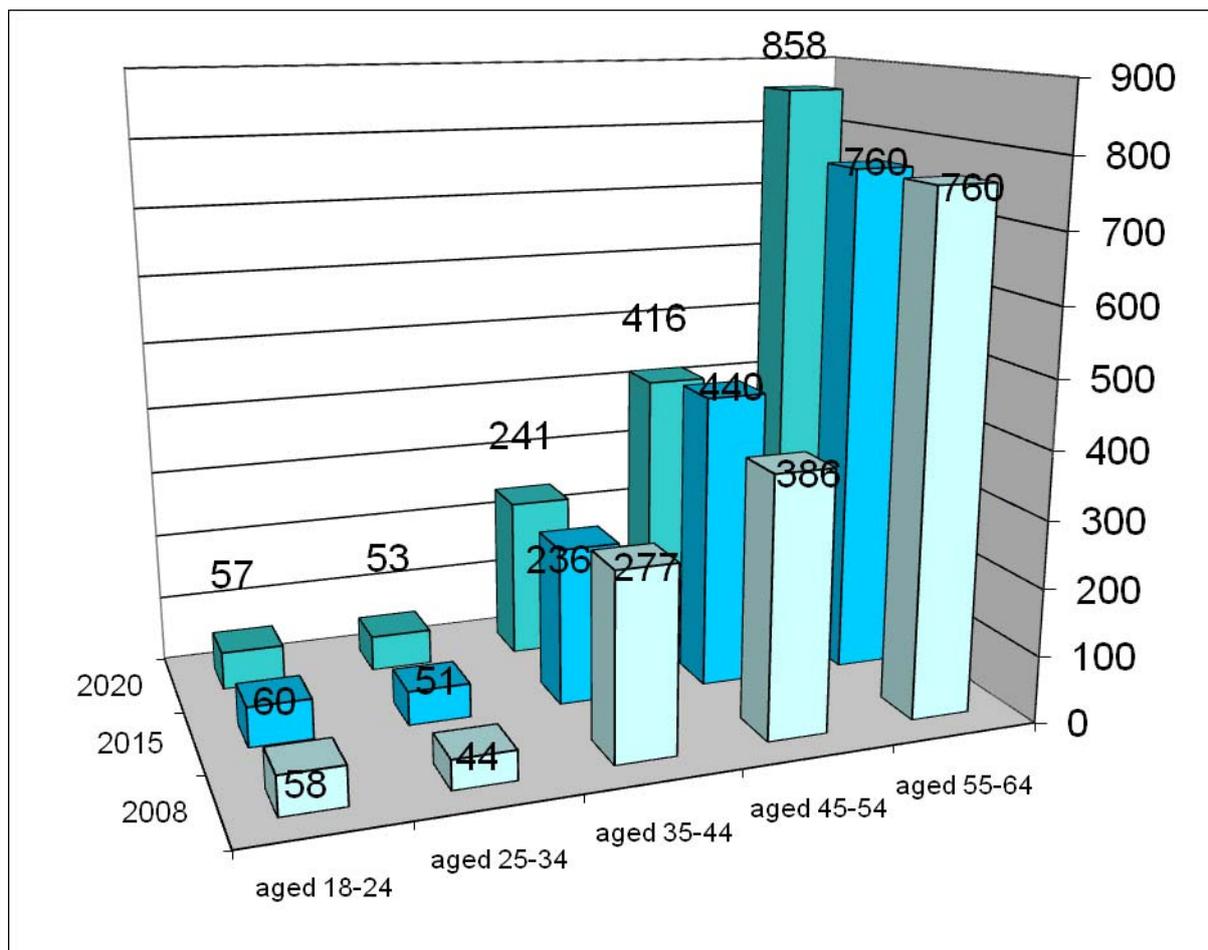
The graph highlights the following trends about people with a serious physical disability (in total 1,718) in South Oxfordshire by 2015.

- Highest number of 847 (49%) in the age range 55-64, a reduction on the 2008 figures.
- Reduction in 35-54 year olds.

In addition to this in 2015 there will be a 5734 people aged 18-64 with moderate physical disabilities.

West Oxfordshire

Below is a graph showing the increase of people aged 18-64 with a serious physical disability from 2008 to 2020.



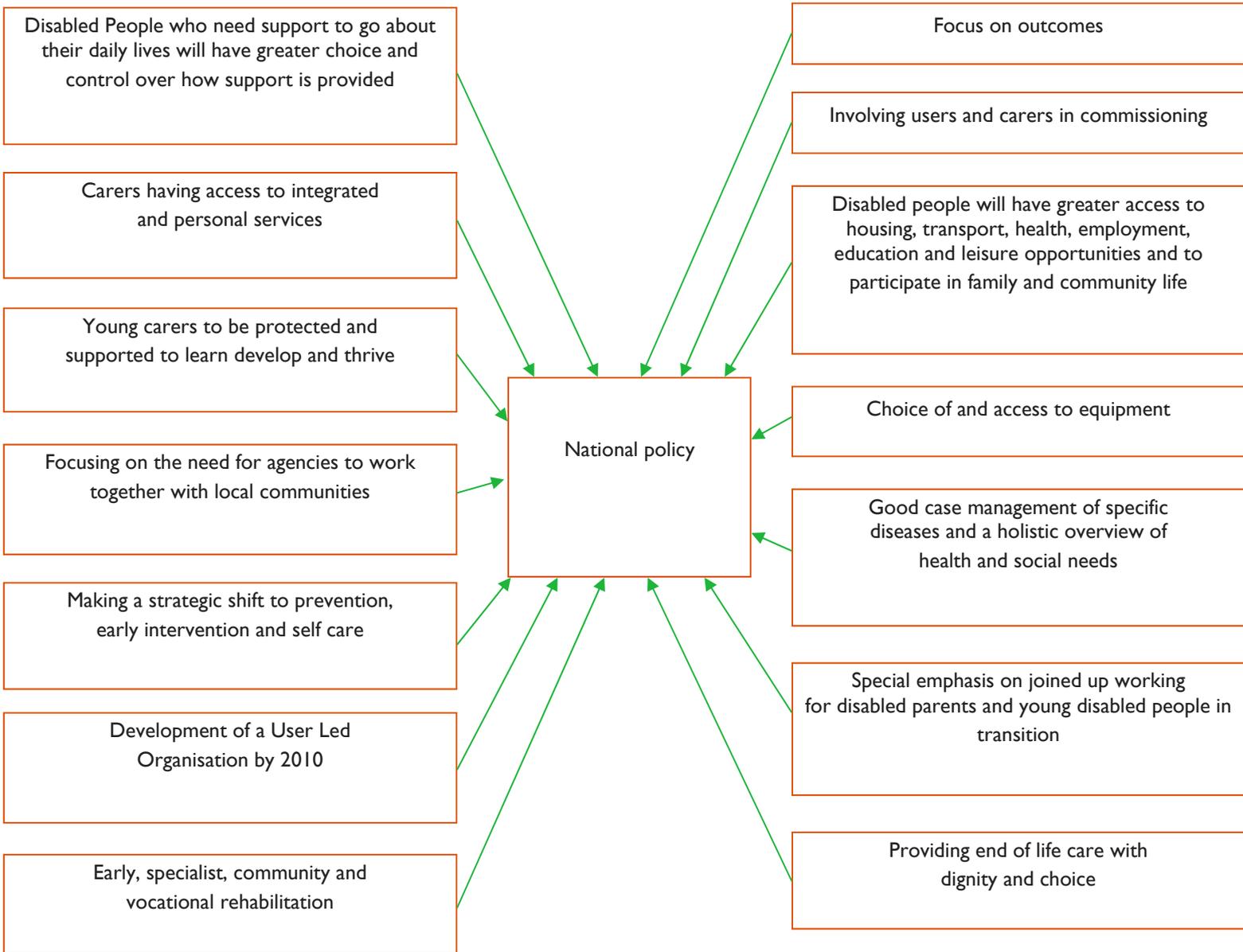
The graph highlights the following trends about people with a serious physical disability (in total 1,547) in West Oxfordshire by 2015.

- Highest number of 760 (49%) in the age range 55-64
- Decrease of 35-44 year olds
- Lowest numbers in the county, this may be correlated to low levels of deprivation (2009 Health profiles –Association of Public Health)

In addition to this in 2015 there will be 5,151 people aged 18-64 with moderate physical disabilities.

National Context

This strategy has been developed within the context of recent national policy drivers relating to people with a physical disability and their carers ^{2, 4-14}.



