



Glasgow City

People with Physical Impairments

Strategic Framework

2004-2014

November 2004

FORWARD

The Glasgow City People with Physical Impairments Strategic Framework 2004–2014 provides a strong and flexible basis for change. It has been developed in a spirit that reflects our goals, a spirit of partnership, inclusion and participation, and reaffirms the rights of people with physical impairment to live and participate equally within their community. The People with Physical Impairments Strategic Framework outlines a joint vision for the future and initial areas for realising this vision reflecting the important issues that people with physical impairment, providers and carers have identified as their priorities. Glasgow City Council and NHS Greater Glasgow have begun work to address many of these issues but recognise the challenge ahead.

Real success requires that we work together with communities and continue to listen to the issues that are important to people with physical impairment and their carers.

In laying out our plans over the next 10 years we have recognised that service development and the necessary investment to achieve this will take a number of years to show change. Throughout the 10 years, as we move forward, we are committed to demonstrating better outcomes for the people who use our services and building on our successes.

We look forward to working with you as we take the strategies outlined in this strategic framework into action.

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Chapter 1: Introduction

The Glasgow City People with Physical Impairments Strategic Framework 2004-2014 has been developed in consultation with service users, voluntary organisations and providers of social work and health care services across Glasgow. In response to this, 'physical impairment' is the term being used throughout the document in relation to individuals and services, whilst 'physical disability' refers to planning structures and arrangements (Appendix 2 tells you more about these consultations). It outlines the vision for the future planning and development of services for people with physical impairment across a ten year period to 2014 and incorporates an initial three year action plan. The strategic framework links the issues that people in Glasgow have identified as being the most important to them into 3 priority areas. We aim to deliver on the actions outlined under these priority areas.

Within the past decade in Greater Glasgow the pattern of services for people with physical impairment has undergone significant transformation. The former Strathclyde Regional Council's strategy on physical impairment "The Cost of Living in a Hostile Environment" produced in 1981 (1) encouraged a holistic view of people with physical impairment and their needs. A further strategy in 1995, "Joint Planning Team Report on Physical Disability" (2) paved the way for a substantial reduction in NHS long term care in favour of increased independence at home. To achieve this, resources were moved from the NHS into social care and community health services via the hospital resettlement programme. This put in place a number of social care services and the development, by health, of the Community Physical Disability Teams.

It is now time to build on this earlier work and develop a new strategic framework recognising the changing nature of impairment, advances in technology that have made it possible to find out about and treat many more medical conditions, and taking account of the new opportunities arising from the introduction of direct payments. As the strategic framework is put into place, we will continue to look at the changes and new challenges that emerge in order to respond appropriately.

The strategic framework has been produced on behalf of the Glasgow City Physical Disability Planning and Implementation Group (PIG), whose members include Centre for Independent Living Glasgow, Strathclyde Centre for Disability Research University of Glasgow, Glasgow City Social Work Services and NHS Greater Glasgow.

The approach to physical impairment

This strategic framework for Glasgow City is based on the fundamental principles of human rights and social inclusion and aims to provide a whole systems approach to service design and delivery across health and social care. To achieve this services will need to work collaboratively, ensuring that users and carers are able to participate and contribute meaningfully. In doing so, this strategic framework offers potential benefits to all people with physical impairment in Glasgow as well as to Glasgow as a whole.

People currently access a range of different services. Appendix 3 tells you more about these.

We aim to change the way in which services in Glasgow respond to physical impairment by outlining a new approach to physical impairment within this strategic framework. Some of the changes that will take place are:

2004

People as recipients of services

Individuals allocated to services

Standard service responses

Agencies responding in isolation

Shortage of appropriate housing

Reactive 'crisis' driven services

Focus on health and community services

Limited local data to inform service planning

2014

People as partners in developing responses to identified needs

Individuals having choices about support through direct payments

More flexible and tailored service responses

Active partnerships and integrated approaches between voluntary, independent and statutory agencies

Enhanced provision and housing for varying needs

More proactive planning and support, involving service users

Focus on the full range of services that support people's quality of life and active participation in their community

Robust evidence base to service planning and delivery

What does the term physical impairment mean?

The strategic framework talks about 'people with physical impairment'. Each person's experience of impairment is different, influenced by their own life experiences, the attitudes of other members of the community towards disability, and how easy it is to get access to information, services, opportunities and the physical environment.

Types of physical impairments covered by the strategic framework

There are many different types of physical impairment. Impairment can be caused by a genetic condition, an illness or an accident. In this strategic framework, 'physical impairment' includes:

- Adults with physical impairment
- Young people in transition to adult services
- People who are ageing with physical impairment

Separate documents exist or are in development for acquired brain injury as well as sensory impairment and palliative care.

Local strategic planning and links across to other strategies

Currently there are a range of strategic planning processes across Greater Glasgow looking at issues affecting people with physical impairment, sometimes working within specific age ranges (e.g. Older People's Services), other groups working across age ranges but targeted at specific groups (e.g. Learning Disability, Stroke,), and some groups working at a local level (e.g. Locality Planning and Implementation groups). Appendix 4 outlines the complex planning arena for services for people with physical impairment.

For well-coordinated and effective service delivery it is essential that planning for service users does not occur in isolation. The Disability PIG recognises the need to work closely with other strategic planning groups, and to contribute to the work of the Locality Planning and Implementation groups, Integration Steering Group and the Glasgow Joint Community Care Committee.

Proposals are currently being drawn up for wider discussion, outlining the scope of services for people with physical impairment and links to the emerging Community Health Partnerships (CHPs). It is proposed the focus of services for people with physical impairment will remain on adults, but recognising the need to also provide individuals with access to the same services after they turn 65 years. As CHPs develop their model and scope of function they will need to move towards developing capacity for provision of services for people with physical impairment at a local level. The current level of service provision does not enable a sustainable local level of service.

In 2003 housing stock was transferred from Glasgow City Council to Glasgow Housing Association. Whilst the strategic planning role for housing remains with GCC, there is a need to engage with all relevant parties, including registered social landlords such as GHA, to jointly address the important issues around housing.

In addition the immediate future will see significant change in the configuration of acute health services in Greater Glasgow. It is vital that the needs of people with physical impairment are effectively addressed and incorporated within future developments.

The key challenges

Although much good practice exists amongst services for people with physical impairment in Glasgow, there is scope for further improvement. Some of the key challenges are:

- Ensuring supports and services are responsive resulting in speedier access to services that are designed to meet individual's needs
- Ensuring services focus on assisting and empowering people to participate in their community and pursue activities of their choice that are meaningful to them
- The promotion of Direct Payments and the development of appropriate support mechanisms to enable uptake of Direct Payments
- Valuing and supporting the contribution made by carers
- Developing integrated and well coordinated service responses in partnership with service users
- Providing accessible information about the range of services available and ensuring effective communication by and between professionals at all times
- Increasing the availability of housing suited to the needs of people with physical impairment, when much of the current housing stock in Glasgow consists of tenements flats
- Developing integrated and more effective planning and performance management arrangements across agencies in partnership with users and provider organisations
- Developing effective processes to support appropriate continuity of care at times of transition between young people services and older people's services
- Improving physical access to public transport and buildings, and raising the community's awareness of disability so that all people can be respected and valued for who they are
- Creating more opportunities for inclusive lifelong learning
- Assisting people to work, including support mechanisms to maintain employment, enabling people to fulfil their personal aspirations and contribute to Glasgow's growth
- Building more opportunities for people with physical impairment to participate in leisure, sports, arts and cultural activities
- Securing the necessary resources to take forward agreed priority service development

Chapter 2: Vision

It is our vision that within 10 years Glasgow will be a stronger and more inclusive society where diversity is embraced and celebrated, and where equality of opportunity is available for all to participate in the life of the city.

The strategic framework recognises that it is the barriers (structural, attitudinal and physical) that people with physical impairment face on a daily basis that prevents participation. The aim in service planning must be to shape services that address both the level of impairment people experience and the effects of a disabling environment in society.

Glasgow City council and NHS Greater Glasgow will continue to listen and provide leadership however we will not achieve all that needs to be done by working alone. Partnership working with users, service providers and communities will be a vital element to addressing these challenges and building a more inclusive community.

Philosophy and Guiding Principles

The philosophy that underpins this strategic framework and influences much of mainstream social policy is drawn from the international Independent Living Movement. This philosophy states that:

- All human life is of value
- Anyone whatever their impairment is capable of exerting choices
- People who are disabled by society's reaction to physical, intellectual and sensory impairment have the right to assert control over their lives
- People with physical impairment have the right to participate fully in society

Establishing our Guiding Principles

The philosophy outlined above assists us in defining our strategic position and establishing some key guiding principles on which to base and maintain strategic direction. The guiding principles at the heart of this strategic framework are designed to promote social inclusion, rights and citizenship. These guiding principles are:

- Rights & Citizenship
- Inclusive Planning Solutions

Rights & Citizenship

This principle represents an alternative model for assessing and determining need focussing on a more equitable and person-centered approach. Core elements of the

model include an implicit assumption that people with physical impairment have the right to expect to be able to:

- Manage their own needs and maintain personal autonomy and independence
- Participate and contribute equally in their community

Use of the word “expect” is deliberate and intended to highlight the fact that despite the introduction of human rights legislation to promote the rights of the individual, society still tends to anticipate less participation and contribution from people with physical impairment. In these circumstances, it is hardly surprising that people with physical impairment lower their own expectations, personal aspirations and ambitions and become resigned to accepting less.

For example, an individual should expect to be able to get up in the morning, wash, dress and have some breakfast. These basic requirements are called “rights”. By measuring the extent to which an individual is impeded in exercising their “rights”, we begin to develop a clearer picture of actual need. If the individual’s “rights” are not being met, this results in a clearly defined “need” for assistance or support. The level, extent and type of assistance required will inevitably depend on the individual’s personal circumstances, life experiences and aspirations.

Inclusive Solutions

An inclusive solution describes the link between the analysis of need and the planning and development of services. Using our earlier example, an individual who is unable to exercise their right to manage the daily routine of getting up in the morning, results in a need for assistance. If we don’t know what the need is, how great the demand is, or who needs what, we are unable to make robust plans for future services. It is therefore essential to establish a clear relationship between assessed need and service planning. This will require a number of changes including better use of information technology and the introduction of single shared assessment processes with clear identification of unmet need.

Chapter 3: National Policy Context

The promotion of equality and diversity is a key component of current and future policy. Equality is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. Diversity is about the recognition and valuing of difference in its broadest sense.

To improve health and wellbeing, modernise service provision and strengthen the rights of people with physical impairment the Scottish Executive has provided guidance on how services need to develop over the next few years:

- The Joint Future Report 2001 (3) aims to develop further partnership working between health and social care agencies through joint management, joint resourcing and single shared assessment
- Community Care and Health (Scotland) Act 2002 (4) introduces direct payments for all adults with physical impairment with community care needs from June 2003 and removes obstacles to joint working
- Our National Health, an agenda for change (2001) (4) sets out a modernising agenda to achieve a patient centred approach to service delivery
- Partnership for Care, Scotland's Health White Paper (2003) (4) encourages greater integration across the acute/primary care interface and with social care services and also promotes the health improvement agenda
- Disability Discrimination Act 1995 (4) strengthens the rights of people with physical impairment and promotes access in its widest sense. It requires all agencies / services to address access issues, including making reasonable adjustments to the physical environment by October 2004
- Adults with Incapacity Act 2002 (4) is to help adults with an incapacity exercise a greater degree of decision making, autonomy over their lives, finances, personal welfare and medical treatment. It has as its central principle 'minimum intervention', allowing the individual to make decisions for themselves but when they need help with decisions, ensuring that help is given in a way which respects them as people and listens to them
- Housing (Scotland) Act 2001 (4) sets out the roles and responsibilities of registered social landlords, Communities Scotland and Local Authorities as strategic partners
- Equipped for Inclusion (SE consultation document 2003) – recognises the importance of equipment and adaptations to overcome environmental barriers and sets out a strategic direction to improve provision in partnership with users
- Local Government in Scotland Act 2003 (4) places a duty on Local Authorities to lead on community planning and advance well-being. This supports the November 2002 COSLA guidance promoting health improvement as a core function of a council's activity

- Mental Health Care and Treatment Act 2003 (4) establishes key care and approach principles on the range of mental health services and the way in which they are provided, promoting equality and diversity
- Education (Additional Support for Learning)(Scotland) Act 2004 (4) outlines duties for education authorities to achieve better planning and preparation for transition to post school life

In recent months the Scottish Executive has re-affirmed its commitment to joint working and improving outcomes for people who use services. Its approach to the reinvigoration of 'Joint Future' focuses on moving on from establishing joint structures and processes that support integrated service responses, to an emphasis on demonstrating actual improvements in outcomes for service users. The work around Joint Future is as relevant to physical disability as other community care groups.

