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Chapter 1

Introduction

The Joint Commissioning Group (JCG) for Physical and Sensory Impairment is pleased to present this joint strategy setting out the future direction of travel for physical and sensory impairment services in Nottingham.

1.1 Purpose of the Strategy

The JCG's aim is to **support the development of independent living** (see JCG Terms of Reference in Appendix 1). This means working to enable all physically and sensory impaired individuals to have increased access to information and services to give greater independency. This places an increasing emphasis on people having control over their own life, giving them opportunities and choice, and providing the means to enable people to properly participate in their care.

By working in partnership with our key stakeholders this strategy identifies **the priorities** for the future joint commissioning of health and social care services for adults with physical and sensory impairments in the Nottingham health and social care community. This covers the City of Nottingham and the Boroughs of Broxtowe (including Hucknall), Gedling and Rushcliffe.

1.2 New Directions

<p><i>**User involvement**</i></p> <p><i>**Partnership working**</i></p> <p><i>**Raising awareness**</i></p> <p><i>**Improving accessibility**</i></p>
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Working in partnership with our stakeholders is the key to the success of this strategy. A series of user consultations has already taken place between 2000 and 2002 at which service users suggested what must change to improve services for people with a physical or sensory impairment. The issues raised will be the JCG's drivers for change putting **service users very firmly at the forefront** in the future planning and delivery of services.

It is recognised that there needs to be **a massive shift in the awareness** of the needs of disabled people. This will need to be achieved in parallel with staff development across the health and social care fields. Additionally, the entire community needs to be made **more accessible** in the widest sense and education, work and leisure opportunities need to be a part of this. This will inevitably take time and patience. Nottingham City Council, Nottinghamshire County Council and the Nottingham Primary Care Trusts, working closely with users, carers and service providers including local hospitals and the voluntary sector, wish to be at the forefront of this initiative. At a time in which all services are facing increasing demands and limited resources, this collaborative approach should be seen as an opportunity to face the challenges of the future together in a creative and more meaningful way than ever before.

Additionally, there is a need to develop a joint strategy for physical and sensory impairment because of the absence of any national policy frameworks encompassing the entire range of disabilities that the term 'physical and sensory impairment' covers. In the past, services have been developed on a piecemeal basis to meet the requirements of, for example, the National Service Framework (NSF) for Older People (in relation to community equipment services) and the Local Authority guidance on Social Care for Deaf-Blind Children and Adults. An NSF for Long Term Conditions is being planned for 2004/5 but this may not include sensory impairment. This strategy aims to end this fragmentation and because the case for change is firmly user driven we can **ensure services are planned around the needs of the people they set out to serve.**

1.3 Process

The successful implementation of this strategy will be dependent upon partnership working between health, social services, voluntary organisations, service users and carers. To ensure that all partners are fully involved in the process this strategy has been developed via a staged approach.

- Stage 1 – to develop an outline strategy document to report the JCG's findings on local need, current provision, identifying the gaps in service.

By June 2002 - Achieved

- Stage 2 – the development of an implementation plan to identify and agree the priorities. This will inform the JCG work programme for 2003 to 2005. Stakeholders were fully involved in the development of this plan and agreement of the priorities.

By September 2002 - Achieved

- Stage 3 – Publication of the strategy and implementation plan.

By Autumn 2002 - Achieved

- Stage 4 – Implementation and ongoing monitoring and review with regular reporting/ongoing consultation with stakeholders, particularly service users and carers.

Ongoing

Chapter 2

Definitions

2.1 Who does the Strategy cover?

The strategy covers services for adults aged between 18 and 64, who have a physical and/or sensory impairment that has a substantial and long-term adverse effect upon their ability to live independently and carry out normal day to day activities. This includes people either born with a disability or where the disability has been acquired by accident or illness or through a degenerative process. The term 'disabled person' is used interchangeably with person with a physical or sensory impairment.

2.1.1 Physical Disability and Impairment

Impairment is defined as the functional limitation of the individual. This can be caused by the loss of part or all of a limb, or having a defective organism or mechanism of the body.

Disability is defined as the loss or limitation of opportunities to take part in the normal life of the community on equal terms with others due to cultural, physical and/or social barriers.