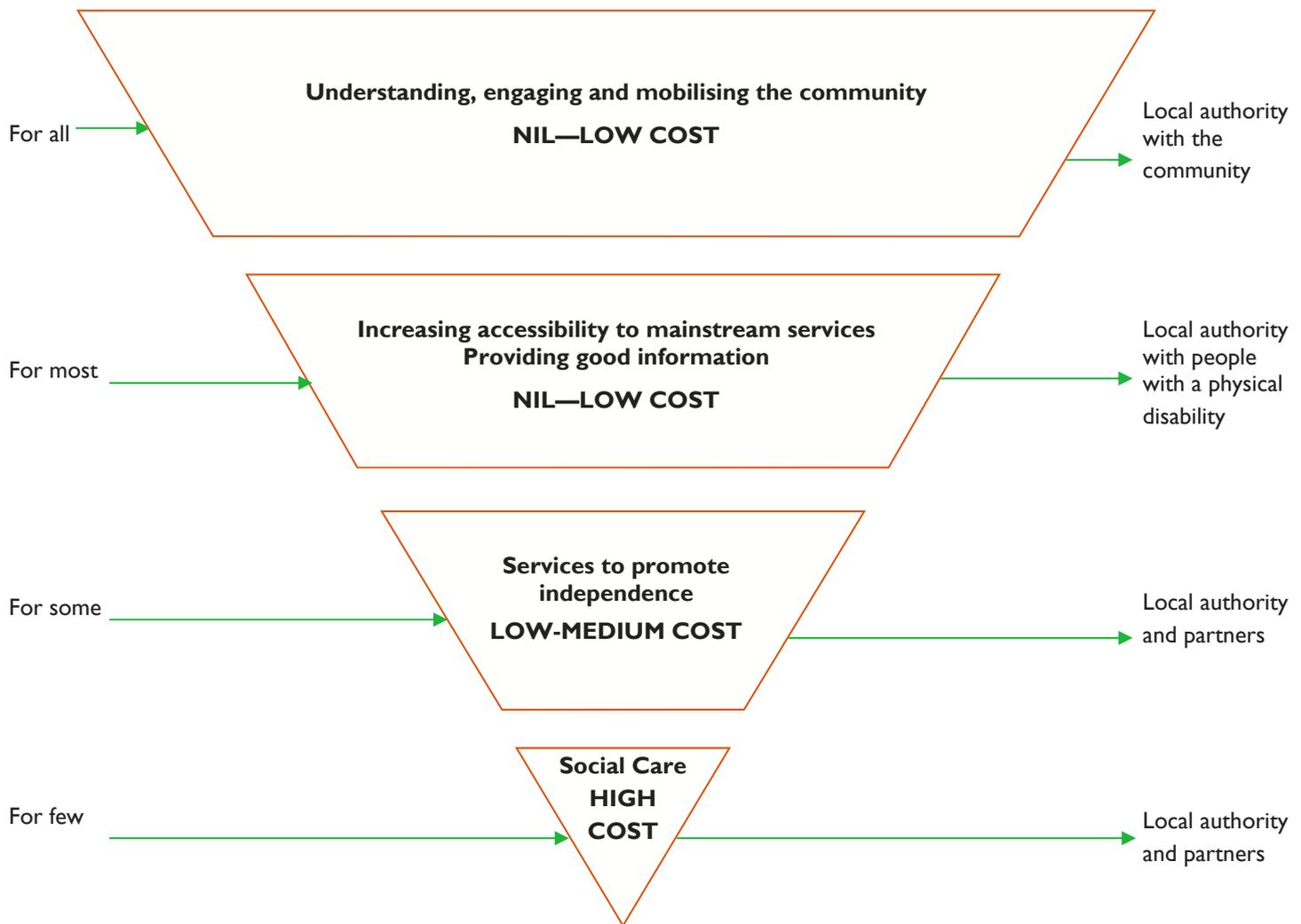
National drivers for policy relating to people with a physical disability

Local Context

The strategic aims of Social & Community Services are:

1. Improve quality of life.
2. Improve health and wellbeing.
3. Take account of the needs of the whole population.
4. Maximise independence.
5. Promote choice and control.
6. Provide services that are modern, efficient and developed through engagement with service users and their carers.
7. Make an improvement in all areas of performance.

Additionally it is recognised that Oxfordshire county Council has a responsibility to the wider community and the physical disability commissioning strategy aims to develop this wider community link, as illustrated in the diagram below.



Adapted from a diagram in 'Don't stop me now', a Local government National report, Audit Commission, July 2008.

This links to the strategic objectives developed by the Oxfordshire Partnership for the county's Sustainable community Strategy, *Oxfordshire 2030*. These were developed and shaped through consultation and involvement with the people and communities of Oxfordshire. *Oxfordshire 2030* has four long term objectives:

- Create a world-class economy.
- Have healthy and thriving communities.
- Respond to the threat of environmental and climate change.
- Reducing inequalities and breaking the cycle of deprivation.

In addition the Oxfordshire County Council Corporate Plan 2009 - 2014 has set an additional priority of providing better public services. This reflects both the ongoing improvement process within the County Council itself and the desire to work closely with partners to ensure that Oxfordshire residents have access to high quality services from across the public sector.

Oxfordshire Carers' Strategy 2009 - 2012, and Oxfordshire's Carers' Commissioning Plan recognise the valuable contribution that Carers make and sets out a framework for the development and delivery of a broad range of services to meet the needs of a changing population and expected increased number of carers.

Local Transport Plan

The vision of the Oxfordshire County Council Local Transport Plan is to 'help our disadvantaged residents to live fulfilling and independent lives'. The plan recognises that transport planning, and effective accessibility planning specifically is an essential part of maximising individuals' independence and freedom. The plan stresses that co-operation with the Social and Community Services directorate is essential for the development and implementation of Local Accessibility Action Plans.

The Local Transport Plan includes three key indicators, which are:

Local Indicator 8 85% of pedestrian crossings with facilities for disabled people by 2010.

Local Indicator 10 To improve the perception of the condition and quality of the street environment in the community's main towns.

Transport accessibility was raised during consultation as a priority.

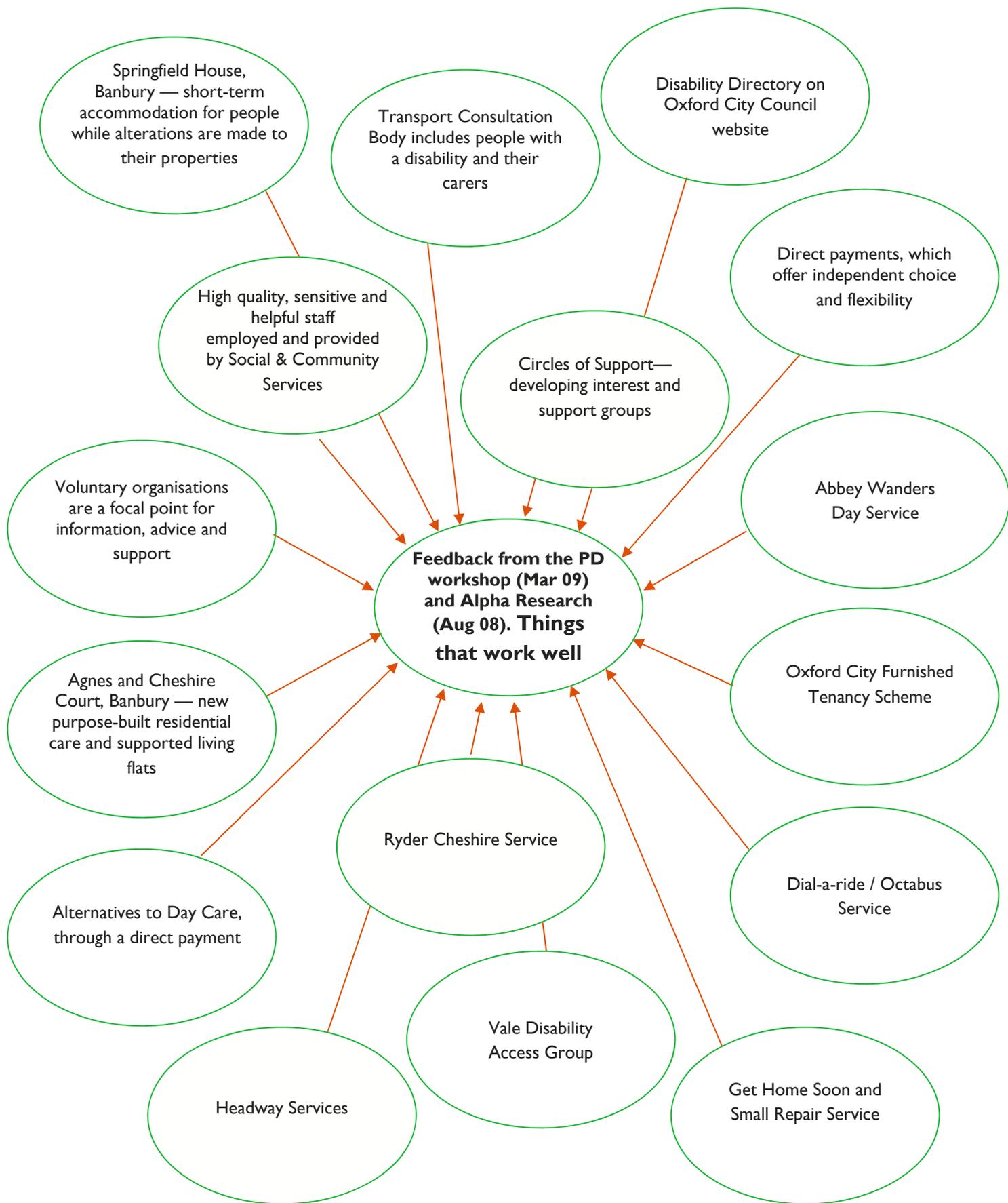
Transforming Community Equipment Services

A project group has been established to undertake a feasibility study on how community equipment services could be transformed. This project aims to:

- Increase access to preventative equipment.
- Increase personal choice.
- Provide equipment prescriptions.
- Develop accredited assessors in retail outlets.

Updates in progress and relevant information will be made available to the Physical Disability Strategy Implementation Group.