It is worth noting that unlike other groups there is currently no national strategic framework for services for people with physical impairment, the need for one has been highlighted by NHS Quality Improvement Scotland (NHSQIS formally Scottish Health Advisory Service, SHAS) in its review of Greater Glasgow services for people with physical impairment (5) and other services e.g. Grampian, Forth Valley and Lothian. This strategic framework would also seek to highlight the absence of a national strategic framework for physical impairment and secure more focussed attention on disability issues at this national level.

Chapter 4: Needs Assessment

Producing and Managing Quality Information

To plan service requirements effectively the expectation is that information on levels of need and use of services is readily available. In reality this is not the case. The Disability PIG will provide a lead on detailing what information is required. Services will need support in developing appropriate systems to generate this information.

The current planning base for the population of people with physical impairment has been derived from various studies. The 1988 OPCS study (6) has in recent years been recognised nationally as the foundation of most planning for physical disability within Scotland. However, more recent data is now available from Glasgow City Council linking the 1996/97 study into "Disability in Great Britain" (7) with information gathered during the 2001 household survey. This updates figures for the total population of people with physical impairment, with the OPCS study (6) still providing the background data on the range of conditions. Details of references can be found at appendix 10.

Much of the data is captured at a national Scottish level with data specific to Glasgow City being less readily available. Given this position it is proposed to commission a researcher to undertake a critical analysis of the full range of information currently available in Glasgow, held either by local teams or at organisation level. Depending on the outcome of this work the commissioning of a new survey of needs will be considered and discussed appropriately with the Scottish Executive.

Population Estimates

Set against this background, using the 2001 Voluntary Population Survey (8), population estimates are as follows:

- There are approximately 47,000 adults with physical impairment in Glasgow. This relates to approximately 1 in 8 of the total adult population
- Approximately 35% have a mild impairment, 45% have a moderate impairment, and 20% have a severe impairment

Breaking the figures down geographically into each of the 9 social work area team localities shows significant population differences: a population of adults with physical impairment of 6% in the South East team, to 16% in the North West team.

Looking specifically at diagnosis for moderately or severely impaired adults shows that arthritis, coronary heart disease, stroke and epilepsy are the most common. Analysis of service use of the Physical Disability Rehabilitation Unit and the Community Physical Disability Teams in health shows the highest use by adults diagnosed with stroke and Multiple Sclerosis.

A lack of readily available data, population demographics, medical advances in treating life limiting illness and increased life expectancy, or the rising consequential

impairment from alcohol or drug abuse do not explain all the differences within this data and further demonstrates the need for a critical analysis of all local data sources.

Appendix 5 gives further detail of the above data.

Nature of Physical Impairment and Changing Health Needs

Services for adults with physical impairment cover a large range of individuals with widely varying needs. The table below highlights the 4 main areas where adults with physical impairment require intervention because of changing health needs:

<p>Young Adults (16-25) in transition from child/ adolescent services (e.g. Cerebral Palsy / Muscular Dystrophy / Spina Bifida)</p>	<p>Older adults (45–50+) with progressive neurological condition (e.g. Multiple Sclerosis)</p>
<p>Young Adults (16-25) with new trauma (e.g. Head / Spinal Injury)</p>	<p>Older Adults (45–50+) with new onset condition (e.g. young stroke)</p>

Further work is required to identify the number of individuals in Glasgow likely to fall into each of the four areas, their needs, current provision, and projected inclusive solutions.

Socio-Economic Circumstances

From a series of national studies we can establish:

- 5% of the population of people with physical impairment are from a black or minority ethnic background
- “40% of all disabled people live in poverty” (9)
- “40% of disabled people are in employment compared with almost 80% of non-disabled people” (10)
- “Disabled people are disproportionately more likely to have lower average hourly earnings than their non-disabled peers” (10)
- “One third of disabled people who move into employment find themselves out of work again the following year, compared to one-fifth of non-disabled people” (10)
- Just “4% of higher education students in Scotland have a declared disability” (9)
- “Disabled people and those with a long-term illness are more likely to have no educational qualifications than non-disabled people” (9)
- In 2001/2 only “12% of disabled people were able to access the internet for their personal use, compared to 39% of adults without a disability or long-term illness” (9)
- Approximately 60% of houses in Scotland defined as wheelchair accessible are not actually occupied by wheelchair users

- “5% of disabled people have at some point experienced homelessness” (9)
- Just “40% of disabled households have access to a car, compared with 62% of households where no-one has a disability” (9)

The Glasgow Perspective

Within the city:

- 39,000 people claim incapacity benefit
- 8,000 people claim severe disablement allowance
- 54 people receive a Direct Payment (as at June 2004)
- 320 people are in receipt of a grant through the Independent Living Fund
- 86 people receive funds through the Independent Living Scheme
- In a recent Glasgow Housing Association tenant satisfaction survey 54% of people responding had a long-term illness or disability
- SE figures on the prevalence of alcohol problems in the general population would indicate that 10% of people with physical impairment in Glasgow have an alcohol problem

Some further detail on use of services can be found in Appendix 5.

The User Perspective

The views and involvement of service users, carers and client representative groups are vital in identifying the level of services needed and the way they should be delivered. As part of the development of a strategic framework, extensive consultation was carried out in 2003 with the help of Glasgow Disability Alliance (GDA) and a number of local groups. Further detail of the consultation outcome can be found at appendix 1. The main messages coming from this consultation were the need for:

- Better joint working amongst all services
- Effective communication by and between professionals
- The provision of accessible service information including expected standards in areas such as waiting times
- Assessment processes that actively involve and empower service users
- Greater involvement of service users in service planning and delivery
- Assistance to maintain a healthy lifestyle (including mental health)
- Improved transport infrastructure and access to facilities

In addition service users highlighted a number of specific areas as priority for development including:

- Improvements to local transport infrastructure
- Access to independent advocacy
- Greater access to a range of respite facilities
- Flexible home care provision
- Direct payments
- Compliance with the Disability Discrimination Act (1995)
- Timely access to equipment and rehabilitation
- Availability of appropriate accommodation

Chapter 5: User involvement

Historically user involvement has been underdeveloped with only limited opportunities for users to influence service planning and delivery. In recent years social care and health agencies have been working to improve this situation, recognising that effective user involvement must move away from occasional consultation and become an essential and integral part of service planning and evaluation. This strategic framework aims to promote actively the participation of service users in the planning, design and development of health and social care services. The following key components will guide the development of sustainable user involvement:

- A clearly defined and agreed approach
- The availability of comprehensive information in accessible formats and shared with people with physical impairment and their carers through a variety of mechanisms
- Training and capacity building is required to facilitate users with the skills, knowledge, experience and confidence to participate effectively
- Adequate time for development, allowing users to move at a comfortable pace
- Time and knowledge must be valued. User involvement has the potential to be an empowering process for all, however agencies must be open minded to ideas put forward and demonstrate direct and effective communication
- Involvement must be appropriately resourced, including expenses, support for capacity building and training, transport, facilitation and support for the variety of needs, and access to independent advocacy
- A variety of involvement mechanisms to recognise the different requirements of individuals. This could include one-off events or thematic meetings, working groups, committees and forums. People need to be well informed about opportunities for involvement
- Exploration of the potential to develop user led service evaluation with a focus on developing solutions
- Ongoing evaluation of the user involvement process with obvious and tangible results identified

We will be developing user involvement in partnership with a range of services and organisations. User led organisations must be supported by agencies to provide independent support for the user involvement process. Through this work consideration should be given to identifying the most effective means of engaging with service users. In addition user involvement work will need to recognise the development of Community Health Partnerships and the Patient Focus and Public Involvement agenda currently being taken forward across the NHS.

User involvement is not only in service planning and delivery, it is also essential to improve user involvement at an individual level, with users engaged in their own care and support. This is discussed in later chapters and will be achieved through improved assessment processes and more responsive support provision.

Chapter 6: From Vision to Reality: The Priority Areas

Having outlined our vision and guiding principles for services for people with physical impairment in Glasgow this section will now focus on the **Priority Areas** that will make the vision a reality:

- **Promoting independence and choice**
- **Built for inclusion**
- **Joined up to work**

These areas are informed by two key factors: firstly, responding to the issues that service users, voluntary organisations and service providers have identified as being the most important to them; and secondly the national and local context where services for people with physical impairment have lacked both a National Framework for Service Development and significant local investment or reinvestment. Over the last decade, unlike other community care groups (e.g. Learning Disability, Mental Health, and Older People) there have been limited opportunities to invest in an infrastructure of modern services to meet needs.

This strategic framework will aim over the next ten years to champion increased investment in the level and range of services for people with physical impairment across hospital and community settings.

Each priority area identifies initial key areas of work that will be taken forward and indications of how overall progress will be measured. All actions will be implemented in ways that are accountable, establish value for money and achieved within the level of resources available in each year of the ten year plan.

A detailed action plan outlining the role of the Council and NHS Greater Glasgow in putting these priority actions into place can be found at chapter 10. The priority actions outlined in the action plan focus on the next three years to 2007. These will be reviewed before further actions are developed for the remaining years of the 10 year strategic framework.

Chapter 7: Priority Area 1

Promoting Independence and Choice

This strategic framework recognises that people with physical impairment have the right to manage their own needs and maintain personal autonomy and independence. This will require services to work with people with physical impairment as partners and respond with increasing flexibility to support people to pursue a lifestyle of their choice. Changes will also need to ensure that services are better placed to respond to people's needs at different ages and transition stages in their lives, such as young people leaving home, social changes or changes in their health condition. They also need to respond to the needs of people from black and minority ethnic backgrounds, as well as to people with complex communication and/or support needs.

Individualised Planning and Support

Individualised planning and support is an approach putting people with physical impairment at the centre of assessment and service provision. It promotes people with physical impairment as equal partners, able to exercise choice in getting the support they need to pursue their own lifestyles. This approach requires flexible service responses and effective communication between and by those providing support. This approach recognises the importance of early intervention to achieve the best possible outcomes, including access to diagnostic and rehabilitation health services. These wide ranging health services may need to be accessed on a recurring basis. Further detail on early intervention and transition arrangements can be found at appendix 6.

Strengthening Advocacy

As part of the commitment to promoting and protecting people's rights, there is a need to build stronger, more accessible and proactive advocacy services across Glasgow. This must also include the development of self-advocacy programs. The Physical Disability PIG will establish discussions with local advocacy services to help develop the way forward and identify any support needs that local advocacy organisations may have in order to respond effectively to the varied and specialist needs of all people with physical impairment.

Making Information Accessible

An essential element of recognising an individual's independence is the provision of comprehensive, easily accessible service information in a range of appropriate formats. To enable people to make informed choices this information should cover the range of statutory, independent and voluntary provision, and requires to link existing specialist information provision (eg from the Disability Resource Centres) and with other partners such as the Council and NHS library services. It is recognised that work to develop more accessible information and the technology to achieve this will involve a range of partners and requires to be appropriately resourced. Links will also

need to be established with Access Glasgow, which is available to all citizens and enables information access via IT or phone contact.