2.1.2 Deaf people

There are differences in the range of people who might require services. These are as follows:

- i. People who are deaf and without speech – the majority have British Sign Language as their first language, were born deaf, and belong to a distinct deaf culture and community.
- ii. People who are deaf with speech – usually born with hearing but became deaf after the acquisition of language. This often occurs as a consequence of rubella, meningitis or other trauma.
- iii. People who are hard of hearing – people who previously had good hearing but which is now reduced or diminishing. These people belong to the hearing culture. This impairment is very common amongst older people.

2.1.3 Blind and Partially Sighted People

There are differences in the range of people who might require services. There are some people who have been blind or partially sighted from birth, and there are other people who have become blind or partially sighted as a consequence of trauma, illness or the ageing process.

2.1.4 Dual Visual Impairment

There is no legal definition of dual sensory impairment. The term deafblind is used interchangeably with dual sensory loss denoting the fact that combined losses of sight and hearing are significant for the individual even where they are not profoundly deaf and totally blind. It is the way in which one sensory impairment impacts upon or compounds the second impairment, which causes the difficulties, even if, taken separately, each single sensory impairment appears relatively mild. A commonly used description suggests that “persons can be regarded as deafblind if they have a severe degree of combined visual and auditory impairment resulting in problems of communication, information and mobility” (RNIB Report for Nottinghamshire County Council 1997).

2.2 Two Ways of Thinking about Disability

2.2.1 Social Model of Disability

The social model of disability maintains that disabled people are not a problem – the problem is the way society is organised. It defines disability as:-

“..... the loss, or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers.”
(British Council of Disabled People)

Disability is seen as a condition imposed on disabled people by society and is created by prejudice, fear, myths and ignorance. It limits opportunities for education, employment, financial independence and full social inclusion. It is only by acceptance of the social model that disabled people will be valued as individuals and be allowed to fulfil their potential as defined by themselves.

The social model of disability has been adopted and is fully supported by the JCG.

The JCG is committed to promoting the social inclusion of disabled people, to enabling them to participate fully in the community and to finding ways of overcoming those barriers over which we have influence or control.

2.2.2 Medical Model of Disability

The medical model of disability sees disability as a medical condition and seeks to attribute people’s impairments for their inability to take a full active role in society. It therefore needs to be challenged at every opportunity. We do recognize the valuable contribution that the medical model makes. There are many causes of disability and the impact of many of these can be reduced by medical input.

2.3 The Needs of Independent Living

Disabled people have identified **SEVEN FUNDAMENTAL NEEDS**, which must be met in order to live independently.

These are:

1. Information. In accessible formats.
2. Peer support. Help and advice from other disabled people who have been in similar situations.
3. Housing. Well designed, accessible housing in the location of their choice.
4. Aids and equipment.
5. Personal assistance. To do the things that the disabled person cannot do or which may be too time consuming or painful to do. It should be provided when the disabled person wants it, not when it is convenient for someone else to provide it.
6. Transport. This includes wheelchairs, adapted cars and public transport.
7. Access. A completely barrier-free and accessible environment.

An additional, eighth need, has been identified by the deaf community – the need for appropriate communication. The needs are referred to as the ‘Eight Needs’ throughout the remainder of this document.

This strategy proposes service developments where there are deficiencies in meeting these needs and which are under the control or influence of the JCG.

Chapter 3

Values and Principles

The JCG has adopted the values and principles outlined below.

3.1 Values

- The JCG is committed to enabling people with a physical or sensory impairment to live as fulfilling and normal a life as possible in their own home or chosen environment within the community, consistent with a reasonable quality of life for them and for carers.
- Valuing each person with a physical or sensory impairment as an individual, thus enabling them to assume or retain control over his or her chosen lifestyle to the maximum extent.
- Facilitating access to services that are appropriate and non-discriminating in terms of age, disability, gender, ethnic origin, religious background, culture or sexual orientation.
- Providing people with opportunities to develop skills which will help them to achieve their full potential.