Supporting People Commissioning Strategy (2008-2011)

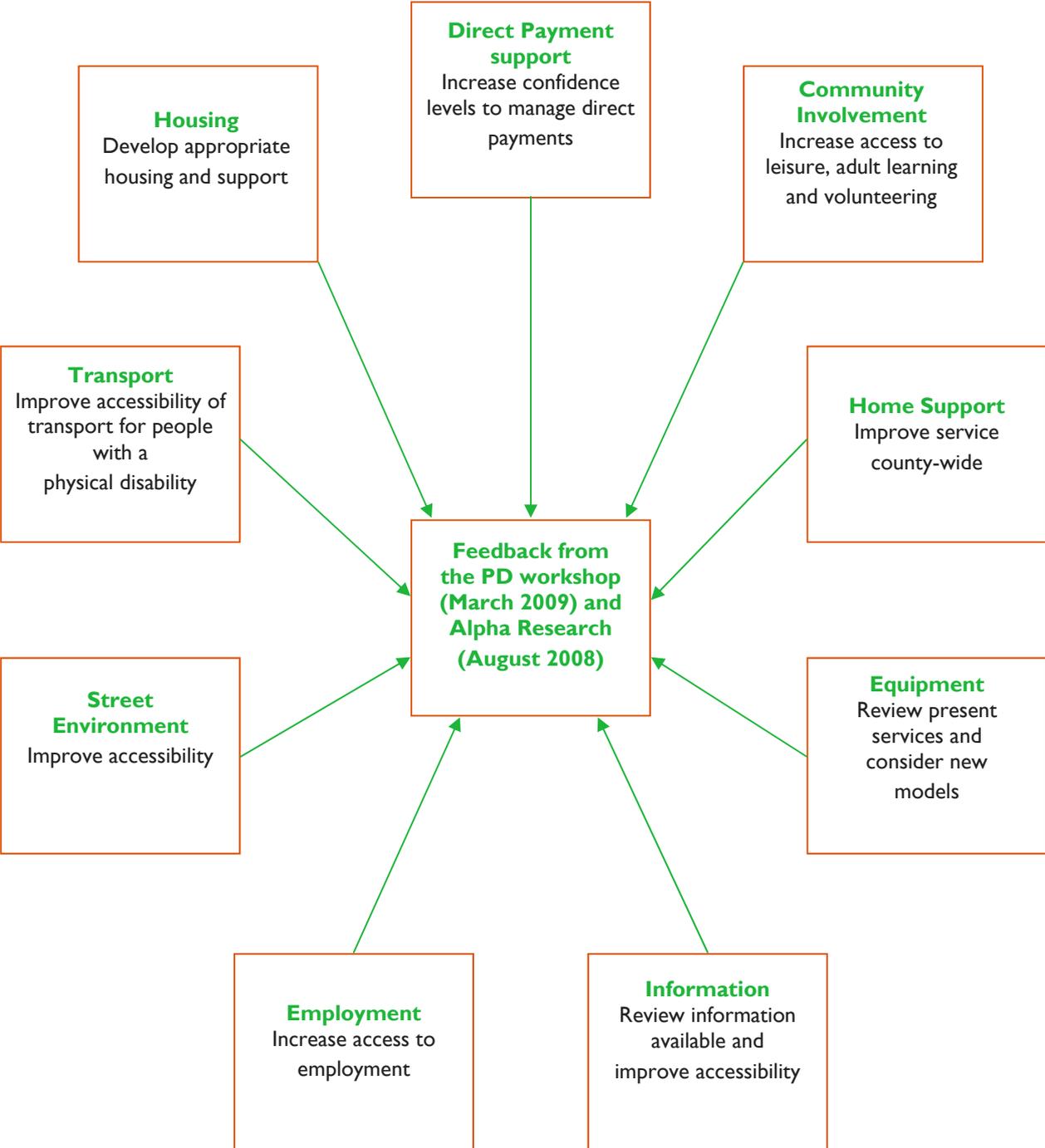


Feedback from public consultations in Oxfordshire

A key action from this strategy is to consider further commissioning of housing related support services for people with a physical disability.

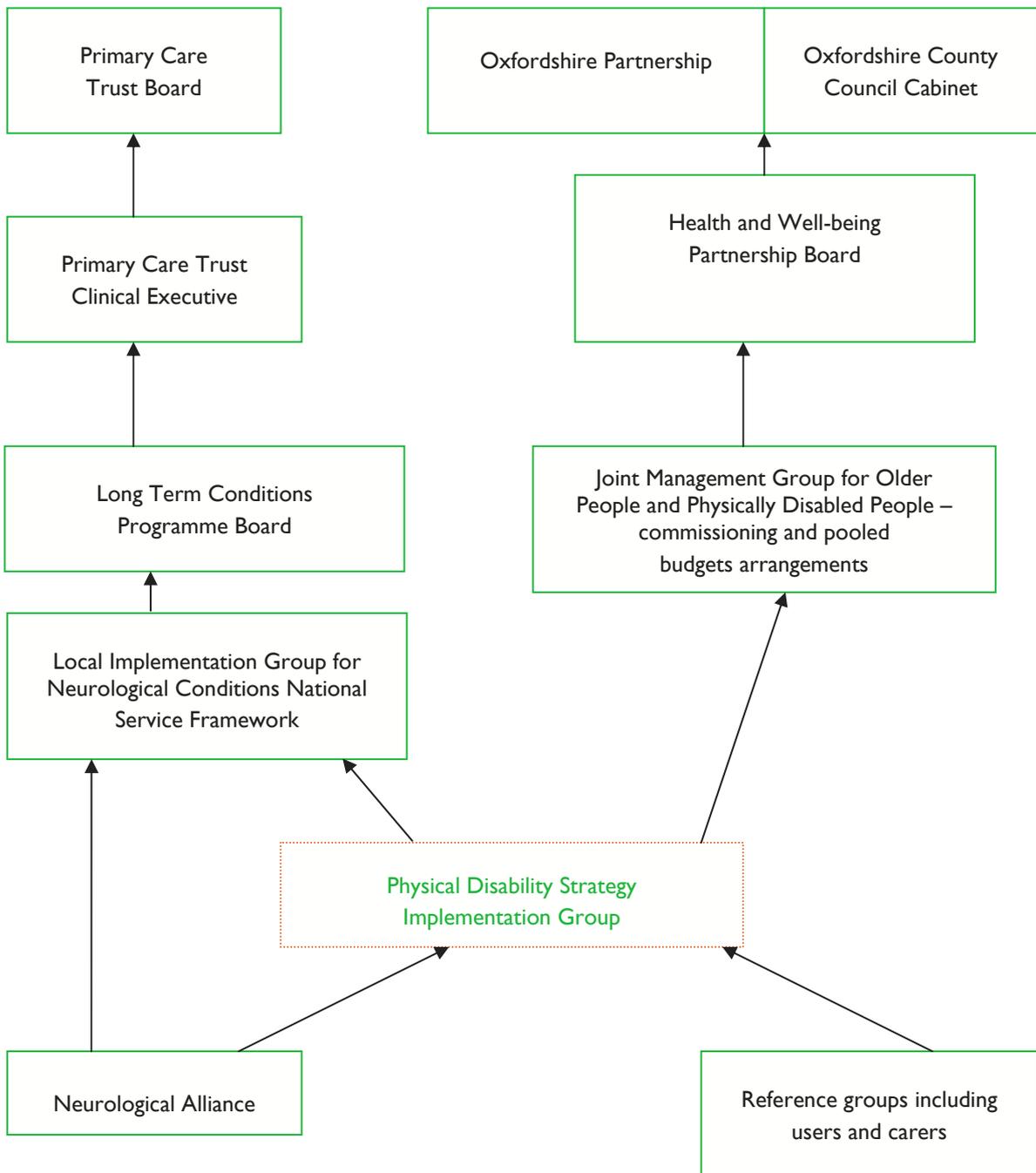
What you told us works well in Oxfordshire

What you have told us are your priorities



Governance Structure

The reporting structure shows how the Physical Disability Strategy Implementation Group will inform both the Local Implementation Group (see Appendix 2) and the Joint Management Group. Terms of references for each of these groups have been drafted.



Reporting structure for the Physical Disability Strategy Implementation Group

Monitoring and Evaluation

Responsibility for delivery of the action plans will involve work across partners, on a local and countywide basis and across other work streams like self directed support. This activity will be planned, coordinated and prioritised by the Physical Disability Strategy Implementation Group.

Performance Management

Performance in adult social care is assessed by the Commission for Social Care Inspection. In the Annual Review report for 2007/8 ¹⁵, Oxfordshire was rated a 2-star (good) authority. The Commission for Social Care Inspection identified no specific areas of development around services for people with a physical disability. It did note 'There is evidence of increased performance in services offered to adults with a physical disability to promote independence and minimise the impact of an individual's disability'.

4.9% of the adult population in Oxfordshire is from a Black & Minority Ethnic background. In 2007/8 6.2% of clients aged 18-64 with a physical disability were from a Black & Minority Ethnic background.

Relevant Performance Indicators

There are 35 indicators set out in Oxfordshire's Local Area Agreement 2008 - 2011 of which the following are relevant to the implementation of the action plans in this strategy:

- NI 5 Overall general satisfaction with local area.
- NI-6 Participation in regular volunteering.
- NI 8 Adult participation in sport.
- NI 124 People with a long-term condition supported to be independent and in control of their condition.
- NI 125 Achieving independence for older people through rehabilitation/intermediate care.
- NI 130 Social Care clients receiving Self Directed Support per 100,000 population.
- NI 131 Delayed transfers of care.
- NI 132 Timeliness of social care assessment (all adults).
- NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information.
- NI 136 People supported to live independently through social services (all adults).
- NI 141 Percentage of vulnerable people achieving independent living.
- NI 142 Percentage of vulnerable people who are supported to maintain independent living (SP indicator).
- NI 152 Working age people on out of work benefits.
- NI 175 Access to services and facilities by public transport, walking and cycling.

- NI 195 Improved street and environmental cleanliness (litter, detritus and fly-posting).
- NI 196 Improved street and environmental cleanliness (fly-tipping).
- Public Service Agreement 8 Maximise employment opportunity for all.