Having More Choice about Care and Support Services

A core comprehensive network of services needs to be built and available in sufficient volume to meet the increasing levels of need. Such a network must include availability of the following service range:

- Information
- Advocacy
- General health care
- Employment opportunities and access arrangements
- Income maximisation
- Suitable housing and accommodation fit for purpose
- Aids/Equipment and adaptations to support daily living
- Community transport
- Day services and opportunities
- Complex health diagnosis and interventions
- Rehabilitation and enablement
- Carers respite/short breaks
- Complex care support packages

It is acknowledged this will require significant investment over the 10 years of the plan. We will undertake to engage in all available opportunities to negotiate increased funding for services. A process of service redesign will be taken forward alongside this to maximise provision across the city. In addition the approach to service and strategy development must promote active citizenship and real opportunities for individuals to shape the planning and development of current and future services.

Directing and Managing Care and Support Services

From June 2003 local authorities have a duty provide Direct Payments to adults. From April 2005 this will be extended to include Older People.

As at May 2004 there were 30 people in Glasgow receiving a Direct Payment with 24 pending. By June 2004 this had risen to 54 Direct Payments and 21 pending (awaiting authorisation and funding). It is planned that some 16 pilot scheme and 68 ILS users will transfer to the scheme. Further information on the breakdown of Direct Payments across client groups and funding commitment can be found at appendix 7.

The relatively slower start of the new scheme is now evidencing accelerated growth. In addition the Centre for Independent Living has now been resourced to provide formal support to the Direct Payments Scheme, and this should lead to increased awareness and uptake.

Ensuring Services are More Accountable to People

To help ensure our services for people with physical impairment uphold the guiding principles of this strategic framework, and that people can make informed choices about the support they want and need, we must establish a range of mechanisms to be more accountable to service users. A variety of mechanisms are proposed including:

- An annual review of the strategic action plan with outcomes on progress to be considered jointly with users and other partners to inform the following years actions
- A review of the statutory agencies complaints and dispute resolution mechanisms to make them easier and more accountable for a 'whole' service provision
- Information on service waiting times and the number and type of complaints to be published

Closely linked to this is the need to develop a performance framework for physical disability. This will establish a range of quality indicators alongside more formal service evaluations that will enable robust monitoring of services. Resourcing service users to become assessors of services may be a more relevant way of re-enforcing user involvement and creating a culture of improved understanding between professionals and service users. The NHSQIS self assessment tool (11) may provide a useful basis for developing this evaluation.

Enhancing Protections and Safeguards

There are a number of practices that are designed to protect people's safety but which could significantly restrict people's rights. We will work to ensure that people's rights are not inappropriately restricted when they are unable to make their own decisions. We will ensure that the Data Protection Act, Incapacity Act and the Mental Health Care and Treatment Act are understood and appropriately applied and monitored within field of services for people with physical impairment. It is also recognised that better protections and safeguards are needed for people with physical impairment who are experiencing, or at risk of experiencing, physical, emotional or sexual abuse, or sexual harassment. We will work with specialist providers to enable access to these supports and ensure service providers are aware of protection issues and can deal sensitively and constructively with disclosure of abuse. These partnerships will also enable the criminal justice system to better respond to the needs of people with physical impairment.

What the strategy action plan will do:

- Work toward developing a new model for assessing need by introducing an individualised planning and support model that is based on people's needs and the choices that they make about their lives
- Provide planning and support to people with physical impairment, paying particular attention to people at different life stages and at times of transition. This will include young people and adults, as well as people who are ageing

- Develop an integrated independent advocacy service across health and social care
- Develop comprehensive, accessible information about services
- Commission an analysis of local data to inform future assessment of needs
- Engage with the Scottish Executive to promote more focussed attention on Physical Disability at a national level
- Work towards achieving a higher standard and greater range of health and social care services for people with a physical impairment. Priorities for initial investment include information, housing, care support packages, aids, equipment and adaptations, and home and personal care
- Explore investment opportunities for Direct Payments and further develop the Direct Payments scheme
- Broaden the range of health and social care services available, for example intermediate care, slow stream rehabilitation, care packages, psychiatry services
- Scope, and develop local provision for day opportunities, short breaks (respite services) and specialist residential services
- Develop stronger links between specialist supports and generic services in local communities
- Develop an integrated health and social work complaints and dispute resolution mechanism for supports and services for people with physical impairment
- Review implementation of the Incapacity and Mental Health Care and Treatment Act
- Ensure access to appropriate support for people with physical impairment who have experienced, or are at risk of experiencing, physical, emotional or sexual abuse, or sexual harassment
- Enhance support for people with physical impairment from culturally diverse backgrounds
- Work with the criminal justice system (police, courts and other organisations) to better respond to the needs of people with physical impairment

What has already been achieved?

- Increased funding for supports and services by 1.7million to 25million over the last three years
- Improved support for more than 132 people by providing individualised support to enable them to live more independently in the community
- Provided respite breaks for 216 people and their families and carers over the last two years
- Finalised work to establish the Centre for Independent Living Glasgow as the support organisation for Direct Payments recipients
- Glasgow Local Housing Strategy published by GCC
- Provided £36k for innovative advocacy initiatives
- Developed a group for women with physical impairment in the Centre for Women at the Sandyford Initiative
- Identified liaison women's health workers in every LHCC
- Barrier free women's refuge opened by Women's Aid in 2003

Demonstrating future progress

- Increased availability of support to meet people's needs
- Work towards establishing 400 Direct Payments service users by April 2007
- The number of flexible respite options and placements will increase
- The number of adults with physical impairment living in institutional settings will reduce
- The number of people accessing support from flexible community options will increase
- Increase in the number of people accessing advocacy services
- Access to community supports and services for people with physical impairment who have experienced violence will improve, waiting times will meet agreed standards
- Improved information on housing stock and applicants seeking housing
- Common Housing Register for Glasgow developed and implemented

Chapter 8: Priority Area 2

Built for Inclusion

This strategic framework recognises that people with physical impairment experience significant barriers to achieving personal autonomy and independence. More dynamic services and supports will be built on the guiding principles and in response to the Joint Future agenda, to enable people with physical impairment to participate in the community and pursue a lifestyle of choice. Central to these guiding principles are mechanisms to ensure that supports can respond to people's needs, both at the individual level and at a whole system level. This means that the new focus on individualised planning and support will need to be balanced with the development of services and supports for people with physical impairment that are integrated to provide clear, responsive and well coordinated pathways of care which are sustainable into the future.

Joint Disability Partnership

The Council with NHSGG will develop a Joint Disability Partnership with support from users and the voluntary and independent sectors. This Joint Disability Partnership will provide the leadership for supports and services for people with physical impairment, while ensuring that a sustainable whole system model is resourced in the longer term.

Working to this strategic framework, the Joint Disability Partnership will identify key elements of provision, which require to be redesigned to reflect current and future demands. This will include bringing about change through workforce planning and training, purchasing mechanisms, outcome measurement, demand management, governance and quality mechanisms.

Importantly, the Joint Disability Partnership will also provide the foundation on which to build stronger links between services and supports for people with physical impairment, and generic health and community services.

Improving Assessment and Access to Services

Many agencies and professional groups organise or provide services for people with physical impairment. Some will provide services to a wide range of client groups, others only to people with physical impairment. These services or approaches have often developed as single systems not always clearly combined or properly coordinated to achieve best outcomes for service users. Service users have often expressed feeling frustrated and thwarted in navigating a sensible route through these arrangements. This has often resulted in duplication of requirements for assessment and reassessment, delays in accessing services and a more general failure of agencies in assessing the full picture of need.

To respond in more complete and comprehensive ways requires a whole system approach establishing a clearly agreed partnership between service users and

agencies resulting in outcomes that meet an individual's holistic needs. For specialist services for people with physical impairment this will be supported by joint management of services. For the wide range of generic hospital and community based services robust protocols, clear processes and information sharing will facilitate this whole system approach.

Recognised in this approach is the valuable role of family and carers, and it is important that their needs are acknowledged and considered throughout assessment processes.

Detail of the assessment, care management, rehabilitation responses and integrated management approach required to meet this whole system working can be found at appendix 6. Key expectations of closer integration are:

- Community Physical Disability Teams and Disability Resource Centres will be integrated
- Integration of Occupational Therapy services
- Consultant links into the community will be achieved on a geographical basis
- Improved interface with both Older People's and generic services
- Improved joint work between acute hospital and community sectors regarding access and admission to services, and supporting the individual's journey through services

The timely provision of appropriate equipment and adaptations is an important element in overcoming environmental barriers to enable people to live more independently in the community. In 2002 a joint equipment store was established providing an integrated approach to accessing equipment for health and social work staff. Work to further streamline access to the broad range of equipment and adaptation services is being taken forward in 2004 through the integration of Occupational Therapy services, and the GCC Best Value Review (involving the Council, GGNHS and Glasgow Housing Association).

Disease specific services: access to many services is based on complexity of individual need, however some services are best provided for individuals with specific medical diagnoses. Many of these services are based in or from the acute hospital sector but link to a wide network of provision across community, local authority and voluntary sectors. Further detail can be found in appendix 8. It is important to link with these disease specific services in developing the whole system approach.

Improving Quality

As part of the commitment to provide high quality services, mechanisms will be put into place to monitor the quality of support for people. This will involve developing standardised integrated systems to review use and outcomes of interventions by services and supports for people with physical impairment provided by the statutory agencies. New and existing services must be able to demonstrate effectiveness backed up, where possible, by evidence based practice. This work will link to the

comprehensive performance framework outlined at 'Ensuring Services are More Accountable', in Chapter 7.

We will also review the contracts framework for contract providers of support services for people with physical impairment to ensure they meet minimum standards and are committed to continually improving the quality of the supports that they provide. More widely available independent advocacy services (Chapter 7), working closely with service providers, are also essential to ensuring high quality services.

Having More Choice about Housing

People with physical impairment should have an equitable choice about where they live, with whom and in what type of housing. The Housing Reference Group for Scotland states that 1% of Scotland's housing should be wheelchair accessible and 10% of housing should be accessible to the "ambulant disabled". In order to facilitate people the right to exercise choice, more housing options need to be jointly planned and developed ensuring that any new provision can meet people's holistic needs. This will involve more emphasis on social rented housing, supported accommodation, adaptations and further development of supports to offer people with physical impairment the choice to live independently in the community. This strategic framework recognises this will require an increase in the range and level of provision of community supports and services, and the potential for new build projects providing a "standard level of adaptations".

Linked to this is the need to provide information and advice to enable access to appropriate housing. The needs of people with physical impairment must be taken into account during any process undertaken with key stakeholders to commission appropriate models that address this need.

Effective housing solutions require a wide range of partners to work together at all levels within organisations. The Disability PIG will work with the appropriate statutory strategic services, Glasgow Housing Association and relevant independent organisations (eg Registered Social Landlords) to promote the necessary changes.

Developing the Workforce

Developing the workforce across both statutory and non statutory agencies is key to improving outcomes for service users. A number of strategies will be put into place to support employers and their staff. We will ensure that staff working with people with physical impairment are well positioned to provide high quality support that responds to people's individual needs and choices. This will be achieved by promoting a culture that values and encourages innovation, and values staff by providing opportunities for learning, development and growth through training and career pathways. This provides an ideal opportunity for supporting increased employment opportunities for people with physical impairment within our own statutory organisations. This training and development agenda will require a substantial increase in resources.

Transport

The impact of restrictive transport options for people with physical impairment is fully recognised. As part of the hospital modernisation programme GGNHS Community Engagement Team will be working with people with physical impairment and transport providers to improve transport provision in Glasgow.

The Council recognises the important role that public transport and taxi services play in the lives of all people in Glasgow. Current transport strategies commit to working with Strathclyde Passenger Transport to support the provision of improved public transport, however the needs of people with physical impairment are not specifically recognised. The Disability PIG must work with other council departments to ensure that issues of diversity are appropriately addressed locally, regionally and nationally.