3.2 Principles

We aim to develop services which:

- Promote the independence of adults, whilst treating them with dignity and respect at all times and protecting their safety.
- Are centred on service users and their families and carers and are responsive to individual needs.
- Aim to address cultural, linguistic and cultural needs.
- Are available equitably across the Nottingham health district and provide comparable outcomes.
- Actively involve service users in the planning of services and their standards, and in providing feedback on their experience of them.
- Provide best value within available resources.
- Are well-co-ordinated and make the most effective use of the resources of all partners in promoting the social inclusion of people with a physical or sensory impairment. The Health Act flexibilities for integrated provision and pooled budgets will be used where these will improve services.
- Are based on evidence based, good quality assessment of need.

- Involve carrying out single assessments where possible. Single assessment means that services are provided as a result of a coordinated assessment which responds to the health and social care needs of people, and are not dependent on a series of uncoordinated assessments carried out by different professionals without any reference to each other.
- Will be provided for people within their own communities or as close to their place of residence as possible.
- Enable people to live in their own homes in the community with appropriate support and reduce the need for admission to long-term residential/nursing home care.
- Enable carers to continue caring for their relative or friend in the community.
- Promote greater awareness of the needs of people with a physical or sensory impairment.

Chapter 4

Policy Context

The legislative framework and national and local policies in place that guide and inform the work of the JCG are listed below.

4.1 Legislation

The legislative basis for the JCG's work with people with physical and sensory impairment is covered by the following Acts:

- National Assistance Act 1948.
- Chronically Sick and Disabled Persons Act 1970.
- Disabled Persons (Services, Consultation and Representation) Act 1986.
- NHS and Community Care Act 1990.
- Carers Recognition and Services Act 1995.
- Disability Discrimination Act 1995.
- Community Care (Direct Payments) Act 1996.
- Carers and Disabled Children Act 2000.
- Race Relations Amendment Act 2000.
- European Human Rights Act 2000.

4.2 National Policy

The national policy context for the JCG's work is set out in the following documents:

- Better Services for Vulnerable People (EL97(62)).
- A Sharper Focus (SSI) 1998.
- Audit Commission Report "Fully Equipped".
- NHS Plan – A Plan for Investment. A Plan for Reform July 2000.
- Modernising Social Services: promoting independence, improving protection, raising standards. White Paper.
- New Directions for Independent Living 2000.
- A Jigsaw of Services 2000.
- National Service Framework for Older People 2001.
- Social Care for DeafBlind Children and Adults LAC(2001) 8.
- Guidance on Integrating Community Equipment Services/HSC 2001/008:LAC (2001) 13.
- National Service Framework for Diabetes 2002.
- National Service Framework for Long Term Health Conditions - forthcoming (2004).
- Improvement, Expansion and Reform: The Next 3 Years. Priorities and Planning Framework 2003-2006.

4.3 Local Policies and Targets

This strategy is consistent with the following local policies and plans:

- Health Improvement Programme for the Nottingham Area April 2001 to March 2004.
- Nottinghamshire County Council Social Services Commissioning Strategy for People with Physical Impairments 2002-2005.
- Nottinghamshire County Council Social Services Commissioning Strategy for People with a Visual Impairment 2001-2005.
- Nottinghamshire County Council Social Services Commissioning Strategy for People with Dual Sensory Loss 2002-2005.
- Nottingham City Council Social Services 2002-3 Physical and Sensory Impairment Business Plan.
- Welfare to Work for Disabled People Joint Investment Plan 2001-4.
- Nottingham City Primary Care Trust Business Plan, 2003-2006 (currently in draft format).
- Nottingham Primary Care Trusts' Race Equality Scheme - this incorporates the policy statement developed by the Race and Disability Group "Meeting the Needs of Black and Ethnic Minority Disabled People and Carers".

4.3.1 Local Health Policy

The Primary Care Trusts' Health Improvement Programme has set the following objectives:

- To promote independence and the transition from welfare to work by improving access to health and social services for people with a physical or sensory impairment. To ensure the services are flexible, responsive and client centred.
- To develop efficient, effective community equipment services that are responsive to service users' needs, and promote optimal independence amongst disabled people.
- To maintain the ongoing dialogue with service users, ensuring that the views of deaf, visually impaired, physically disabled and dual sensory impaired people are central to the commissioning of services.