There are seven specific outcome areas that the CSCI performance manages Adult Social Care services – these are:

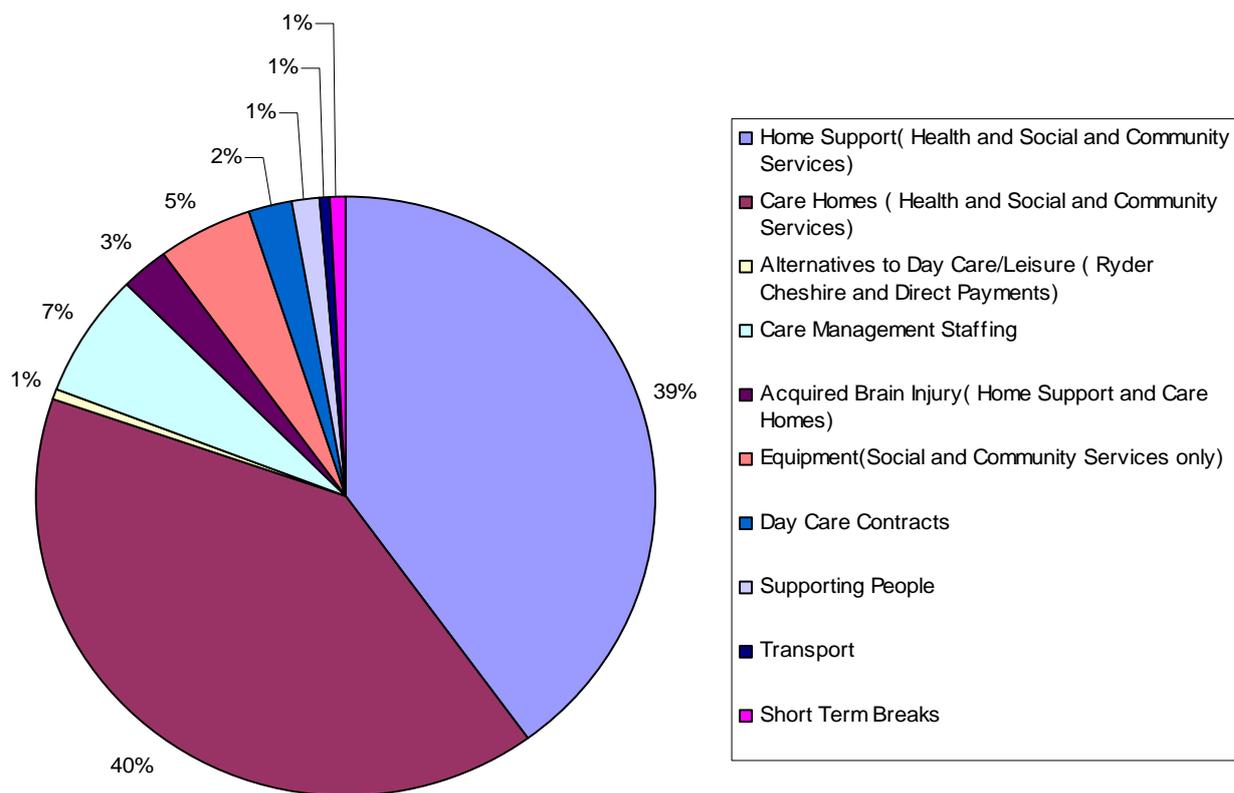
1. Improving Health and Emotional Well Being.
2. Improved Quality of Life.
3. Making a Positive Contribution.
4. Increased Choice and Control.
5. Freedom from Discrimination and Harassment.
6. Economic Well Being.
7. Maintaining personal Dignity and Respect.

The following Performance Indicators are expected to be monitored by CSCI and reflect the seven areas listed in above.

- % Reviews Undertaken.
- % Written statements of needs.
- Ethnicity of people receiving support.
- People living in residential/nursing care.

Current Investment

The spend in 2008/2009 = £11,686,422.



Current investment for 2008—2009 on people with a physical disability (18-65)

Spend for 2008 – 2009 on people with a physical disability (18-64)	Amount (£)
Home Support (Health and Social & Community Services)	4,684,000
Care Homes (Health and Social & Community Services)	4,703,000
Alternatives to Day Care/Leisure (Ryder Cheshire and Direct Payments)	75,114
Care Management Staffing	765,074
Acquired Brain Injury (Home Support and Care Homes)	304,458
Equipment (Social & Community Services only)	568,000
Day Care Contracts	251,445
Supporting People	158,438
Transport	86,866
Short Term Breaks	90,027
Total	11,686,422

Analysis of spend/trends and supply

A review of current activity has been undertaken. This has benchmarked current activity against the national and local strategic direction, demography and value for money.

Care Homes/Respite Care

During 08/09 Oxfordshire County Council and the Oxfordshire Primary Care trust funded 87 people with a physical disability between 18-64 in care homes. In addition there are residents who are solely funded by the Oxfordshire Primary Care Trust, they are not included in the table below.

The table below shows the location of the 87 care home spot placements.

Location	Nursing	Percentage	Residential	Percentage	Totals
In County	34	70%	14	30%	48
Out Of County	13	33%	26	67%	39
Totals	47	100%	40	100%	87

- Of the 87 residents, 48 (55%) are in the county and 39 (45%) are out of county.
- Of the 87 residents 47 (54%) are in nursing placements and 40 (46%) are in residential placements.
- Of the 48 in county placements 34 (74%) are in nursing placements and 14 (30%) are in residential placements.
- Of the 39 out of county placements 26 (67%) are in residential placements and 13 (33%) are in nursing placements.

The table below shows the average gross price per week of the placements outlined above.

Location	Nursing	Residential
In County	£843	£735
Out Of County	£897	£876

Average	£858	£827
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The table below shows the actual cost for nursing and residential care in and out of county for 08/09. This takes into account weeks where no placements were made.

Location	Nursing	Residential
In County	£1,079,599	£468,083
Out Of County	£461,312	£1,047,333
Totals	£1,540,911	£1,515,416

- Total joint funded investment for 08/09 in care homes was approximately 4.7 million. The cost placements in the table above is estimated to be £3million. It is estimated that 100% health funded care homes are estimated to cost £1.64 million.

The table below shows the number and location of **homes** in which spot placements for people with a physical disability were purchased during 08/09.

Location	Nursing	Residential	Totals
In County	11	7	18
Out Of County	13	20	33
Totals	24	27	51

- In total 51 homes were funded for residential and nursing placements, of these 18 were in county and 33 out of county.
- 11 homes in county were used to place 34 residents in residential care, an average of 3 per home.
- 13 homes out of county used to place 13 residents; in residential care this supports the assumption that these are specialist homes.
- 7 residential homes in county used to place 14 people.
- 20 nursing homes out of county used to place 26 people, this supports the assumption these are specialist placements.

Respite Care/ Short Term Breaks for Disabled People

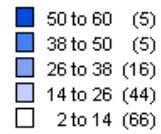
A respite block bed was decommissioned two years ago due to voids. Short term breaks are now provided through direct payments or spot purchased. Availability and quality of some services have been of concern. User and carer feedback will continue to be sought. Current investments need to be analysed.

How many people has Social and Community helped to live in the community.

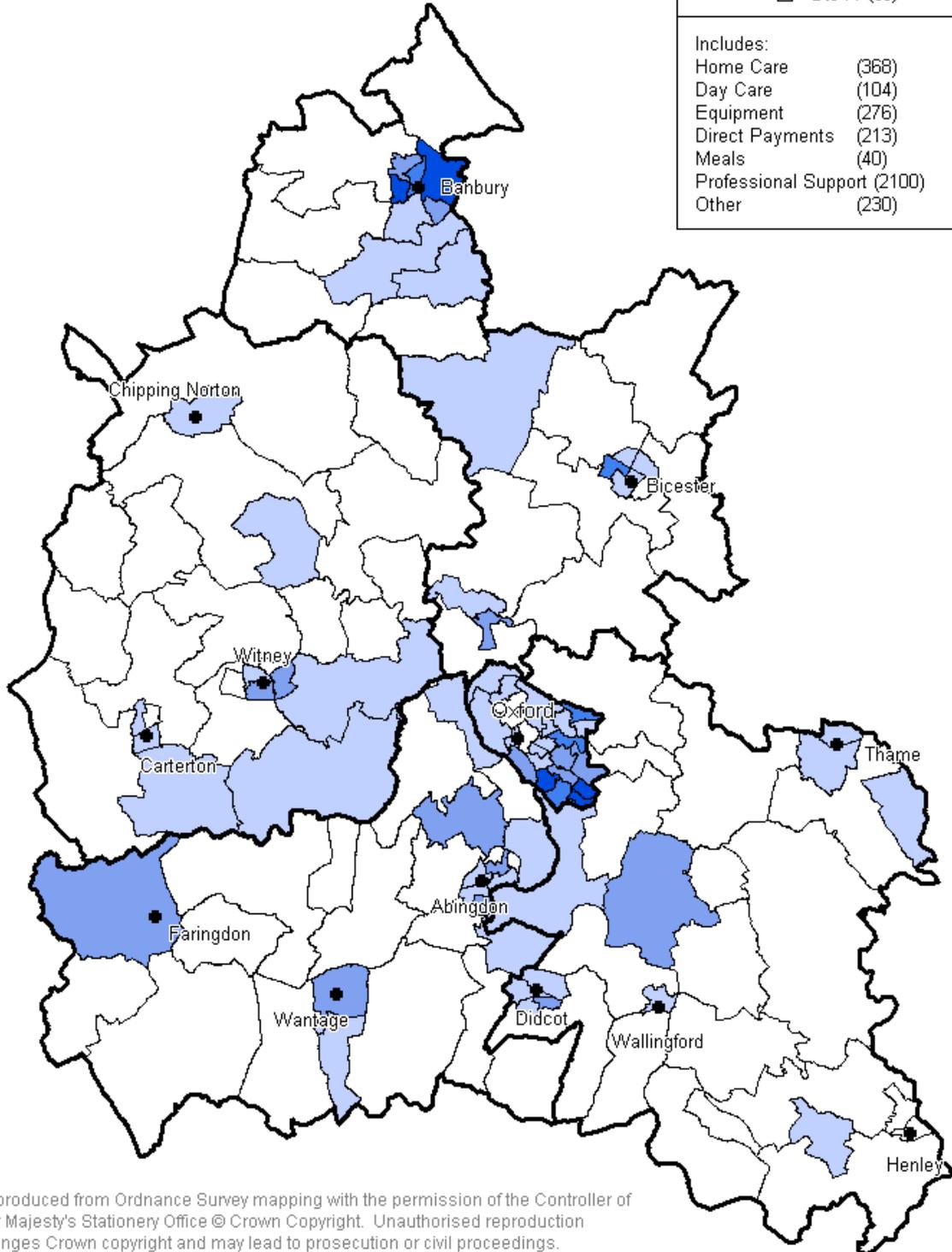
The map on the next page shows 2330 people by location receiving a range of services during 07/08.