What the strategy action plan will do:

- Establish a Joint Disability Partnership
- Develop an integrated rehabilitation and enablement service across health and social care
- In conjunction with service users, develop integrated health and social care systems to monitor and improve the quality of supports and services
- Develop and implement a Shared Assessment Framework in consultation with service users
- Introduce a comprehensive system of assessment and care management
- Clarify service access arrangement so that all partners can share an agreed understanding of who can get what and when
- Work towards achieving better integrated occupational therapy provision across health and social care
- Complete the Best Value Review of equipment and adaptations
- Secure increased funding over the next three years for equipment and adaptations
- Link with the Chronic Disease Management Programme and Managed Clinical Networks, and support work to implement actions arising
- Agree and implement a framework for outcome based service interventions, linking audit of outcomes to the performance management framework
- Develop a contract management framework to ensure that support providers meet minimum standards and are committed to continually improving the quality of the supports that they provide
- Strengthen strategic partnership working with appropriate housing bodies to implement and develop the accommodation strategy
- Secure funding for information/advice resources to assist people with physical impairment access better housing options
- Establish appropriate support for adults in care homes based on assessment of needs
- Support the development of a range of joint training opportunities
- Work with all key stakeholders and service providers towards achieving an integrated and accessible transport network

What has already been achieved

- Established interim post of Joint Planning Lead
- Review of planning structures for services for people with physical impairment undertaken and new structure being implemented across physical disability, acquired brain injury and sensory impairment
- Joint equipment store established across health and social work currently part of a Best Value Review
- Integrated model for occupational therapy provision is in development following consultation
- Commissioned a three year disability equality training programme for front line staff
- Housing representative on the Glasgow Joint Community Care Committee and Integration Steering Group
- Work begun on a joint training and development plan for staff working in health and social work
- Developed organisational development capacity to support integration agenda and the strategy implementation

Demonstrating future progress

- As part of the Joint Disability Partnership the integrated performance management reports will provide open and transparent outcomes on progress
- Strong representation from Housing on Disability Partnership and other relevant planning groups
- An integrated approach to financial planning and management is achieved
- Rehabilitation interventions generate outcomes which in turn inform future service planning and development
- Support providers meet agreed quality standards
- More staff will have access to learning and development opportunities
- The proportion of support staff with training to SVQ Level III will increase
- The number of senior staff with leadership training will increase
- Evidence of increased availability of housing that meets the needs of people with physical impairment
- Comprehensive housing information is available in accessible formats
- Improved access to public transport, for example, by increasing in Glasgow taxis with wheelchair access
- Access to public transport (trains, buses and taxis) will improve

Chapter 9: Priority Area 3

Joined up to work

This strategic framework recognises that people with physical impairment have the right to expect to be able to participate equally and contribute to their own community. There is a commitment to working with communities across Glasgow so that they are more accessible and more inclusive of people with physical impairment.

It is recognised that the meaning of 'community' may be different for different people. A person may be a member of one community, but they may also be members of many 'communities', depending on where they live, their interests, family background or religion. Physical impairment should not be a barrier to services that support quality of life including education, public transport, health services and work, as well as access to buildings and other venues. The Disability PIG will take a lead role in supporting other organisations and departments to make their services and facilities more accessible and more inclusive.

Working in Partnership

As recognised earlier the changes outlined in this strategic framework cannot be achieved by working alone. It will require work amongst a range of service users, organisations and individuals to achieve real and lasting change. This means planning partners will need to strengthen relationships and develop partnerships with people with physical impairment, individuals, organisations and groups involved with people with physical impairment. Examples of areas for developing partnerships include:

- Service users and user led organisations
- Different departments within the Council (such as those involved with the arts, cultural, sport, and leisure), and across wider NHSGG hospital and community health services including health promotion
- Community care planning groups, managed clinical networks and planning groups focussed on particular diagnoses
- Registered social landlords
- Service providers from the non statutory organisations
- Community groups and voluntary organisations
- Local business networks
- The broader community

Working in partnership means that different individuals, organisations and groups work together to define their needs and priorities, to find the best ways of addressing them.

Working in partnership believes that strong user involvement will achieve better outcomes for service users, and the local community.

Working in Partnership does not mean that health and social work are giving up their responsibilities, nor does it mean that there will always be agreement on all issues. However it will require health and social services to make difficult decisions about priorities and about the allocation of resources. It will require recognition of the increased and

increasing number of people with physical impairment living in the community, and achieving the necessary resource shift to address this.

Participating in the Community

The Scottish Household Survey found that “across all age groups disabled people were more likely to feel not involved in their community than non disabled people” (9). Inclusive communities bring more benefits to all members of the community, embracing diversity and reducing inequalities. The Disability PIG will therefore work with partners to raise awareness of current opportunities and promote new opportunities for people with physical impairment to take part in community activities.

Access to Buildings and public places

Ensuring that building and public places are accessible to people with physical impairment is essential to achieving a more equitable society. As major providers of information and services within Glasgow, the Council and NHSGG have a clear responsibility to promote accessibility. Both the Council and NHSGG have been undertaking work to respond to the impending DDA requirements. As a champion of disability issues, the Disability PIG will monitor the progress of the Council and NHSGG responses to access in its broadest sense, and where possible facilitate joint approaches to solutions.

Assistance to Work

Glasgow City Council and NHSGG are committed to ensuring that people with physical impairment have the same employment opportunities as others in Glasgow. National and local data would suggest this is currently not being achieved (9/10). The recently published Equal Access to Employment Strategy (12) highlights the range of partners required to help achieve sustainable employment solutions for individuals, including statutory organisations, private businesses and voluntary organisations. Change will require long term support and investment. Health and social care services must support this agenda through their approach to vocational rehabilitation. Further detail can be found at appendix 9.

Promoting Inclusive Education

Part of assisting people to work must be an active participation in education environments. The Council will promote this by working in partnership with higher education settings (colleges and universities), and through its department for Libraries, Information and Learning. Support must also be targeted to ensure young people receive the necessary assistance when they make the transition from school to higher education, training and employment. Further detail of transition arrangements can be found at appendix 6.6. In addition the strategic framework recognises the need to link

with the work of other independent agencies, such as LEAD Scotland (Linking Education and Disability, Scotland).

Improving Health and Well-being

Access to high quality health and social care services in local communities must be available to all. For people with physical impairment access to health services will be improved by ensuring health professionals are better aware of their needs. This would also lead to improved access to the range of important health screening programmes (for example, breast screening) and to sexual and reproductive health services. The promotion of good mental health and well-being for people with physical impairment requires better access to a range of Mental Health counselling services. Better networks across the city will facilitate this.

Health improvement is a key activity of both the NHS and the Council and is recognised as an important area of service development within the emerging Community Health Partnerships. A range of activity is already underway and must continue to be supported.

What the strategy action plan will do:

- Establish a range of sustainable models of user and carer involvement in service planning and delivery
- Secure investment to build capacity in sustainable user involvement
- Strengthen partnerships with developing community health partnerships and social inclusion partnerships to build more accessible and more inclusive communities
- Work with nominated corporate leads to address and coordinate DDA requirements for employment, transport, access (to information, buildings and services) and communication
- Increase education, training and employment opportunities for people with physical impairment in accordance with Equal Access to Employment strategy
- Streamline the services of the Disability Resource Centres in order to promote increased training and employment opportunities for people
- Raise awareness and improve information for professionals and individuals about employment opportunities and support
- Continue to promote the Healthy Returns programme
- Promote inclusive education for young people and adults with physical impairment
- Identify, support and promote opportunities for people with physical impairment to participate in arts, cultural, sport, tourism and leisure activities

What has already been achieved?

- In response to Partnership for Care the Health White paper Glasgow city and NHSGG have agreed to develop five Community Health Partnerships across Glasgow. These new organisations will provide a local integrated structure to

service provision and greater opportunity to influence community responses to physical impairment

- Disability user group established within the hospital modernisation programme
- Implementation of the Council's first Disability Equality Action Plan began in 2003
- Development and implementation of the Equal Access to Employment strategy supported
- Education Access Strategy developed by the Council
- Promotion of the Healthy Returns programme across Glasgow
- Funding secured by Glasgow City Council to develop a 'Disabledgo' website during 2004
- Improved existing access for people with physical impairment to leisure centre facilities and services
- Disability training programme developed by GGNHS Health Promotion department and delivered to GCC Culture and Leisure staff

Demonstrating future progress

- There will be more partnership initiatives developed through community health partnerships, communities and providers of health and community services in local communities
- Listening to and involving service users will be monitored through the local performance framework, for example more service users will be involved in planning, monitoring and reviewing supports and services for people with physical impairment
- Community awareness of disability issues and the needs of people with physical impairment will increase
- There will be an increased uptake of education and work opportunities by people with physical impairment
- Access to health screening programs (including breast, bowel, cervical smear, prostate screening and dental screening) will improve
- Development funding accessed for appropriate housing for people with varying needs
- Access to arts, cultural, sport and leisure activities will improve as part of working towards equity in access

Chapter 10: Next Steps

The Council and NHSGG are committed to monitoring progress of the strategic framework and evaluating the outcomes of the priority strategies that it puts into place. This will ensure that real progress is made towards achieving the vision over the next ten years. This will be achieved by:

- Coordinating the implementation of the priority areas. The Disability PIG will also support other organisations in making their supports and services more accessible and more inclusive of people with physical impairment
- Providing regular updates to the Disability and Physical Disability PIGs
- Undertaking an annual review of the action plan
- Publishing reports that clearly and openly demonstrate the outcomes of the implementation of the action plan
- Monitoring a performance framework and achievement of local improvement targets
- Evaluating the outcomes of the priority areas before developing new actions for the ten year programme 2004-2014
- Ensuring that the views of users, carers, service providers and members of the broader community are listened to and taken into account
- Recognising and responding to new issues, challenges and opportunities that arise

Glasgow City People with Physical Impairments Strategic Framework 2004-20014

Phase 1 Action Plan 2004-2007

Strategic objective	Action	Timescale	Cost / source	Expected outcome
A. Promoting Independence and Choice	1. Individualised Planning And Support, Advocacy And Information			
	1.1 Phase 1: Commission supported living services	2004 / 7	£2.5m	Increased availability of support to meet people's needs
	1.2 Secure funding to develop and implement comprehensive independent advocacy services	2005/6	£80k	Improved access to information and better informed choice
	1.3 Phase 1: Review existing information services including exploring approaches with a range of partners including Culture and Leisure Services, Access Glasgow, voluntary sector and develop a proposed model	2004/5	£120k	Individuals experience greater independence
	2. Understanding Needs			
	2.1 Phase 1: Commission an analysis of local data systems to inform future assessment of need	July 2005	£30k	Future assessment of needs is better informed
	2.2 Engage with Scottish Executive to promote more focussed attention on Physical Disability at a national level	2004/7		Stronger profile for physical disability issues at local and national level

Strategic objective	Action	Timescale	Cost / source	Expected outcome
A. Promoting Independence and Choice cont'd	3. Care and Support Service Redesign			
	3.1 Phase 1: Work in partnership with Older People's services to look at redesign and specifications for the development of rehabilitation services	2004/5	£50k	Improved access to responsive rehabilitation services Increased availability of support to meet people's needs
	3.2 Phase 1: Develop robust service transition arrangements: <ul style="list-style-type: none"> • Adult to older people • Work in partnership with education on the implementation of the education act 	2005/6	£60k Ed Act funding	Quicker access to the right services Skilled and stable workforce
	3.3 Agree with the Child Health Disability Subgroup the priorities and timetable for joint work around services for young people	2004/5		
	3.4 Prepare a workforce plan to address recruitment, retention and gaps in service provision	2005/6		
	3.5 Phase 1: Informed by user involvement, broaden the range of models of service provision across intermediate care / slow stream rehab, care packages, day opps.	2005/7	£1m	Increased availability of support to meet people's needs
	3.6 Phase 1: Development of Direct Payments - assess implications of user centred approach of Direct Payments: <ul style="list-style-type: none"> • Redirection of existing resources • Monitoring process for implementation • Develop support model to increase uptake 	2004/7	£4.7m	Increased uptake of Direct Payments