4.3.2 Nottingham City Council Social Services Department

The key themes of Nottingham City Council Social Services Department's Business Plan, in relation to physical and sensory impairment services are:

- Promoting independence for disabled people and their carers.
- Improving our ability to provide culturally appropriate services.
- Developing physical and sensory impairment quality assurance.
- Reviewing and updating the policies and procedures for physical and sensory impairment services.
- Progressing our partnerships with service users, carers, health services and independent sector providers.

4.3.3 Nottinghamshire County Council Social Services Department

Nottinghamshire County Council Social Services Department has the following strategic objectives in relation to physical and sensory impairment services:

- To promote the safety and protection of vulnerable disabled people by the implementation of the Adult Protection Procedures.
- To broaden the provision of Direct Payments.
- To improve the waiting times for people accessing physical and sensory impairment services.
- To extend customer feedback through satisfaction questionnaires.
- To develop community equipment services.
- To improve information to the public.

Nottinghamshire County Council's Strategic Plan for 2001-2005 states that "we will promote independence and opportunity for people in need. We will forge new partnerships with NHS bodies to provide high quality integrated services, promote good health and tackle inequalities."

4.3.4 Welfare to Work for Disabled People Joint Investment Plan

The purpose of this plan is to show how effective and co-ordinated services will be developed to improve work opportunities for disabled people. It was produced in partnership by the County Council and City Council and Nottingham and North Nottinghamshire Primary Care Trusts, Joint Commissioning Groups, training and employment services, voluntary sector and further education.

Some key findings are:

- There is a lack of information for service users and service providers.
- Lack of disability awareness among employers.
- Lack of support in accessing training and employment opportunities.
- There are social, environmental and organisational barriers to accessing training and employment, e.g transport, accessible workplaces, inflexible practices.
- Benefit rules need to be sufficiently flexible to accommodate fluctuating conditions.

A welfare to work action plan has been developed for addressing these issues.

4.4 Key Targets

4.4.1 Social Services National Performance Assessment Framework

There are 3 performance indicators that are relevant to this strategy:

- Adults with physical disabilities helped to live at home.
- Admissions of supported residents, aged 18 - 64 to residential/nursing care.
- % of items of equipment and adaptations costing less than £1,000 delivered within 3 weeks.

4.4.2 Joint Health and Social Care Targets

National Service Framework (NSF) for Older People. Within this NSF and in Intermediate Care guidance (HSC2001/01: LAC(2001)1) the Department of Health (DoH) has set the following targets:

- Increase the number of people benefiting from community equipment services by 50% by March 2004.
- Integrate local authority and NHS equipment services by March 2004.

Chapter 5

Local Needs

This section begins by giving an overview of the consultations with service users and carers– the views given and issues raised are considered to be of prime importance in assessing the needs of local people. A needs assessment with demographic and prevalence details has been carried out. Much of this data is based upon the 1991 Census – the data from the 2001 Census will not be available until 2003. The findings from the consultations with service users therefore show a more up to date and accurate picture of local need.

5.1 Consultations with Service Users and Carers

A great deal of work has taken place over the last two years to find out what disabled people need and want in the future from both health and social services in Nottingham. There has been ongoing dialogue with service users and carers from the following client groups:

- Deaf.
- Hard of hearing.
- Visually impaired.
- Dual sensory impaired.
- Physically disabled.
- Black & ethnic minority disabled people and carers - “Speak Out - Make a Difference” conferences

The full findings of the consultations are available on request or can be accessed on the Internet, www.pdteam.org.uk/psi/themes.htm. Briefly they centre around a number of key themes which broadly relate to the Eight Needs (see section 2.3) as indicated below:

Key Theme	Eight Needs
<ul style="list-style-type: none"> • Access: <ul style="list-style-type: none"> ○ To services ○ To buildings • Information • Staff awareness • Employment • Equipment and Housing • Transport • Involving users in service planning • Carers 	<p>Need 7 (also includes needs 5 and 8)</p> <p>Needs 1 and 8</p> <p>Relevant to all 8 needs</p> <p>Relevant to all needs</p> <p>Needs 3 and 4</p> <p>Need 6</p> <p>Relevant to all 8 needs</p> <p>Relevant to all 8 needs</p>

Some of the issues are beyond the JCG’s ability to directly bring about change. The JCG’s members can however, take action to influence other services such as housing and transport, by ‘championing’ disabled people’s needs and taking every opportunity to promote them across our partner agencies. The implementation plan (Chapter 8) sets out how this will be done.