Physically Disabled People Aged 18-64 - With Community Based Social Services

Physically disabled people with
community based services (wards)



Includes:	
Home Care	(368)
Day Care	(104)
Equipment	(276)
Direct Payments	(213)
Meals	(40)
Professional Support	(2100)
Other	(230)



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Map by J.Holt - PIU

Comparing this to the Pansi data, this represents 26% of the 8,985 people with a serious disability in Oxfordshire in 2008. There is a high correlation between where people receive services and areas of deprivation as indicated by the Joint Strategic Needs Analysis (JSNA).

Many of these services would have been reactive; however both the Physical Disability Team and Occupational Therapists are proactive about providing services for preventative reasons wherever possible. For example someone with an acquired brain injury may receive a package of care/support early on to promote recovery and independence.

The evidence base will be explored for relevant good practice models with positive outcomes. Reference has been made in the Use of Resources in Adult Social Care Paper to a growing body of evidence that indicates that reablement can assist people with newly acquired disabilities

Supported Housing

There are two supported living units in the county. Cheshire Court located in Banbury and Summers Close in Adderbury. These two units accommodate 18 people: 6 of these are short term accommodation for independent living preparation. Analysis of occupancy and referral rates indicated that a more proactive approach was required for Summers Close. To achieve this, the referral process and other difficulties experienced were reviewed.

Relevant stakeholders were involved and processes updated. This has resulted in a 55% occupancy level over 2 years to be increased to 100% occupancy in November 2009 with a waiting list. Monitoring arrangements are now in place to ensure progress and improved joint working continues.

The reprovision of Leonard Cheshire nursing home to Cheshire Court and Agnes Court Road created opportunities for 12 residents to move into a supported living complex in Banbury. Jill's story on page describes her experience of this process. **Moving 12 residents has created annual savings of £360,000 per year.**

Adapted properties

The District Councils have responsibility for overall co-ordination, availability and use of adapted properties. Disabled Facilities Grants from the District Councils of up to £30,000 in value enable properties to be adapted for disabled people. In addition to this deferred interest loans are possible. These deferred interest loans enable an additional amount above the £30,000 district council limit to be loaned from Oxfordshire County Council. An analysis of the last three years showed that an average of 14 deferred interest loans have been provided per year to children and adults.

A comprehensive action plan is underway to improve the provision of disabled facilities grant. During 08/09 the average waiting time across the county was 51 weeks; this had improved to an average of 33 weeks in the first quarter of 2010.

A review of deferred interest loans is underway.

Recently 2 joint funded occupational therapy posts have been developed in Oxford City and South Oxfordshire. The aim of these posts is to reduce waiting times, maximize good practice and maximize resources across housing and social and community services.

Use of Resources for Adult Social Care paper ²⁰ confirmed the importance of access to the right kind of adapted and specifically designed housing which making a significant difference to the ability of someone to live independently.

Suitable properties are difficult to source in Oxfordshire even on the private rented market. More research is therefore required and the suggestion has been made for an Oxfordshire Strategic Housing resource.

Home Support

Oxfordshire County Council provides home support to 15% of people with a physical disability between 18-64 (this includes direct payments, but excludes self funders). When benchmarked against other authorities in the South East this is above the average of 12% ¹⁰.

Analysis of service users over the last three years shows, in a specific month an average of 452 service users receiving home support (this includes direct payments, in house and external provision) funded through Oxfordshire County Council and Oxfordshire Primary Care Trust. These numbers do not include 100% health funded packages.

Generally there is a good working relationship between social workers and the contract team to achieve cost effective care packages for service users and carers.

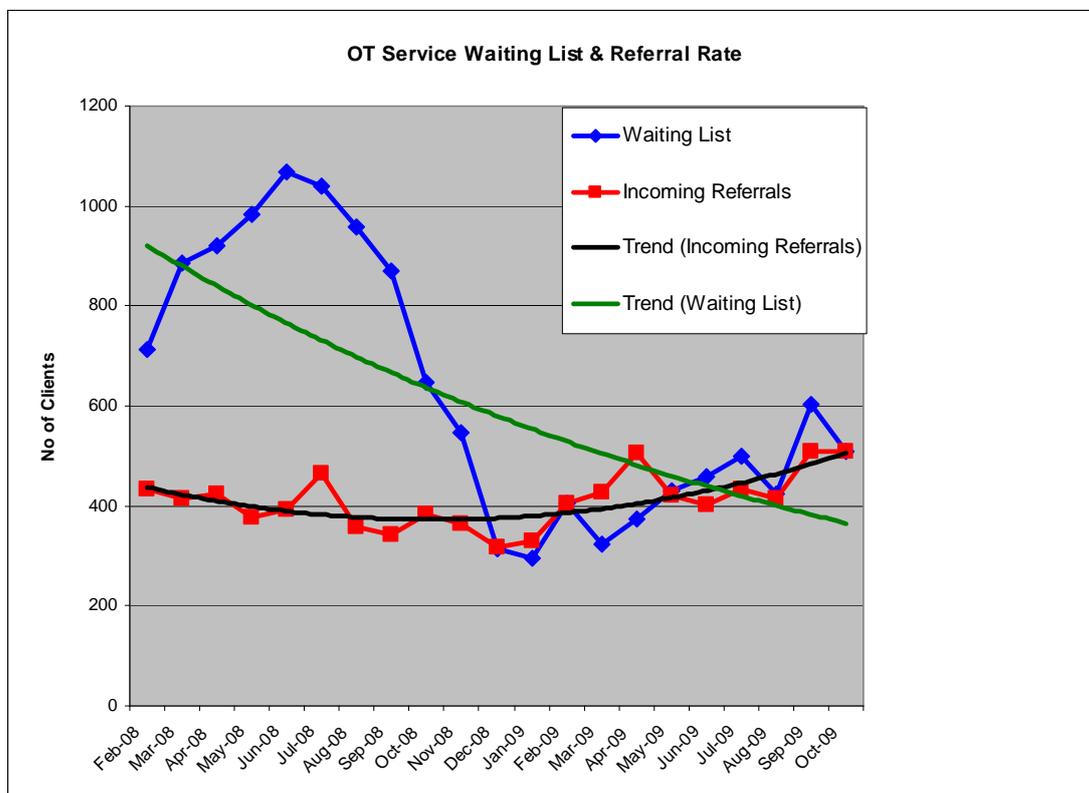
The following difficulties have been highlighted with home support:

- Benchmarking in 2007 showed that Oxfordshire's price for live in care was high compared to other authorities. One of the reasons for this is that individual packages are spot purchased and as a result providers charge more because of the uncertainty in terms of provision and duration. Future commissioning arrangements will have regard for more cost-effective solutions by either the re-negotiation of spot price contracts, block purchasing or by call off under a framework agreement (This model has been tested by Learning Disability and the Drug and Alcohol team.)
- Home support to support disabled parents can be difficult to source at times.
- Late put to bed visits, visits in rural areas and visits to carry out the support role can be difficult to source and costly.

Occupational Therapy Service and Equipment

Occupational Therapists work closely with service users and their informal or formal carers, to assess daily living activities and plan acceptable solutions.

The table below provides information about trends of incoming referrals and waiting lists for the Occupational Therapy Service in Oxfordshire County Council. Please note this includes referrals for all adults and children.



- The waiting list for an assessment decreased substantially (72%) from June 08 (1086 on the list), to 295 in January 09. Referrals and staff vacancies increased over 2009, with two peaks in April and September. This slightly increased the waiting list number back to 326 in September 2009.
- Changes contributing to these improvements include: expanding and updating the website, electronic self assessment process, fast track referrals through guidepost trust and a comprehensive electronic toolkit for Occupational Therapists. Increased partnership work with housing partners, including joint funded posts in Oxford City and South Oxfordshire.
- To support the prevention agenda funding of £40,000 has been made available to initiate a pilot to evaluate the use of easy to use technology (battery operated technology which provide reminders to people).

Employment

Oxfordshire Employment Service supports people with a long term health issue or disability to find and keep paid employment. The table below describes outcomes

achieved for 159 people with a physical disability who received a service from Oxfordshire Employment Service during 08/09

Outcomes of Oxfordshire Employment Service 08/09	Numbers
Fully paid employment	65
Supported permitted work(still on benefits)	25
Voluntary Work	8
Work experience only	2
Remain unemployed (disengaged or could not be assisted)	47
Still with advisor seeking employment	12
Total receiving service	159

The table highlights the following:

- 41% people assisted are in full paid employment
- 16% people assisted are in supported permitted working
- 5% people assisted have taken up voluntary work
- 1% took up work experience only
- 30% people still remain unemployed
- 7% are presently still receiving assistance from an advisor.

Evidence points to employment being of most benefit for some younger adults with mental health problems, physical or learning disabilities as it promotes independence and social inclusion²⁰. It is noted that the pathway requires intensive support at key stages and the option of follow up support if things do not go as planned.

Direct Payments

Direct payment is a means tested cash payment made in the place of regular social service provision to an individual who has been assessed as needing care. The table below shows three snapshot dates over three years of people receiving direct payments.

Date	Numbers Receiving Direct Payments	Percentage increase
December 2007	136	
March 2008	202	33%
January 2009	217	7%

This table shows:

- Significant increase of 33% from December 2007 to March 2008
- Very small increase of 7% from March 2008 to January 2009. This could be related to evidence from service users consultation that better support is required for people to manage direct payments.

The Support with Confidence Scheme is currently being set up. It includes a list of Personal Assistants who have been trained and have the required criminal record bureau checks. Numbers are expected to rise with the self directed support roll out. The direct payment support service is being closely monitored. A User Led Organisation is in development it is likely that this organisation would take up the direct payment support role in the future

Guidance on direct payments ²¹ suggests a range of support is required. It also suggests people in residential care may have temporary access to a direct payment to try out independent living or attend a service that would aid transition to living in the community.

Early indications from consultation have highlighted this is an area of particular interest to people with a physical disability and improved support is required.

Information

Information provision from the point of diagnosis is highlighted as a high priority area. Links have been established with Transforming Adult Social Care to achieve this. People with a physical disability aged between 18-64 will be encouraged to participate in this review.