Strategic objective	Action	Timescale	Cost / source	Expected outcome
A. Promoting Independence and Choice cont'd	3.7 Phase 1: Jointly review respite services and demand with a view to developing a greater range of flexible respite services and identify future costs	2005/6	tbq	Extended support for carers
	3.8 Phase1: Identify the support needs of generic services in responding to physical impairment (in conjunction with services such as district nursing, homecare,)	2004/6		Services become more inclusive and are better supported to respond to needs
	3.9 Phase1: Develop new roles for psychiatry to support physical impairment	2004/5		
	3.10 Agree and implement model of psychiatry input to support people with physical impairment	2005/6	£50k	Increased availability of support to meet people's needs
	3.11 Phase 1: Monitor implementation of Incapacity and Mental Health Care and Treatment Acts to ensure the needs of people with physical impairment are being addressed	2005/6		Improved safeguarding of people with physical impairment
	3.12 Phase 1: Raise awareness and identify needs of vulnerable people with physical impairment	2005/7		
	3.13 Phase 1: Ensure all elements of the strategic framework support equality and diversity and are built into the performance management framework	2004/7	£30k	Individual needs are met
	3.14 Phase 1: Work with the criminal justice system to better respond to the needs of people with physical impairment	2005/7		Robust communication with Criminal Justice services

Strategic objective	Action	Timescale	Cost / source	Expected outcome
B. Built For Inclusion	1. Integrated Services			
	1.1 Establish and build capacity for a Joint Disability Partnership	2004/5	£tbq	Integrated approaches to service planning and development
	1.2 Implement Joint Future requirements for joint management and resourcing of integrated services including processes for shared financial management	2004/5		Integrated approaches to service management Integrated approach to financial planning and management
	1.3 Implement recommendations from the Framework for Integrated Occupational Therapy	2004/5	Redirect/ redesign	Streamlined service responses
	1.4 Undertake work to identify better integration of equipment and assistive technology services including securing funding to implement Augmentative and Alternative Communication service	2004/6	£200K £80k	
	1.5 Finalise and implement a shared performance management framework for physical disability with local improvement targets	2004/5		Improvement to services on a continuous basis
	1.6 Implement a shared assessment framework for physical disability with agreed service access criteria and implement the new care management guidance developed by GCC	2004/5		Quicker access to the right services
	1.7 Identify areas for implementing self assessment / direct access	2005/6		

Strategic objective	Action	Timescale	Cost / source	Expected outcome
B. Built For Inclusion cont'd	2. High Quality Services			
	2.1 Phase 1:Support the development of a range of joint training and development opportunities	2004 / 2007	£25k	Support providers meet quality standards
	2.2 Ensure flow of communication across new and existing structures eg MCNs	2004/6		Better sharing of information
	2.3 Develop evidence based approaches to service provision and audit trails for outcome based service interventions	2004/6		Focussed rehabilitation interventions in which goals are agreed with service users
	2.4 Phase 1: Review utilisation of NHSQIS Self Assessment Tool	2005/6		
	2.5 Phase 1: Develop, agree and plan implementation of a contract management framework for service providers	2005/7		
	3. Accommodation Needs			
	3.1 Phase 1: Work in partnership with appropriate housing bodies to implement and develop the local housing strategy	2005/6		Strengthened strategic planning links with housing
	3.2 Secure funding for information/advice resources for people to access better housing options and linking to the development of a Common Housing Register		£230k	More people live independently in the community Better information on housing needs and availability
	3.3 Establish needs and identify models of provision for adults in Care Homes	2005		Increased availability of appropriate housing for varying needs

Strategic objective	Action	Timescale	Cost / source	Expected outcome
B. Built For Inclusion cont'd	3.4 Develop models of future service provision for adults in Care Homes	2005/6	tbq	Life choices are supported
	4. Accessible Transport			
	4.1 Phase 1: Advise the Council on the scope of need for improved transport provision for people with physical impairment	2005/6	£30k	Improved social inclusion of people with physical impairment
4.2 Phase 1: To review the range and scope of specialised transport provision to improve services for people with physical impairment	2005/6	tbq		
C. Joined Up To Work	1. Working in Partnership			
	1.1 Phase 1: Identify and agree a range of sustainable models for user involvement	2005/6		Service users helping to shape future service provision
	1.2 Phase 1: Work with the Carers PIG to develop and monitor appropriate carer involvement mechanisms	2005/6		Established framework for engaging service providers in planning systems
	1.3 Phase 1: Secure funding to build capacity and implement user involvement	2005/6	tbq	Support to carers
	1.4 Establish working patterns for specialist and mainstream services for people with physical impairment in the light of developments in Community Health Partnerships	2004/6		Raised profile of physical impairment at a local level

Strategic objective	Action	Timescale	Cost / source	Expected outcome
C. Joined Up To Work con't	2. Access and Participation 2.1 Work with nominated corporate leads to address and coordinate DDA requirements for employment, transport, access and communication		tbq	Meeting DDA requirements
	3. Assistance into Education And Work 3.1 Raise awareness and improve information for professionals and individuals about employment opportunities and support 3.2 Phase 1: Streamline the services of the DRCs in order to promote access to training and employment opportunities and identify capacity in existing models to address needs of people with physical impairment 3.3 Phase 1: Promote inclusive education for young adults with physical impairment	2005/7 2004/5 2005/7	tbq tbq tbq	Increased uptake of education and work opportunities
	4. Health and Wellbeing 4.1 Phase 1: Identify support and promote opportunities for people to participate in arts, cultural, sport, tourism and leisure activities 4.2 Phase 1: Support work within GGNHS Health Promotion department to promote specific identified needs of people with physical impairment	2004/7 2004/7	£30k tbq	Individuals supported in their pursuit of leisure and recreational activity Improved access to health services

Joint Financial Framework

A		B	C	D	E	F	G	H	I	J
Social Work Services		2004/2005			2005/2006			2007/2008		
> Provided Services		Gross	Income / Funding	Net	Gross	Income / Funding	Net	Gross	Income / Funding	Net
1	Residential Services	£557,400	-£31,580	£525,820	£571,335	-£32,370	£538,966	£585,618	-£33,179	£552,440
2	Day Services	£1,413,890	-£80,290	£1,333,600	£1,449,237	-£82,297	£1,366,940	£1,485,468	-£84,355	£1,401,114
3	Other Community Services	£3,443,310	-£778,750	£2,664,560	£3,529,393	-£798,219	£2,731,174	£3,617,628	-£818,174	£2,799,453
4	Planning & Management	£914,060	£0	£914,060	£936,912	£0	£936,912	£960,334	£0	£960,334
5	Resource Transfer Income	£0	-£2,221,770	-£2,221,770	£0	-£2,277,314	-£2,277,314	£0	-£2,334,247	-£2,334,247
							£0			£0
> Purchased Services							£0			£0
6	Residential & Day Care	£13,332,400	£0	£13,332,400	£13,665,710	£0	£13,665,710	£14,007,353	£0	£14,007,353
7	Payments / Grants to Voluntary Organisations	£473,100	£0	£473,100	£484,928	£0	£484,928	£497,051	£0	£497,051
8	Revenue Support Grant / Council Tax Funding	£0	-£17,021,770	-£17,021,770	£0	-£17,447,314	-£17,447,314	£0	-£17,883,497	-£17,883,497
9	Social Work Total	£20,134,160	-£20,134,160	£0	£20,637,514	-£20,637,514	£0	£21,153,452	-£21,153,452	£0

NHS Greater Glasgow:

10	> Baseline/HIP	£0	-£8,997,990	-£8,997,990	£0	-£9,222,940	-£9,222,940	£0	-£9,453,513	-£9,453,513
	> Community									
11	Aids for Daily Living	£661,170	£0	£661,170	£677,699	£0	£677,699	£694,642	£0	£694,642
12	Community Teams	£833,300	£0	£833,300	£854,133	£0	£854,133	£875,486	£0	£875,486
13	Head Injury Rehabilitation	£300,930	£0	£300,930	£308,453	£0	£308,453	£316,165	£0	£316,165
	> Inpatient									
14	PDRU	£684,320	£0	£684,320	£701,428	£0	£701,428	£718,964	£0	£718,964
15	Continuing Care	£588,190	£0	£588,190	£602,895	£0	£602,895	£617,967	£0	£617,967
16	Head Injury beds, Glasgow Royal Infirmary (Short Stay)	£369,850	£0	£369,850	£379,096	£0	£379,096	£388,574	£0	£388,574
17	Other Providers	£480,870	£0	£480,870	£492,892	£0	£492,892	£505,214	£0	£505,214

	> Other Investments									
18	Contribution to Westmarc	£2,419,040	£0	£2,419,040	£2,479,516	£0	£2,479,516	£2,541,504	£0	£2,541,504
19	Scotcare	£437,280	£0	£437,280	£448,212	£0	£448,212	£459,417	£0	£459,417
20	Beta Interferon	£647,060	£0	£647,060	£663,237	£0	£663,237	£679,817	£0	£679,817
21	MS Services	£188,670	£0	£188,670	£193,387	£0	£193,387	£198,221	£0	£198,221
22	Epilepsy	£344,510	£0	£344,510	£353,123	£0	£353,123	£361,951	£0	£361,951
23	Huntingtons	£40,870	£0	£40,870	£41,892	£0	£41,892	£42,939	£0	£42,939
24	Chronic Fatigue Syndrome	£34,060	£0	£34,060	£34,912	£0	£34,912	£35,784	£0	£35,784
25	Palliative Care Service	£250,000	£-250,000	£0	£250,000	£-250,000	£0	£250,000	£-250,000	£0
26	Audiology Services	£967,870	£0	£967,870	£992,067	£0	£992,067	£1,016,868	£0	£1,016,868
27	NHS Greater Glasgow Total	£9,247,990	£-9,247,990	£0	£9,472,940	£-9,472,940	£0	£9,703,513	£-9,703,513	£0
28	TOTAL COMBINED BUDGET	£29,382,150	£-29,382,150	£0	£30,110,454	£-30,110,454	£0	£30,856,965	£-30,856,965	£0

Notes

1. This Framework reflects budgets on a Glasgow City basis. Services from GGNHSB have been shown on an agreed budget allocation of 68%.
2. Budgets include Physical Disabilities, Acquired Brain Injury and Sensory Impairment Services.
3. Inflation for 05/06 and 06/07 has been estimated at 2.5%
4. Ward costs are direct costs only.
5. The Palliative Care Service (ref 25) is funded from The New Opportunities Fund for three years. Funding will end in March 2007.
6. Physical disability has access to a number of services which are reflected in other client group financial frameworks, and as such are not included here. In Social Work Services these include Homecare and Area Team fieldwork staff. In Health these include the range of primary care services including GP and community nursing. Some audiology and Sensory Impairment services are integral to Ear, Nose and Throat services.

LIST OF APPENDICES

1. How the strategic framework was developed
2. Responses to the consultation process
3. Current supports and services for people with physical impairment
4. Areas of planning with an impact on services for people with physical impairment
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 - 6.1 Early intervention
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 - 6.6 Transition of young people to adult services
7. Information on direct payments in Glasgow
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Appendix 1:

How the strategic framework was developed:

The strategic framework for people with physical impairments was developed over 4 phases:

Phase One, Information Gathering: an extensive range of documents from local, national and international sources were considered during the development of this strategic framework.

Phase Two, Production of a Draft Strategic Framework: this process involved members of the Physical Disability Planning and Implementation Group and some limited involvement of service users.