5.2 Needs Assessment

A detailed needs assessment is attached as Appendix 2. It will be necessary to update this when the 2001 Census data is available.

5.3 Trends

The number of people with severe physical disabilities living in the community is increasing. This is due to a number of factors. The improvements in health care mean that more people are surviving life-threatening accidents and people with deteriorating medical conditions are living longer. Also, more treatments can be delivered to people in their own homes, so they are able to be discharged from hospital earlier and return home rather than move into a nursing home. This is in accord with the wishes of most people, who prefer to live in their own homes rather than move into long-term residential care.

Chapter 6

Current Provision

There are a variety of services provided locally by health and social services for people with a physical or sensory impairment. These include:

- Occupational therapy.
- Equipment and adaptations (both long term and short term loans).
- Specialist social workers for the deaf and visually impaired.
- Head injury services.
- Respite care.
- Home care support.
- Wheelchair services, both permanent issue and short term loans.
- Rehabilitation.

Some services are not provided by health or social services. They are secured from other providers, mainly in the voluntary sector. These include:

- Sign language interpreting services.
- Counselling.
- Advocacy.
- Day services for visually impaired people.
- Day services for people with head injuries.

Appendix 3 contains a list of those physical and sensory impairment services, with a brief description, that are currently provided or secured by health and social services. This also includes referral and/or activity data where it is available.

Chapter 7

Priorities

7.1 National Priorities

National health and social care priorities have been set by the Department of Health which must be included in local plans. The priorities are detailed in the Priorities and Planning Framework 2003-2006 document entitled "Improvement, Expansion and Reform: The Next 3 Years". This can be viewed on-line at www.doh.gov.uk/planning2003-2006/index.htm. In brief, the priorities are:

- Improving access to all services through:
- Better emergency care.
- Reduced waiting, increased booking for appointments and admission and more choice for patients.
- Focusing on improving services and outcomes in:
 - Cancer.
 - Coronary heart disease.
 - Mental health.
 - Older people.
- Improving life chances for children.
- Improving the overall experience of patients.
- Reducing health inequalities.
- Contributing to the cross-government drive to reduce drug misuse.
- Physical and sensory impairment services mainly fit under "Reducing health inequalities". The priority headings of "Improving access to services" and "Improving the overall experience of patients" are also very relevant to our services.

7.2 Local Priorities

There are many important services and needs not specifically covered by the national priorities identified above. At the JCG stakeholder event held in July 2002, a number of local priorities were identified under each of the following key themes.

- Access:
 - to services.
 - to buildings.
- Information.
- Staff awareness.
- Employment.
- Transport.
- Equipment and housing.
- Involving users in service planning.
- Carers.

The plans for taking these forward are outlined in the JCG implementation plan in the following chapter.

Chapter 8

Implementation Plan 2003-2005

At the JCG stakeholder event held on 18 July 2002, service users, carers and representatives from both the voluntary and statutory sectors met to discuss and agree the priority areas for action within each of the key theme areas.

Some issues were raised which are outside the remit of the JCG but are already being taken forward by others. An example of this is equipment services which is the responsibility of the Integrated Community Equipment Services Steering Group led by Nottingham City Council Social Services Department.

A number of other issues were identified that are outside the JCG's remit and require referral to the relevant agency. The JCG will take the responsibility for referring these issues. To ensure this happens each JCG member has taken responsibility and will lead the work for one of the key themes as follows:

Key Theme	JCG Member
Access to services/communication	Teresa Shaw
Access to buildings	Peter Finch
Service user involvement	Maggy Topley
Information	Olufunke Adedeji
Staff awareness	Jane Godden
Employment and transport	Jake Jacobs
Equipment and housing	Nicola Peace
Carers	Paul Mansfield
Black and ethnic minority issues relating to disability	Shahnaz Aziz

The following plan only includes the actions that the JCG itself will undertake. In year 1 we are concentrating on the key user priorities that we think are achievable. Further work will be planned for years 2 and 3 following a second stakeholder event in 2004.