Telecare

Telecare is either a pendant or a pendant alarm and sensors. Sensors passively monitor a person's environment, pendant's and sensors are linked to a monitoring centre who provide or co-ordinate the appropriate response. In October 2009, there were approximately 213 people with a physical disability between the age of 18-64 receiving a Telecare service in Oxfordshire.

Telecare has enabled care/support to be provided through a different way, for example replacing overnight support with sensors to monitor the risks.

The new Alert service from 1st May 2010 will provide a countywide 24/7 emergency response service. This will provide extended opportunities for people to access Telecare.

Transport/Street Environment

People with a physical disability use a variety of different transport modes, for example buses, Octabus/Dail a ride service (not available in South Oxfordshire), community transport services provided through volunteers, taxis, and Oxfordshire County Council Special Transport Service. In addition some people purchase cars through the motability scheme. Transport and the street environment continue to be highlighted as an area of difficulty.

Difficulties include: lack of being able to book regular provision in advance, difficulties with pavements and inconsistent bus driver assistance.

Self Directed Support will empower more service users to find their own solutions.

Social Work Services

Social Work services are provided through three teams and 20 full time team members. The North team covers North and West Oxfordshire and South team, South Oxfordshire and the Vale of the White Horse. The table below shows a snapshot three years apart, of people with a physical disability between 18-64 receiving a service from a social worker.

Number of Service Users open on Swift	South	North	City	Total for County
24/3/06	201	230	143	574
31/3/09	217	284	163	664
Increase in	16	54	20	90

numbers				
Average increase per year	2.3	6.3	4	4.6

The table highlights the following:

- Highest increase of 6.3% in the North of the County, followed by the City, at 4%. This is higher than Pansi estimates of population increases, and possibly reflects that the degree of difficulties for people is increasing. The highest increase correlates with areas of deprivation namely Banbury and Oxford City as confirmed by Joint Strategic Needs Assessment.

Generally social workers in the teams work creatively with a wide range of stakeholders to enable people and their carers to manage a range of difficulties.

Day Care

Day care is provided through a range of services across the county, supplied through internal and external providers. Two contracts are held with external providers. A snapshot in November 2008 reported 182 people receiving day care. Thirty percent of this group attend internal day care services. Seventy percent of this group attend services provided by external providers. Of the seventy percent, 50% of this group are over 65, this is most likely in the non specialist services.

Review of all the services during 2008 showed they were well used, with Banbury day centre being the exception. Plans are in place to improve the outcomes and monitoring of this service.

Further analysis will continue of demand, supply, outcomes, impact of change on users and carers and the impact of Self Directed Support. This will shape the commissioning plan for these services.

Floating Support

Floating Support is a support service which can be provided to a vulnerable individual in their own home irrespective of tenure type, e.g. council, social landlord, private rented or owner occupier. There are two contracts in operation, which have capacity for up to 30 people in Oxford City, North and West Oxfordshire. Investment from the supporting people funding remains low in comparison to other service areas.

This agenda is now being taken forward, through a more active commissioning involvement on the Supporting People Strategic Group, to raise the profile in this area.

Recommendations will be made to at least maintain the present level of funding (158,438) although the service model may be different.

More use is to be made of 2 providers (Stonham and Connections) who are commissioned to provide a service to vulnerable clients with a range of difficulties including those with a Physical Disability.

Community Involvement

Community Involvement is encouraged through working with services like Ryder Cheshire Volunteers (only available in Vale of White Horse, Cherwell and South Oxfordshire) and with a current investment £41,478 (included in £75,114 figure, page 27).

Outcomes from Ryder Cheshire Service 08/09:

- 139 people (all adults with physical disability) receiving a 1-1 service.
- 9 people enabled to start work or take up vocational activities.
- Waiting list of 12 people.

A pilot using direct payments to provide alternatives to day care is underway. Volunteering opportunities are difficult to source.

Independent Living Fund

There has been an increase of 37.5 percent in the number of service users receiving this fund from 2001 to 2008. In August 2008 there were 80 receiving the fund. Recently training has been carried out across the county to update staff changes with the fund and improve the referral rate.

Our Priorities (Future Commissioning Intentions)

Personalisation: what 'we do' should be 'about you'

- Providing good information and advice, so people can make informed choices about their support.
- Personal budgets, that give people choice and control of what, how and when support is provided.
- Continue to improve the waiting lists for Occupational Therapy assessment.
- Developing a range of housing support to enable disabled people and those living with long term conditions to manage and maintain their home.
- Work closely with housing partners to support people who need major alterations to their homes to continue to live independently.

Inclusion: out and about, going on-line, in work, being part of the community.

- Working with transport, leisure, adult learning, and employment partners to improve opportunities for disabled people; helping to promote health and well-being.
- Improve access, support and information to find and keep paid or voluntary work.
- Making sure service users, carers and the local involvement network are involved in the way we plan and buy services.

Integrated Services: achieving more by working together.

- To develop a joint approach to commissioning with partners, service users and carers to enhance quality choice and control.
- Establishment of the Physical Disability Strategy Implementation Group has resulted in a new model for consultation, informing, involvement and participation of service users and carers. Unlimited – (an independent and very dedicated group of Oxfordshire individuals who have a physical (including sensory) difficulty due to illness, age or disease) are assisting with implementing the model.
- Bring together health and social care expertise to concentrate on specific long term/neurological condition making sure those affected get the right support at the right time and right place.
- Work in partnership with the Oxfordshire Primary Care Trust and other partners to share investments to improve outcomes and agree to share benefit and risks to encourage joint working.

Better Value: improved outcomes

- To stimulate the market to meet the diverse needs of people with a physical disability aged 18-64 to ensure good supply at affordable costs.
- Maximize the use of resources through mapping pathways for specific conditions.
- Continue to utilise existing and new prevention interventions to aid recovery, re-ablement and restoration.
- To achieve improved outcomes through people directing their own support/ care.

Action plans

Care Home Placements

Improve price, local supply and outcomes

Actions Required	Resource Implications	How success will be measured
Enable nine residents from care homes to live in more suitable housing.	Dedicated social work time to enable transfers.	Estimated £270,000 reduction in care home spend by 2014.
Develop price negotiation skills for care managers and commissioners.	Resources to be agreed.	Enhance negotiation skills.
Describe success factors which promote independent living.	Research resource.	More independent living arrangements less care home placements.
Explore opportunities for decommissioning care home placements.	To be agreed	Two deregistered placements achieved by 2014. Savings to be confirmed
Joint spend analysed and commissioning decisions made.	Resources to be agreed.	Commissioning direction agreed and implemented.
Ongoing benchmarking evaluation of placements.	Resources to be identified.	Comprehensive benchmarking completed.

Expand opportunity for joint commissioning with other county councils and Oxfordshire Primary Care Trust.	Resources to be identified.	Better price, outcomes, placements closer to home
Short term breaks/respite data to be collated and analysed across health and social care.	Finance teams agreement to collect information in a different way.	Clear information to direct commissioning decisions.

Relevant Stakeholders:

- Operational leads from Oxfordshire Primary Trust and Oxfordshire County Council, Social and Community Services.
- Users and Carers
- Residential Contracts Manager

Links to:

- Local Area Agreement 2008 - 2011, National Indicator 142 (detailed on page 22).
- Oxfordshire County Council Social & Community Services strategic aims (page 7).
- Commission for Social Care Inspection outcomes 1, 2, 4, 5, 7 (page 23).

Housing

Develop Appropriate Housing

Actions Required	Resource Implications	How success will be measured
Develop one independent living unit in Oxford City and each district by 2014.	To be agreed.	Reduction in new care home admissions by one a year by 2014.
Encourage the adoption and development of a county wide accessible Housing register	Strategic Lead	Less demand on disabled facilities grants, deferred interest loans

Continue to develop and implement action plan to improve disabled facilities grant provision and better use of adapted properties.	Commence within existing resources. Identify additional resources required.	Continued and sustained improvement in average waiting time for provision of disabled facilities grants and allocation of properties.
Redesign floating support arrangements	Use existing resources in supporting people team and commissioning.	Housing related support will be available to more people.
Work with housing partners to increase opportunities for care home residents and local residents who are not give a priority through choice based lettings.	Resources to be agreed	More people will be able to live independently.
Explore opportunities to develop appropriate housing through private rented market and shared ownership.	Resources to be identified.	Increase opportunities for independent living.

Relevant Stakeholders:

- Oxfordshire County Council Social & Community Services and Health Operational Leads
- Housing representatives from District Councils and Oxford City Council
- Housing providers
- Users and Carers

Links to:

- Local Area Agreement 2008 - 2011, National Indicators 124, 136, 141, 142 (detailed on page 22)
- Oxfordshire County Council Social & Community Services strategic aims (page 7)
- Commission for Social Care Inspection outcomes 1, 2, 4, 5, 6, 7 (page 23)

Transport and Street Environment

Improve Accessibility of Transport and to Street Environment for people with a Physical Disability

Actions Required	Resource Implications	How success will be measured
Collate experiences and solutions suggested through involvement of service users and carers in Long Term Plan 2011-2020 consultation.	Work commenced through PDSIG transport subgroup.	Improved service for disabled people.
Develop a plan to provide information and confidence training for people with a disability to use public and other transport	To be developed and agreed.	Increase in disabled people using public and other transport.