Phase Three, Consultation: following approval by the Physical Disability Planning and Implementation Group, the Integration Steering Group and the Joint Community Care Committee the draft strategic framework was circulated for consultation between May and December 2003. Circulation included officers from partner agencies, stakeholders, service users, community organisations and people both locally and nationally with a particular interest or expertise in physical impairment. During the consultation three formal consultation events were held:

- One with professionals involving approximately 80 staff from health and social work services
- One with service users, undertaken by Glasgow Disability Alliance on behalf of the Physical Disability Planning and Implementation Group involving around 55 members of Glasgow Disability Alliance
- One with approximately 20 local independent service providers

In addition, during the course of the consultation a number of health and social work meetings took opportunity to discuss the strategic framework. The consultation process was formally closed at the end of December 2003. A total of 34 responses were received. A full list of those from whom responses were received can be found at Appendix 2.

Phase 4, Finalisation of the Strategic Framework: a final strategic framework was produced reflecting the outcomes from consultation and a review of other developments on a national and international basis. The final document was submitted for approval to the Joint Community Care Committee in October 2004.

Future phases of the 10 year strategic framework will move onto implementation of the strategic action plan. It is planned to monitor progress against actions on a yearly basis, and review the full action plan every 3 years. At each 3 year review we will define future operational goals and make any necessary updates to the strategic framework building on progress and reflecting any changes needed to achieve the vision of the 10 year plan.

Appendix 2:

Draft Physical Disability Strategic Framework Consultation responses received from:

- Alcoholics Anonymous
- Deaf Blind Scotland
- Dr Margaret Whoriskey, Advisor Disability Services, NHSQIS
- Fernan Street DRC Service Users
- GCC Culture and Leisure Services
- Glasgow Disability Alliance
- Glasgow Disability Alliance User Consultation Event
- GGNHS Board meeting with Strategic Planning Leads – Children, Older People, Mental Health
- Glasgow City Council Adult Social Work – Homelessness, Mental Health and Addictions Services
- Glasgow City Council Social Work/ GGNHS Staff Consultation Event
- Glasgow Housing Association
- Glasgow Learning Disability Partnership
- Glasgow West Partnership – St Ninian’s Centre, The Three I’s Centre, The Drumchapel Disabled Action Group, Yoker Community Care for the Disabled, Momentum Scotland
- Greater Glasgow Primary Care NHS Trust
- Greater Glasgow Primary Care NHS Trust Community Physical Disability Teams
- Highfield Care, Care Home Managers
- Hilary J Howatt, Policy Development Manager, Strathclyde Passenger Transport
- Individual Service User Responses x 3
- June Smyth, Development Co-ordinator, Capability Scotland
- Liz Nicoll, LHCC General Manager
- Margaret Orr, Head of Special Educational Needs, Glasgow City Council
- Mr Allen, Consultant Orthopaedic Surgeon, Director of National Spinal Injuries Unit, Southern General Hospital
- North Glasgow NHS Trust Speech & Language Therapy Services
- North Glasgow Partnership, Building People’s Capacity Subgroup
- Pollock DRC User Consultative Group
- Prof. Pam Enderby, Professor of Community Rehabilitation, Northern General Hospital
- Scottish Centre of Technology for the Communication Impaired
- Scottish Huntington’s Association
- Service Providers Consultation Event
- South Glasgow NHS Trust Occupational Therapy Services
- South Glasgow NHS Trust Speech and Language Therapy Services
- South Glasgow University Hospitals NHS Trust Meeting with “Rehab Leads”
- Sue Barton, Neuro-rehab Team Manager, West Norfolk

Report on the Feedback from Consultation May-Dec 2003:

Overall respondents were very supportive of the consultation document seeing this as an important and welcome step forward for physical disability. Users in particular, however, stressed the need for the process of consultation to make a difference to services, and real improvements must be seen particularly in terms of flexibility and coordination of services. In addition, a number of comments noted a medical emphasis to the document and wished to see a stronger emphasis on social care and the examination of society's responses to disability.

There was widespread support for a number of areas:

- **Guiding principles:** all were in agreement with the stated guiding principles of 'listening to and involving service users, empowerment, social inclusion, independent living, equitable access, treating people with dignity and respect'. An additional principle of 'access to information' was suggested by many as needed to strengthen the strategic approach
- **Effective communication:** effective communication by and between professionals was consistently noted as essential to every aspect of service. Again users, in particular, felt improvements in standards and consistency of communication were needed
- **Whole systems approach:** the need for better joint working amongst all agencies was acknowledged. Widespread support was given to promoting a 'whole systems approach', exploring services being sited together, and to creating a network to services across the city. This was seen to help achieve more streamlined access to services, as was the provision of accessible service information
- **Shared assessment processes:** support was also given to the development of a culture where shared assessment processes actively involve and empower service users, offering choice wherever possible. Again this needs to be underpinned by the provision of accessible service information including expected standards in areas such as waiting times
- **User involvement:** overwhelming support was given to the proposals around strengthening user involvement in service planning and delivery

A small number of areas raised disagreement:

- **Tiers of need:** most respondents felt the tiers of need were helpful in clarifying a service planning framework. However users unanimously disagreed, feeling this tiered approach could potentially prevent an individual from accessing particular services, and it was not able to reflect the fluctuating nature of many impairments
- **Acute hospital services:** strong representation was made by the acute services that there was insufficient emphasis on the contribution of the acute hospital sector and their role in addressing needs at an early stage of intervention

A number of areas were highlighted as requiring strengthening:

- **Vision:** some respondents wished to see a strengthening of the overall vision in describing innovative solutions to improve services

- **Scope of framework:** improved clarity on the precise scope of the strategic framework, with signposting to other strategies where appropriate was suggested by a few respondents
- **Partnership approaches:** a comprehensive response was received from Culture and Leisure Service (CLS). It highlighted the broad role of CLS and their relationship to physical disability. This important area of work had not been reflected within the draft strategic framework document and highlights the need to emphasise the current and potential benefits of strengthening the partnership approach within physical impairment with CLS and others
- **Co-morbidity:** it is recognised a small but significant number of people with physical impairment do, at times, access other care group services for example mental health, addiction or homelessness services. The final strategic framework needs to reflect this better, and promote an increased flexibility to service responses
- **Priorities and key targets/standards:** the need for greater clarity on key priorities, actions and targets was supported. In addition users were keen to see the development of information around service standards (such as waiting times) being made available in order to promote informed choices about service provision
- **Employment:** many replies noted the importance employment has in adhering to the framework guiding principles and wished to see a strengthening of the approach to employment
- **Direct Payments:** only service users made any comment on Direct Payments, however they soundly pressed for stronger representation within the framework regarding the potential of direct payments and mechanisms to support this

Throughout the consultation responses there was general consensus on a number of specific areas as priority for development. These included:

- Improvements to local transport infrastructure
- Access to independent advocacy
- Greater access to a range of respite facilities
- Flexible home care provision
- Direct payments
- Compliance with the Disability Discrimination Act (1995)
- Timely access to equipment and rehabilitation
- Availability of appropriate accommodation
- Partnership working with voluntary organisations

In raising priorities a number of replies highlighted the need for additional resources and also a requirement to manage expectations around this. This raises the central challenge of needing to make better use of existing resources, whilst continuing to press for additional funding where appropriate. The current work to develop a shared financial framework will be an essential element to understanding where resources are currently deployed and the potential for redesign.

Appendix 3:

Current Supports and Services for people with physical impairment:

People with physical impairment access a variety of supports and services to meet their needs. The list below provides an indication of the range of statutory and non-statutory organisations currently providing supports and services for people with physical impairment, and includes Glasgow City Council departments, NHS Greater Glasgow, service providers in the non-statutory sector, community groups, and a range of other community-based organisations. It is acknowledged that whilst this list is fairly comprehensive, it does not include all departments and organisations involved in providing supports and services.

Glasgow City Council:

- Community Occupational Therapy
- Culture and Leisure Services
- Day care
- Disability Information Services
- Disability Resource Centres
- Fernan Street Complex
- Greater Glasgow Independent Living Equipment Store – equipment and adaptations
- Homecare
- Intensive/long stay and residential packages
- Personal assistants
- Residential care homes
- Social work services assessment and care management
- Supporting people

Greater Glasgow NHS:

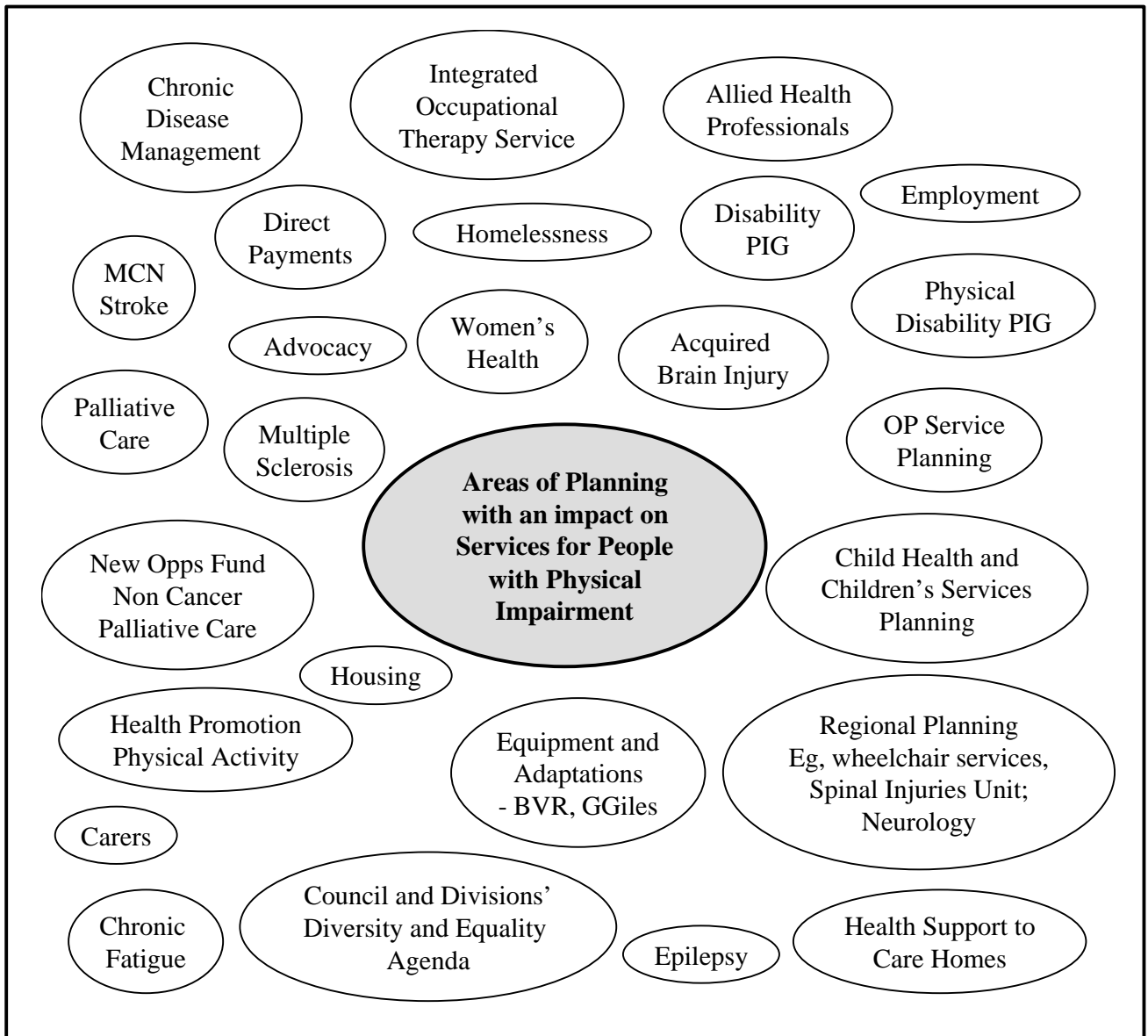
- Community Physical Disability Teams
- Day Hospitals linked to Geriatric Medicine
- Department of orthotics
- District nursing services
- Domiciliary rehabilitation services
- GP services
- Inpatient services across a range of medical, rehabilitation and surgical specialties
- National Spinal Injuries Unit
- NHS Continuing Care Unit
- Outpatient rehabilitation services including physiotherapy, occupational therapy, speech and language therapy
- Physical Disability Rehabilitation Unit
- Podiatry
- Sandyford Initiative
- Scottish Centre for the Communication Impaired
- Specialist Nursing services
- West of Scotland Mobility and Rehabilitation Centre (West MARC)
- Yorkhill Paediatric and child health services

Independent and voluntary provision:

Centre for Independent Living
Glasgow Disabled Person's Housing Service
Glasgow Housing Association
Huntington's Association
Multiple Sclerosis Therapy Centre
Revive
Scottish Motor Neurone Association
The Advocacy Project

Appendix 4:

Areas of planning with an impact on services for people with physical impairment



Appendix 5:

Available Data to Inform Analysis of Need on Use of Services:

Table 1: “Glasgow City Council Dept of Regeneration Services (2004) estimates of prevalence of physical disability (adults 16-64yrs), from the 2001 Voluntary Population Survey adjusted taking into consideration 2001 census and the Community Health Index”.