A copy of the full list of issues raised at the 2002 stakeholder event can be obtained by contacting the JCG. Contact details are on the back cover of this document.

Year 1 (2003)

Staff Awareness

- The JCG will promote the need for comprehensive disability awareness training for all health and social care staff, including the need for deaf awareness, deafblind awareness, and visual impairment awareness training to be specifically targeted at front line staff. This must include race and disability awareness to cover the religious, cultural and linguistic needs of disabled people. This will be achieved by working with health and social services training providers and equalities leads to address legislation and guidelines such as the Race Relations Amendment Act 2000 and the Disability Discrimination Act 1996, and other aspects of diversity.

- JCG Lead – Jane Godden, Nottingham City PCT.
- Initial target – make contact with training and equalities leads by 31st March 2003.

Service User Involvement

- The JCG will involve service users by continuing the focus group meetings.
- JCG Lead – Maggy Topley.
- Initial target – Focus groups for visually impaired, deaf, hard of hearing and physically disabled people to be planned in Spring 2003 and held by June 2003.

Access to Services/Communication

- The JCG will encourage all service providers to ensure that deaf people have access to a minicom textphone, and that staff are trained how to use them.
- JCG Leads:

Health	Jane Godden.
City SSD	Jake Jacobs.
County SSD	Peter Finch.
- Initial target – audit of minicom provision to be carried out by June 2003 and an action plan in place by August 2003.

Employment

- The JCG will work with the City and County Welfare to Work Groups to progress the issues raised by stakeholders. In particular, this includes providing information and training to employers regarding:
 - building adaptations,
 - equipment needs,
 - what assistance is available from the Employment Service,
 - interview and selection techniques so as to enable disabled people to
 - compete on an equal basis with non-disabled people.
- JCG Lead – Jake Jacobs.
- Initial target – to progress targets on the above issues as part of the work programme of the Welfare to Work Groups in 2003.

Carers

- The JCG will further explore the issues raised by carers at the JCG stakeholder event on 18th July 2002 by establishing a time limited sub- group to work with relevant organisations such as the Carers Federation. All issues will be fed back to the appropriate social services and health leads. These issues include:
 - Staff awareness of carers' needs.
 - How to engage carers in future dialogue.
 - Provision of information.
 - Carers' assessments.
 - Support to carers.
 - Lifting and handling.
 - JCG Lead – Paul Mansfield.
 - Initial target – establish sub-group by 31st March 2003.

Black Disabled People and Carers

- It is anticipated the issue of ethnicity and race be incorporated into all key theme areas
- JCG Lead - Shahnaz Aziz

Year 2 (2004)

Information

- The JCG will carry out a mapping exercise to identify people within health and social services who work on information and who we need to make aware of specific issues and good practice relating to information for people with a physical or sensory impairment. An example of this is the need to produce information in accessible formats. This reflects the requirements of the Disability Discrimination Act 1995. The work needs to link into the Patient, Carer and Public Information Project.
- The JCG will work towards ensuring that information on services to carers is available in culturally appropriate and relevant languages.
- JCG Lead – Olufunke Adedeji with support from Shahnaz Aziz regarding the needs of black and ethnic minorities.
- Initial Target – mapping exercise to be completed by 31st March 2004.

Service User Involvement

- The JCG will hold a further stakeholder event to give and receive feedback upon the progress made since the production of the strategy. This will then inform the necessary actions for the remainder of year 2 and year 3.
- JCG Lead – Maggy Topley.
- Initial Target – plan stakeholder event by February 2004 and hold event by June 2004.

Year 3 (2005)

Service User Involvement

- The JCG will involve service users by continuing the focus group meetings.
- JCG Lead – Maggy Topley.
- Initial Target - Focus groups for visually impaired, deaf, hard of hearing and physically disabled people to be planned in Spring 2005 and held by June 2005.

Chapter 9

Conclusion

This document sets out what health and social care organisations need to do over the next 3 years, in order to improve services for people with a physical or sensory impairment. It identifies both the national and local priorities. There is an emphasis on the local priorities which were identified by local stakeholders including service users and carers.

The issue that was most frequently raised was the need to raise the awareness of health and social care staff. The thrust of this strategy is therefore more about how services are provided, than which services, or how much of a service is available. This means that it will be difficult to effectively measure the strategy's success. This is where regular feedback from service users and carers will be invaluable.