Relevant Stakeholders:

- Oxfordshire County Council Transport Lead
- Transport Representatives from District Councils and Oxford City Council
- Transport Representative from Oxfordshire Public Service Board
- Private providers
- Volunteer providers
- Users and Carers

Links to:

- Local Area Agreement 2008 - 2011, National Indicators 175, 195, 196 (detailed on page 22)
- Oxfordshire County Council Social & Community Services strategic aims (page 7)
- Commission for Social Care Inspection outcomes 1, 2, 4, 5 (page 23)

Employment

Improve Access to Employment

Actions Required	Resource Implications	How success will be measured
Difficulties, barriers and solutions for people with a physical disability need to be collated	Resources to be identified	Improvement in employment opportunities.
Participate in review of Employment Services in Oxfordshire	Resources to be identified	Commissioning Plan for employment identified
Contribute to framework based on economic well being. .	Resources to be identified	Needs of People with a physical disability addressed in framework

Relevant Stakeholders:

- Oxfordshire County Council Social & Community Services and Health Operational Leads
- Users and Carers
- Representative from Local Strategic Partnership
- Representative from Job Centre Plus
- Representative from Department of Work & Pensions Disability Benefits
- Representative from Oxfordshire Employment Service

Links to:

- Local Area Agreement 2008 - 2011, National Indicator 152 and Public Service Agreement 28 (detailed on page 22).
- Oxfordshire County Council Social & Community Services strategic aims (page 7).
- Commission for Social Care Inspection outcomes 1, 2, 3, 4, 5, 6 7 (page 23).

Information

Improve Information from Diagnosis Onwards

Actions Required	Resource Implications	How success will be measured

Complete review of existing information, accessibility of information and requirement for future information.	Work commenced linked to Transforming Adult Social Care Information Project.	Service user and carer participation in review.
Develop information service, including information prescriptions.	Identify additional resources required.	Service Users ,carers and other stakeholders report improved information service

Relevant Stakeholders:

- Oxfordshire County Council Social & Community Services and Health Operational Leads
- Users and Carers

Links to:

- Local Area Agreement 2008 - 2011, National Indicators 124 (detailed on page 22).
- Oxfordshire County Council Social & Community Services strategic aims (page 7).
- Commission for Social Care Inspection outcomes 1, 2, 3, 4, 5, 6, 7 (page 23).

Home Support

Improve Home Support Service

Actions Required	Resource Implications	How success will be measured

Requirements for live in care, support for disabled parents, and block support clearly specified in next home support tender exercise. Consider use of framework.	Use existing resources in contracts team and commissioning.	Less care management and contract time spent in troubleshooting 24 hour care packages, packages for disabled parents and block support.
Live in care packages information captured and analysed. Understand total supply and demand across health and social care.	To be agreed.	Analysis and benchmarking of care packages facilitated and commissioning plan in place
Toolkit document on sourcing support for disabled parents and live in care produced.	Agreement required to use existing resources allocated to Physical Disability in contracts team.	Support sourced quicker for disabled parents and 24 hour care.

Relevant Stakeholders:

- Oxfordshire County Council Contracts, Social & Community Services and Health Operational Leads
- Users and Carers

Links to:

- Local Area Agreement 2008 - 2011, National Indicators 124, 136 (detailed on page 22)
- Oxfordshire County Council Social & Community Services strategic aims (page 7)
- Commission for Social Care Inspection outcomes 1, 2, 4, 5, 7 (page 23)

Equipment

Improve current services

Actions Required	Resource Implications	How success will be measured

Continue to review and improve access to equipment and Occupational Therapy assessment services, through a variety of interventions.	Work commenced. Additional resources to be identified	Continue and sustained improvement in waiting times for assessment
Continue to increase use of Telecare and other stand alone/easy to use technology	Work commenced for Easy to use technology project.	Improved choice and control for service users and carers

Relevant Stakeholders:

- Oxfordshire County Council Social & Community Services and Health Operational Leads
- Users and Carers

Links to:

- Local Area Agreement 2008 - 2011, National Indicators 124, 136, (detailed on page 22)
- Oxfordshire County Council Social & Community Services strategic aims (page 7)
- Commission for Social Care Inspection outcomes 1, 2, 4, 7 (page 23)

Community Involvement

Increase Access to Community Involvement

Actions Required	Resource Implications	How success will be measured

Identify barriers and possible solutions to community involvement.	To be identified	Understanding of difficulties and what could improve community involvement.
Improve access to universal services like adult learning, leisure and volunteering	Working with colleagues in community services.	Increase in disabled people accessing services.

Relevant Stakeholders:

- Oxfordshire County Council Social & Community Services and Health Operational Leads
- Representative from Oxfordshire Community Voluntary Association
- Representative from Oxfordshire County Council Community Services
- Users and Carers

Links to:

- Local Area Agreement 2008 - 2011, National Indicators 8, 6 (detailed on page 22)
- Oxfordshire County Council Social & Community Services strategic aims (page 7)
- Commission for Social Care Inspection outcomes 1, 2, 3, 4, 7 (page 23)

Direct Payment Support

Increase Confidence to Manage Direct Payments

Actions Required	Resource Implications	How success will be measured

Develop what is required to improve support for existing and new direct payment service users.	Existing Transforming Adult Social Care Project and Direct Payment Development Officer to implement actions	Increase in take up of direct payments.
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Relevant Stakeholders:

- Oxfordshire County Council Social & Community Services and Health Operational Leads
- Users and Carers
- Oxfordshire County Council Direct Payment Development Officer

Links to:

- Local Area Agreement 2008 - 2011, National Indicators 124, 130, 141, 142 (detailed on page 22).
- Oxfordshire County Council Social & Community Services strategic aims (page 7).
- Commission for Social Care Inspection outcomes 1, 2, 4, 7 (page 23).

Day Care Ryder/Cheshire Contracts

Improve outcomes

Actions Required	Resource Implications	How success will be measured

Complete consultation redesign and letting of present day care contracts, by March 2011.	To be identified.	Outcomes improved.
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Relevant Stakeholders:

- Users and Carers
- Oxfordshire County Council Social and Community Services & Oxfordshire Primary Care Trusts operational leads
- Private providers

Links to:

- Local Area Agreement 2008 - 2011, National Indicators 136, 142 (detailed on page 22)
- Oxfordshire County Council Social & Community Services Strategic aims (page 7)
- Commission for Social Care Inspection outcomes 1, 2, 3, 4, 5, 6 7 (page 23)

Conclusion

The consultation process undertaken in developing this strategy highlighted the need to consider service development and commissioning beyond the existing boundary of social care.

One of the challenges for the Physical Disability Strategy Implementation Group will be to advise how patterns of current service expenditure can be widened to encompass commissioning outside of traditional areas.

Links with the Local Strategic Partnership will need to be established, as well as opportunities to attract new funding streams

Appendices

Appendix I: Physical Disability Strategy Implementation Group Terms of Reference

I. Overall Purpose

I. 1 To influence commissioning intentions, policies and strategies, for example housing, supporting people, primary care trust, community services, transport and employment.

I. 2. To agree the strategy, prioritise areas of work and participate in its implementation.

2. Core Membership

Oxfordshire County Councillor – Jim Couchman

Social Care Commissioning Lead for Physical Disability- Margaret Brownlie

Assistant Head of Social Care, Oxfordshire County Council – Sandra Stapley

Supporting People Manager- Natalia Lachkou

Primary Care Representative- General Practitioner/ District Nurse

Service Manager, Occupational Therapy, Oxfordshire County Council- Maria Melbourne

Service Manager, Physical Disability and Sensory Impairment, Oxfordshire County Council
Hilary Grime.

Service Users X 2, Valerie Clarke, Peter Hindshaw

Family Carers X 2, Kris Felton, Philip Tuckley

Voluntary Sector Representative-, Ryder Cheshire Organisation- Stephanie Flower

Oxfordshire Housing Partnership Representative- Gill Greaves or Enabling Officer, Vale of
White Horse District Council- Helen Novelle

Consultant and Professor in Neurological Rehabilitation/ Clinical Director, Oxfordshire Centre
of Enablement –Derick Wade

Employment representative, Operations Manager, independent Living Services, Karen McIndoe

Assistant Transport Officer, Oxfordshire County Council- Neil Timberlake

Community Services Representative-Karen Warren, Assistant Head of Community Services

Neurological Alliance Representative- June Stevens

Continuing Care Manager- Jacqui Connelly

Sue Barnden/Philippa Muir, Service Development Manager, Neurological Conditions/, Head of
Specialist Commissioning and Clinical Networks Oxfordshire Primary care Trust.

Representatives from other agencies and stakeholder groups can be invited to attend as
appropriate

3. Attendance at meetings

Regular attendance of members is expected, deputy to be sent if representative cannot attend.

4. Quoracy

Minimum of six members.

Meetings can be held without this quoracy but any recommendations will not be ratified

5. Frequency of meetings

The meetings will be hosted and supported by Oxfordshire County Council on a quarterly basis.