Table 1: Estimates of prevalence of physically disabled adults 16-64 yrs by LPIG area (ref 7)					
	Mild Category 1-3	Moderate Category 4-7	Severe Category 8-10	Total	%
West	1825	2396	1216	5437	11
North West	2607	3412	1737	7756	16
North	1830	2401	1208	5439	11
East	2065	2710	1365	6140	13
North East	1715	2251	1142	5108	11
South West	1512	1985	1005	4502	10
Greater Pollok	1422	1865	945	4232	9
South East	975	1278	652	2905	6
South	2073	2721	1381	6175	13
Total	16024	21019	10650	47694	100

Note: only includes those living in private households and does not include those living in establishments (e.g. hospitals or care homes).

For this purpose severity of impairment is defined as the extent to which an individual’s performance of activities is limited, 1 being least severe and 10 being most severe. The following list gives just some examples of typical cases in a number of the categories of severity. This is not attempting to give a comprehensive picture of all impairment but aims to help give some limited practical understanding to the numbered categories:

Category 1 An individual who has difficulty hearing someone talking in a normal voice in a quiet room, or, an individual who has difficulty reading ordinary newspaper print

Category 3 An individual who has difficulty dressing, getting out of bed, requires to use a handrail when going up or down stairs and is unable to walk 200yds without stopping or experiencing severe discomfort

Category 6 An individual who in addition to the areas outlined in 3, will also require to hold onto something to keep their balance, is unable to pick something up from the floor, has difficulty holding their arm out to shake hands and requires help with all activities of daily living

Category 10 An individual who cannot walk, requires assistance for all personal care, cannot carry out any activities involving holding, gripping or turning, and who has communication difficulties such that it is difficult for strangers to understand their communication

Table 2: Estimated Number Of Younger Adults (Aged 16-64 Years) With Moderate Or Severe impairment, By Main Cause/Diagnosis

Condition	%
Arthritic conditions	12
Heart failure	10
Stroke/SAH	10
Head Injury	10
Epilepsy	8
Back problems	5
Multiple Sclerosis	3
Amputation	2.5
Congenital anomalies	2.5
Other circulatory problems	2
Other neurological problems	1.5
Chronic fatigue	1.5
Speech difficulties (other than that captured within above diagnoses)	1
Disfigurement	1
Renal failure	1
Subtotal	71
Visual impairment	16
Hearing impairment	13
Total	100

Physical Impairment and Ethnicity:

The Scottish household survey 1999 (9) figures identify “5% of the physically disabled population being from a black or minority ethnic background”. Recent studies have highlighted a number of issues faced by ethnic minority communities in accessing services (12/13). Work is currently being undertaken with ethnic minority groups across Greater Glasgow to explore how services can better respond to their needs.

Additional information on current services:

SOCIAL WORK SERVICES:

Assessment and Care Management: at September 2004 there were 3905 open cases

Occupational Therapy: in 2003/4 there were 4969 referrals for assessment of adults with physical impairment

Public Sector Adaptations: in 2003/4 996 adaptations were carried out at a total cost of £1.4m

HEALTH SERVICES:

WestMARC wheelchair services: in 2003/4 there were 3000 new referrals and 4000 wheelchairs were issued (data is for all ages of people referred across Greater Glasgow)

Community Physical Disability Teams: in 2003/4 387 referrals received for Glasgow City residents. The average waiting time for services was 9 weeks

Physical Disability Rehabilitation Unit: in 2003/4 250 referrals received by the unit, with 128 people subsequently admitted to the unit. Of these, 97 are from residents within Greater Glasgow NHS Board area. Average waiting time for admission from another inpatient bed was 21 days, and 51 days for people being admitted following a home assessment. Information on waiting time for admission from an outpatient clinic appointment is not currently available

NHS Continuing Care Unit: this provides a 24 bedded unit of which 6 beds are available for NHS respite. As at June 2004 14 people were using NHS respite with average use of 2 weeks in every 6-8 weeks

Glasgow Housing Association (GHA):

The recent tenant satisfaction survey showed 54% of respondents had a long-term illness or disability, 5% of people were wheelchair users, 20% of people lived in properties where adaptations had been carried out, and 11% identified themselves as living in a property that required adaptations to be carried out.

Appendix 6:

Whole System Approach – integrated service responses

To improve service provision we will implement a whole system approach which needs to take account of people having different levels of physical impairment, that need different types of responses to be the most effective for the individual. People need the right level of service, at the right time, have clarity about what it will offer, who will deliver it and how that service will link to other agencies. As a service user, individuals need clarity on their responsibilities, and service providers need clarity on what users expectations will be in this situation, and how they will be able to measure if this has been a success.

Whole system working requires a clearly agreed partnership with service users and care agencies which results in outcomes that meet the holistic needs of users. To achieve this we aim to outline a way of organising a comprehensive approach to assessment and a range of care services and arrangements which can be better matched to need.

A comprehensive range of service must include access to:

- Information
- General health care
- Equipment
- Accommodation fit for purpose
- Income maximisation
- Community transport
- Access to employment
- Housing support
- Direct Payments
- Home care
- Personal Care and assistance
- Opportunities for inclusion day care/opportunities
- Opportunities for active citizenship
- Opportunities to shape the planning and development of current and future services
- Advocacy
- Carers respite/short breaks
- Complex health diagnosis and interventions
- Rehabilitation and enablement

It is also necessary to describe eligibility to service which ensures that available resources are best targeted to the greatest need. The planning partners have constructed this as a hierarchy of need and response, which makes explicit what people can expect from key agencies. It should be noted people may require to access a range of levels at any one time and this will change to reflect changing needs.

Level One

People with a physical impairment must be able to access general mainstream services that are appropriate to their needs. Consistent with the requirements of the DDA service providers and planners will need to make any necessary reasonable adjustments to the way such services are delivered to ensure equality of access for people.

These services include:

Physiotherapy, Podiatry, Community Dietetics, GPs, Practice Nurse, Equipment, Housing Benefits Advice, Welfare Rights Advice, General Medical Care (including some elements of acute hospital care), public facilities (parks, libraries etc) and Transport.

Such services would be Directly Accessed by the service user, through the usual access routes and not dependent upon assessment from any single or joint agency.

Level Two

Services to maintain or sustain optimum community living and inclusion will be subject to an assessment of need. This assessment should fully engage with the user as an equal partner and should be a single shared assessment involving the user (and carer where involved) and all relevant care agencies (most usually health and social care). This should result in a single agreed statement of need, identification of resource to meet need and plan to put required responses in place. A copy of the assessment should be made available to service users if they so wish.

The kinds of service which should be accessible during or following assessment of need include:

Home Care, Suitable Housing, Acute Hospital Care to include Outpatient Rehabilitation, Day Opportunities, Access to Employment, Community Alarms, and Short Breaks, Equipment, Wheelchair services.

For those service users with needs for more comprehensive or specialist supports, a much more detailed assessment of need will be required and may need to be complemented by specialist assessment.

From this assessment, access should be arranged to the following services:

PDRU, Major housing adaptations, Respite, supported living care packages, residential services, specialist rehabilitation/specialist equipment, CPD Team intervention, enhanced home care, overnight care, supported employment

6.1 Early Intervention

Services often have no opportunity to address the impairment that gives rise to the disability. In many cases, this impairment is often fixed (e.g. amputation) or unable to be influenced by treatment (e.g. paraplegia from spinal trauma). In a few situations however, rehabilitation approaches may prevent subsequent disability by limiting the extent or severity of impairments. Examples might include appropriate management of swallowing problems (limiting likelihood of chest infection), early treatment of spasticity (making contractures less likely), or proper attention to pain or mood disturbance, which might otherwise contribute to established immobility.

In general, such situations share two things in common, firstly the aim is to address or prevent further complications, and secondly any intervention must be applied early, before further impairment is established.

Staff familiar with managing these problems must be involved early. If people are in a hospital ward at the time, staff with rehabilitative experience need to be contacted. If at home, links need to be established with appropriate staff whether they are based in community or hospital outpatient services in order to deploy appropriate management.

An important aspect of future work for specialist services for people with physical impairment will be the need to develop closer links with generic community services such as district nursing, home care, care management and equipment and adaptations, in order that we develop a better understanding of the needs of these generic staff groups in responding to adults with physical impairment and as such we are able to better support and respond to the needs of these generic services.

6.2 Links between Community and Acute Hospital Services:

An essential element of the Whole System Approach is the link between acute hospitals and the range of community services.

The pathway for a newly referred person with physical impairment is often perceived as a period of acute hospital service care, followed by a period receiving community health services and a time of adjustment and social re-integration aided where necessary by social services (statutory and voluntary). This is not always the position for a number of reasons:

1. Services and adaptations to allow the individual full participation in society will influence the targets of treatment and rehabilitation
2. Individuals may have congenital or long-lasting impairment. Their need for acute hospital service interventions may be intermittent and come long after establishing full participation in society
3. Many illnesses causing physical impairment in adults are progressive or have continuing episodes requiring periodic treatment

Goal setting and attainment in rehabilitation requires to be directed by the individual person's desires and their view of how they will return to their preferred lifestyle. Within both the acute hospital and community sectors goal setting is reliant on each element of service being aware of the opportunities available across an often complex range of services and supports. Establishing a whole system approach will enable hospital and

community staff to provide services without any obvious lack of continuity to the individual. Ways of achieving this continuity might include:

- Community and hospital sector staff will act on the goals established between the clients and their colleagues without extensive re-assessment of goal setting
- Interchange of staff between hospital and community either for periods of secondment or post rotations, either part-time or whole time
- Where appropriate establishing joint assessment sessions for complex cases
- Further opportunities for joint training and development of community, hospital and local authority staff
- Consideration of the best siting and organisation of clinics to blend community and acute hospital sector skills

6.3 Assessment and Care Management

It is recognised that the needs of an individual will change over time or through circumstance and therefore approaches to assessment will develop processes for review and provide a continuing link for the management of care. As with rehabilitation, assessment and care management approaches will need to take account of:

- Changes in need
- Where the early involvement of specialist services can limit the impact of impairment
- Responding at necessary points in variable or progressive impairments

Central, therefore, to whole system working is the provision of an assessment and care management service.

Assessment and care management constitutes one integrated process for identifying and addressing the needs of individuals, while recognising that these needs are unique to the individual concerned. Care management should be seen in this context as a process within which a clear care pathway is defined for people whose needs may require formal intervention by the statutory agencies. It involves the nomination of a dedicated person with responsibility for co-ordinating and sustaining a network of formal and informal supports and activities designed to optimise functioning and well being and control. The care manager will assist an individual helping them to maintain maximum choice and control over care arrangements in place. Detail on the core elements of care management can be found in the Glasgow City Joint Care Management document.

6.4 Future management of services

To better support joined up service responses and progress Scottish Executive Joint Future policy we will develop joint management arrangements across strategic planning and operational areas. This has already begun with the implementation in June 2004 of a single planning lead for physical disability. This post is supported by the joint planning and implementation group structure for physical disability that also links to acquired brain injury and sensory impairment. This joint planning structure will support the development of a model for integrated services at local, sector and citywide levels, across community and acute care. The development of a shared financial framework is an essential element to understanding where resources are currently deployed and the potential for redesign. The

first draft of a shared financial framework between NHS Greater Glasgow and GCC Social work services can be found in chapter 10.