One of the JCG's key tasks is to continue working with service users and carers through small focus groups and less frequently, larger stakeholder meetings. Other forms of contact, such as one to one discussions or e-mail will be used as alternatives to meetings where appropriate. The JCG intends to continuously update the implementation plan to reflect these discussions with service users and carers, thus building upon the existing actions the JCG has undertaken to carry out.

The implementation plan is challenging but we believe is achievable with the full support of all our partners: primary care trusts, NHS trusts, local authorities, particularly social services and housing, the voluntary sector, and of course, service users and carers.

Glossary

ACMTs – Assessment and Care Management Teams – based in Social Services Departments, these teams carry out assessments of an individual's needs and then co-ordinate this with the care planning and delivery of services to meet those needs.

Best Value – a government initiative which requires local authorities to ensure that their services meet the needs of local people in terms of quality, competitiveness, efficiency, continuous improvement and accountability

Commissioning – the process of acquiring services to meet the health and social care needs of the local population. Includes patient and carer focused service planning through reviewing, planning and prioritising service developments, implementing the NHS/Social Services agenda, monitoring service agreements, allocating funds with service providers and investing/disinvesting appropriately in services.

Health Act Flexibilities – legislation that enables health and social services to pool budgets for the purpose of commissioning services.

Health Improvement Programme – a strategic plan focusing on improving health. Led by the PCTs, the Programme outlines a three year rolling cycle of action by the NHS, partner agencies and local communities which will deliver both the national and local priorities for improving health.

JCG – Joint Commissioning Group – a working group that focuses on services for a specific client group or diseases, for example, physical and sensory impairment. The membership is multi-agency.

JIP – see Joint Investment Plan

Joint Investment Plan – a partnership approach to planning and developing services which improve the ability of people to live independently through better co-ordinated local services.

LLTI – see Long Term Limiting Illness.

Local Authorities – a collective term for the statutory organisations providing local government services. These include County, Unitary, District, Borough, Town and Parish Councils.

Long Term Limiting Illness – a definition used in the population Census to describe a long term disability or sickness preventing the ability to work.

Mild Deafness – the quietest sounds people can hear in their better ear are on average between 25 and 40 decibels (dB Hearing Level). People with mild deafness have some difficulty in following speech, mainly in noisy situations.

Moderate Deafness – The quietest sounds people can hear in their better ear average between 40 and 70 decibels. People with moderate deafness have difficulty in following speech without a hearing aid but can use an amplified telephone.

National Service Frameworks – the national definition of provision of service, standards and performance for specific areas of health and related care. The blueprint for services will cover the relevant ill health prevention, treatment, care and allied services with the aim of defining minimum standards across the whole country and setting a model for excellence.

Nottingham Health District – this covers the geographical area of Nottingham City and the boroughs of Broxtowe (including Hucknall), Gedling and Rushcliffe.

PCT – see Primary Care Trust.

Prevalence – this refers to the number of people in a defined population, with a stated characteristic at a particular time.

Primary Care Trusts – PCTs bring together GPs, community nurses, dentists, opticians, pharmacists, social services and community representatives within a geographical area to improve the health of the community, develop primary and community health services and secure secondary care services, for example those provided in a hospital. There are four PCTs in Nottingham which follow existing local authority boundaries.

Profound Deafness – The quietest sounds people can hear in their better ear are on average 95 decibels or more. People who are profoundly deaf lipread, and if they are deaf from early in life may use sign language.

QMC – Queens Medical Centre, Nottingham.

SSD – see Social Services Department.

Severe Deafness – The quietest sounds people can hear in their better ear average between 70 and 95 decibels. People with severe deafness rely a lot on lipreading, even with a hearing aid. If they have been deaf from early in life, their preferred language may be sign language.

Social Services Department – a core function of Nottingham City and Nottinghamshire County Councils providing a range of services for vulnerable groups in society.

TVI – Team for Visual Impairment. This provides services for visually impaired people.

Voluntary sector – independent organisations managed by a volunteer committee. Can be very large, professional organisations with high numbers of paid staff or small local societies run purely by volunteers. They are invariably grant, government or charitably funded.

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