7. Voluntary Sector Representation

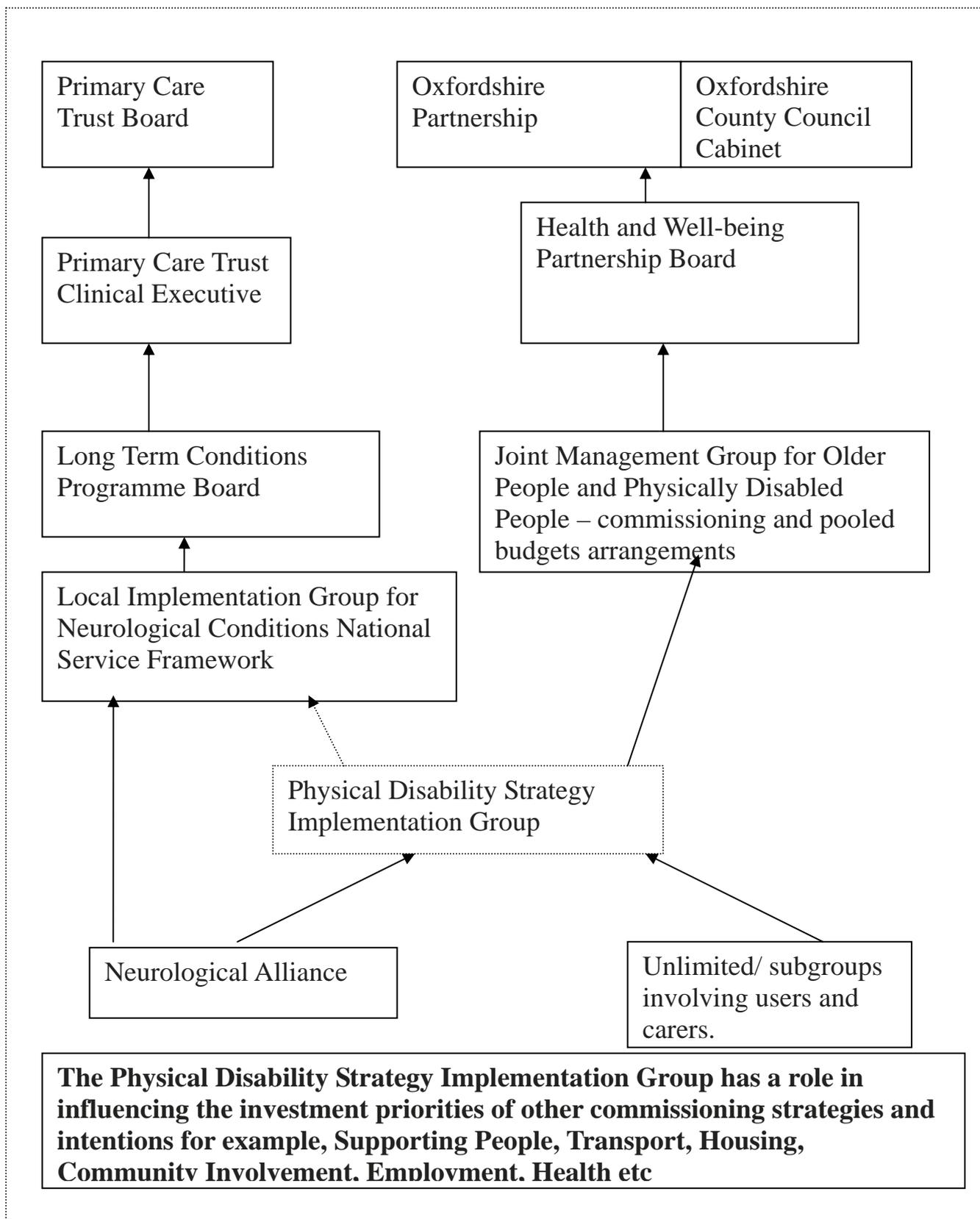
7.1 Voluntary Sector representation can be from non contracted organisations

7.2 Representatives from the voluntary sector will be nominated onto the PDSIG. These representatives will be nominated by Oxfordshire Community and Voluntary Action (OCVA) every 2 years. Representation is organisational and not individual.

10. Review

The Terms of Reference shall be reviewed on an annual basis.

11. Authority/ Reporting



Appendix 2: Local Implementation Group Terms of Reference

1.0 Background

- 1.1 The National Service Framework for Long-term (Neurological) Conditions (NSF-LTnC) (March, 2005), focuses on services for adults with a long-term neurological condition. It aims 'to promote quality of life and independence' by ensuring that people with a long-term neurological condition 'receive co-ordinated care and support that is planned around their needs and choices'. The NSF-LTnC seeks to transform health and social care provision across the care pathway, from symptom onset and diagnosis through acute care and rehabilitation to long-term community support and, when required, end-of-life care. The NSF-LTnC sets out 11 Quality Requirements (QRs), each supported by an aim, rationale and 'evidence-based markers of good practice', drawing upon relevant NICE and other nationally agreed guidelines.
- 1.2 One of the recommended key early actions in the NSF-LTnC was setting up of a local implementation team. This is endorsed as one of the '10 Quick Wins to Support Long-term Neurological Conditions NSF Implementation' (Care Services Improvement Partnership, 2007). Oxfordshire PCT Long Term Conditions Board which is responsible for overseeing the delivery of the of the Long Term Conditions initiative contained within the PCT Strategy 2008-13, has agreed to set up a specific NSF-LTnC Local Implementation Group (LIG).

2.0 Purpose

- 2.1 To determine and action a local strategy for the implementation of the National Service Framework for Long-term (Neurological) Conditions in Oxfordshire, taking into account the views of all key stakeholders.
- 2.2 To monitor the quality, effectiveness, quantity and availability of services for people with a long-term neurological condition and their families and carers in Oxfordshire to ensure they are appropriate and meet their needs.

3.0 Key Functions

- 3.1 To review available data on the epidemiology and service needs of people with a neurological condition in Oxfordshire and provide specialist advice to health and social care commissioners of services and to service providers.
- 3.2 To establish an effective mechanism for consulting on implementation of the NSF-LTnC with all key stakeholders including: people with a neurological condition; families and carers; health services (primary, secondary & tertiary); local council services (social services, education, housing and transport); and other statutory (e.g. Jobcentre Plus), independent and voluntary services.
- 3.3 To identify obstacles to and gaps in service provision for people with a neurological condition and their families/carers, agree local priorities in implementation of the NSF-LTnC and develop a rolling work-plan to address priorities within agreed time-scales.
- 3.4 To develop and implement a health and social care focused clinical care pathways for adults with neurological conditions.
- 3.5 To ensure that the pathways take account of other long term conditions and end of life work programmes where appropriate.

- 3.6 To develop a service model for services for adults with a long term neurological condition that supports the 11 quality requirements outlined in the NSF-LTnC.
- 3.7 To ensure that the model distinguishes between medical and non medical management of long term condition.
- 3.8 To establish, support and oversee the work of sub-groups to identify, prioritise and address specific issues in the implementation of NSF-LTnC.
- 3.9 To promote and support the development of an integrated multi-agency network of services for people with a neurological conditions, their families and carers, including an effective mechanism for communication with all relevant statutory, independent and voluntary agencies, services and teams.
- 3.10 To provide a forum through the development off subgroups to address identified obstacles to effective inter-agency working across services for people with a neurological condition, their families and carers.
- 3.11 To identify and promote network-wide training in the assessment, care, rehabilitation and support of people with a neurological condition, their families and carers.
- 3.12 To undertake and/or oversee general audit (e.g. NSF-LTnC Self Assessment tool).
- 3.13 To identify data collection priorities and undertake detailed reviews of the scope, core function, quality assurance and capacity of local services (including workforce issues) in the context of the NSF-LTC Quality Requirements, its evidence-based markers of good practice and associated national guidelines.

4.0 Membership

4.1 Core membership:

Commissioner(s) Oxon. PCT /OCC. Social Services
 Senior Manager, Oxford Radcliffe Hospital NHS Trust
 Senior Manager Oxford Centre for Enablement, NOC
 Senior Manager, Oxfordshire PCT Provider Services
 Senior Manager, Adult Disability, Oxon Social Services
 Representative of General Practitioners
 Representative of Consultant Neurologists
 Representative of Clinical Nurse Specialists
 Representative of secondary care neurorehabilitation services
 Representative of primary care neurorehabilitation services
 Representative of independent providers
 Representative of clients with a neurological condition
 Representative of carers/relatives of people with a neurological condition
 Representative of voluntary groups supporting people with a neurological condition.
 (Neurological Alliance)
 Representative of Public Health

Representative of Community Occupational Therapy

4.2 Co-opted members

- 4.2.1 The group may co-opt additional members for a specified period and invite interested parties to attend specific meetings to raise or respond to issues of concern to the provision of services for people with a neurological condition, their families and carers.

4.3 Officers

- 4.3.1 The LIG will be chaired by a clinical representative nominated by the PCT executive committee. The chair will serve for a maximum term of 2 years.
- 4.3.2 In the absence of the Chair and deputy chair another member of the LIG may be nominated by the Chair (or deputy chair) or elected by the group to Chair the meeting.
- 4.3.3 Decisions reached by the LIG will normally be by consensus. Where no consensus can be achieved, the Chair is responsible for determining appropriate action taking all views into consideration. The lack of consensus should be recorded in the minutes.

5.0 Meetings

- 5.1 Meetings to be held at least every two months at a date/time agreed by the LIG.
- 5.2 Agenda and papers to be distributed in advance of meeting – items for the Agenda to be forwarded to the Chair at least 10 days in advance of the meeting.
- 5.3 Minutes to be produced by the Secretary checked by the Chair and distributed to all members of the LIG.
- 5.4 Any corrections to minutes to be sent to Secretary on receipt or at the next meeting.

6.0 Accountability / Reporting

- 6.1 The LIG will be accountable to Oxfordshire PCT Long Term Conditions Board.
- 6.2 The LIG will also liaise with and report to the Oxfordshire County Council Physical Disabilities Programme Board on progress in implementation of the NSF-LTnC.

7.0 Review

- 7.1 These terms of reference to be reviewed one year after the formation of the group and then every three years thereafter or earlier as agreed by the LIG or as requested by Oxfordshire PCT Long Term Conditions Board

References

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- 7 World Class Commissioning, Department of Health, 2007.
- 8 Creating Strong, Safe and Prosperous Communities Statutory Guidance: draft for consultation, Department of Communities & Local Government, 2007.
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اشكال بديلة لهذا المنشور موجودة حسب الطلب. هذه تشمل لغات مختلفة و الطبعة البارزة وطريقة بريل و اشرطة كاست و اقراص الحاسوب او البريد الالكتروني.

Arabic

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Bengali

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Chinese

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Hindi

“ਇਹ ਪੁਸਤਕ ਬੇਨਤੀ ਕਰਨ ਤੇ ਹੋਰ ਰੂਪਾਂ ਵਿਚ ਵੀ ਉਪਲਬਧ ਹੈ। ਜਿਵੇਂ ਕਿ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਛਾਪੇ ਤੇ, ਬ੍ਰੇਲ ਵਿਚ, ਸੁਣਨ ਵਾਲੀ ਟੇਪ ਤੇ, ਕੰਪਿਊਟਰ ਡਿਸਕ ਜਾਂ ਈ ਮੇਲ ਤੇ।”

Punjabi

“اس اشاعت کو متبادل اشکال میں درخواست کرنے پر حاصل کیا جاسکتا ہے۔ اس میں دوسری زبانیں، بڑا پرنٹ، بریل (جیسے اندھے چھو کر پڑھ سکیں)، آڈیو کیسٹ، کمپیوٹر ڈسک یا ای میل شامل ہیں۔”

Urdu

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Polish

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