Integrated management amongst services at local, sector and citywide levels should be implemented to reflect the flow of individual users through services, and maximising the benefits where services come together.

In 2005 Community Health Partnerships will be implemented giving a local focus to service delivery and planning. The relationship of specialist services for people with physical impairment to each Community Health Partnership, and the relationship the Local Authority will have with Community Health Partnerships will form a central element of work to progress integrated management of services.

6.5 Recognising multiple needs - access to other specialist services

Adults may at times in their life present with mental health, addiction, or medical and surgical needs in addition to their physical needs.

It is recognised that people with physical impairment are more likely than the general population to experience mental health problems. In a recent study (14) it was found that 60% of respondents had difficulty accessing mental health services because of their physical impairment. Almost 60% of respondents reported that medication given for mental health needs had an impact on their physical impairment, whilst over 40% said medication relating to physical impairment had a negative impact on their mental health. Respondents highlighted a lack of recognition of mental health needs, negative attitudes amongst staff towards mental health issues and a lack of familiarity with the needs of people with physical impairment amongst general services.

The same issues are likely to exist when adults with physical impairment come into contact with addictions, medical/surgical and other services.

Communication between service areas accessed by adults with physical impairment must be improved, and identification of models of existing good practice, will inform future developments. Full implementation of the Disability Discrimination Act will ensure that all hospital environments will take account of the needs of all individuals, including appropriate and timely access to services, equipment and advice.

6.6 Transition of Young People to Adult Services

In general young people move from children's to adult services around age 16-18 years, and require an integrated service response to ensure transfer between service areas is as streamlined as possible. A recent national study (16) however has found the point of transition between services is not always successfully managed.

There are a number of mechanisms that can be adopted to meet this challenge successfully:

- Improved planning and joint working across all services, including greater liaison with housing, culture and leisure services, education and employment services

- Recognising the potential requirement for a young person's increasing independence from family
- Identification of levels of current and projected need will help inform the development of a service model that avoids unnecessary movement between services, establishes shared practice across services and is able to respond to the differing needs in adulthood

The current development of a dedicated social work resource within each of the area teams backed up by robust protocols for transition will strengthen the process. However further planning is required with children's services to develop appropriate service responses in particular for the increasing numbers of young people surviving into adulthood with a range of often complex needs. This will be supported by work to implement the Education Act Scotland 2004 (4), which comes into effect in Autumn 2005.

Appendix 7:

Direct Payments:

The following tables give further details on the uptake and resourcing of Direct Payments in Glasgow for 2004/2005:

Client Group	New Direct Payments			Services reconfigured to Direct Payments			2004/2005 Total Direct Payments		
	Begun	Planned	Total	Begun	Planned	Total	Begun	Planned	Total
Physical Disabilities	17	9	26	4	69	73	21	78	99
Learning Disabilities	9	2	11	1	20	21	10	22	32
Older People	2		2	2	2	4	4	2	6
Mental Health		1	1	0	0	0	0	1	1
Children	2	10	12	0	0	0	2	1120	
To be allocated		21	21	0	0	0	0	21	21
Total	30	43	73	7	91	98	37	134	171

Note: reconfigured services refer to the Independent Living Service (ILS) budget, and a small Direct Payments pilot which commenced in 2000. Transfer of services to the new Direct Payments scheme will partially funded through realignment of these current budgets.

Anticipated Growth and Funding Pressures

	Year 1		Year 2		Year 3	
	Additional	Cumulative	Additional	Cumulative	Additional	Cumulative
Direct Payments	171	171	114	285	114	399
Funding required	1,243,000	1,243,000	1,681,530	2,924,530	1,715,480	4,640,010

Appendix 8:

Services for people with physical impairment: Specific Medical Conditions

People with physical impairment will almost always be (or have been) seen by health care professionals in one or more medical specialties, eg cardiology, respiratory, cardiovascular, neurology, rheumatology, renal, ophthalmology, audiology and orthopaedics. The range of health care professionals can involve GP, Consultant, specialist nurses, physiotherapists, occupational and speech and language therapists and others. Some people will choose to identify themselves as people with a specific condition, such as multiple sclerosis, stroke or heart failure. This enables them to better understand their condition, its treatment and the likely medium and long-term outlook. Many such people establish contact with self-help groups or organisations at some stage as a source of mutual support, information and/or advocacy.

Outlined below is an example of some of the disease-specific activity being undertaken. From time to time it will be necessary to take forward work with particular groups of individuals, but always looking to ensure good practice is reflected more widely and gaps in service provision are avoided.

Chronic Disease Management (CDM)

The CDM programme in Greater Glasgow offers an annual review for those with Coronary Heart Disease (angina, MI, angioplasty, CABG), stroke or Transient Ischaemic Attack (TIA), diabetes, epilepsy and, soon to be implemented, Chronic Obstructive Pulmonary Disease and rheumatoid arthritis. This ensures that people do not fall through the net between secondary and primary care, and that all relevant aspects of secondary prevention and evidence based care to optimise quality of life are addressed pro-actively at least once a year.

There are a variety of services in place or in development offering individuals the appropriate support as issues are identified and linking to the CDM reviews. These include:

- Diagnostic services (direct access echo, ECG, rapid access chest pain service, outreach spirometry service, rapid access TIA clinics)
- Behavioural change support services (Fresh Start pharmacies and group support for smoking cessation, exercise referral, pulmonary rehabilitation, cardiac rehabilitation, Hearty Eating groups)
- Other services such as the stroke Allied Health Profession team (including psychology) who deal with new or worsening problems due to a previous stroke, additional dietitian and podiatry services for diabetic patients, and a comprehensive retinal screening service and a podiatry services for rheumatoid disease

The CDM reviews are supported by patient information - the My Heart Book, the My Stroke Book and the In the Know booklet (a compendium of local services appropriate for stroke patients).

Areas identified for future work include:

- Leisure and physical activity opportunities
- Information for diabetes, COPD, and rheumatoid arthritis
- A co-ordinated joint injection service and agreed patient pathway for rheumatoid patients
- A systematic one stop clinic approach for new rheumatoid patients
- Low level support for individuals with these diseases

Multiple Sclerosis (MS)

There are approximately 1,500 people with MS resident in the Greater Glasgow area. Approximately half have a moderate or severe impairment and of these, 15-20% are eligible for treatment with disease modifying drugs (Interferons and Glatiramer Acetate). The majority of these people with moderate and severe impairment however will benefit from a range of rehabilitation approaches either on an individual or group basis.

There are currently two specialist nurses and two specialist physiotherapists employed at the MS unit in the Southern General Hospital. In addition specialist staff from a wide range of disciplines (including 'complementary' therapies) are employed by Revive Scotland at its MS treatment centre in Maryhill. A comprehensive chronic disease management programme will be implemented from Autumn 2004. Further development of rehabilitation services is required to meet the varied needs of individuals.

Acquired Brain Injury (ABI)

There are 3,500 people in Greater Glasgow each year that have an ABI and more than half of these people remain impaired 5 years after injury.

The Glasgow ABI draft strategic framework 2004-2014 identifies a number of priorities for development including:

- Development of an Acute Management Unit
- Develop specialist nursing home care
- Develop and agree comprehensive care and/or care packages for people with complex needs including persistent severe challenging behaviour
- Develop plans for a slow stream rehabilitation facility
- Review housing needs of people with ABI

Palliative Care

For some people with more severe impairment palliative care becomes important, particularly for people who have a condition in which there is gradual deterioration. It is desirable therefore that services for people with physical impairment are planned and managed in conjunction with palliative services for people with conditions other than cancer.

Epilepsy

Of approximately 9,000 residents of Greater Glasgow who have epilepsy, most people will have their epilepsy well controlled by medication, however approximately 2,000 will have their quality of life moderately or severely affected by their epilepsy. A chronic disease

programme was established in April 2004 with the aims of confirming diagnosis, detecting misdiagnosis, identifying problems with medication, providing information and advice, and directing people to sources of support. A voluntary organisation, Epilepsy Connections, was established back in 1998 providing and promoting support for those most severely affected by epilepsy.

Appendix 9:

Vocational Rehabilitation

In recent years vocational rehabilitation has become a low priority for statutory services. The drive to keep waiting times down and rapid discharge from hospital have taken priority for health services, in parallel social work services have been stretched by increasing demands for provision of service. Not all services demonstrate a culture of addressing vocational issues, therefore clients are discharged from services when they are independent in tasks of daily living, but may not have been assessed on their needs to enable them to return to work. In recent years links with the Employment Services have become less well established.

However, the Scottish Executive is now placing greater focus on the large and rapidly rising number of people receiving Incapacity Benefits. The recent Government Green Paper 'Pathways to Work' (16) recognised that the optimal time for intervention on employment issues is soon after the onset of illness or accident, at a time when most claiming benefit expect to return to work.

Further emphasis on employment issues has come from the Glasgow Employment Partnership who have recently published their "Equal Access to Employment in Glasgow Strategy, 2004". This strategic approach aims to substantially increase the number of people with existing or previous health and social care needs achieving and sustaining employment.

To support this new approach, health and social care services will need to develop:

- A change in culture where employment becomes an integral component of successful rehabilitation
- Early easily available access to accurate diagnosis and treatment. This is currently supported by 'Healthy Returns' the National pilot programme underway across Greater Glasgow which aims to test what, if any, benefit the provision of additional services has on helping people back to health and to work
- Improved liaison between health, social services, employment services and independent sector agencies. It is expected this will be facilitated in each locality across Glasgow by the Equal Access Managers as part of the implementation of the Equal Access to Employment in Glasgow Strategy (11)
- Better identification of adults with physical impairment who are currently not in employment
- Better information for individuals seeking assistance on employment opportunities and support

Appendix 10:

Key references

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12. Equal Access to Employment in Glasgow Strategy, 2004
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15. Morris J, (2004), "Services for people with physical impairments and mental health support needs", Joseph Rowntree Foundation
16. Department of Work and Pensions, (draft 2002), "Helping people into employment: Pathways to work"
17. Morris J, (1999), "Transition to adulthood for young disabled people with complex health and support needs", Joseph Rowntree Foundation

Further information on the NHSQIS Assessment Framework can be found at <http://www.show.scot.nhs.uk/shas>

Evidence Based Development:

Many services have strong links with organisations that promote research and provide evidence base to practice, eg professional organisations, specialist interest groups, Kings Fund, Audit Commission etc. This culture will continue to be supported and strengthened. In addition, there is clear need for investment in research locally, for example:

- Literature review providing evidence for change
- Better measures of functional status and of the quality of life, so that the quality of supportive management can be measured and become more appropriate
- Research into the natural history and physiology of recovery
- Social implications of disability
- Evaluation of rehabilitation techniques
- User views, user based evaluation

Glossary of Terms

ABI	Acquired Brain Injury
AHP	Allied Health Professions
CABG	Coronary Artery Bypass Graft
CHP	Community Health Partnership
CLS	Culture and Leisure Services
CPDT	Community Physical Disability Team
COPD	Chronic Obstructive Pulmonary Disease
COSLA	Confederation of Scottish Local Authorities
DDA	Disability Discrimination Act
DRC	Disability Resource Centre
GCC	Glasgow City Council
GDA	Glasgow Disability Alliance
GP	General Practitioner
ILS	Independent Living Scheme
IT	Information Technology
LHCC	Local Health Care Cooperative
MCN	Managed Clinical Network
MI	Myocardial Infarction
MS	Multiple Sclerosis
NHSGG	NHS Greater Glasgow
OP	Older People
OPCS	Office of Population Censuses and Surveys
PDRU	Physical Disability Rehabilitation Unit
PIG	Planning and Implementation Group
RSLs	Registered Social Landlords