

9. DISABILITY PLANNING FRAMEWORK

9.1 Analysis of Local Position

9.1.1 Planning for disability services is undertaken through our joint planning arrangements with Renfrewshire Council's Social Work Department. Joint Planning, Performance and Implementation Groups (JPPIGs) are established for learning disability and for physical disability (which includes sensory impairment). Both groups are accountable to the Joint Management Group.

9.1.2 During 2009, a Joint Strategy for People with Physical Disabilities and Sensory Impairment 2009-2014 was agreed. The recommendations were clustered under the following aims/outcomes:

- ensuring equality of opportunity
- making informed choices
- supporting to maximise independence
- valuing and including as equal partners
- personalising the Service
- enabling access to information
- continually improving services

The strategy sets out recommendations for the use of funding released from the closure of the physical disability in patient ward at Merchiston Hospital. Implementation will be monitored by the Physical Disability and Sensory Impairment JPPIG.

9.1.3 Management of all Renfrewshire's community-based health and social learning disability services are managed by one manager reporting jointly to the CHP and the Council. The Renfrewshire Learning Disabilities Service (RLDS) was created as a fully integrated health and social work service in 2008 providing a range of services including; day care, respite, supported accommodation and health services. Two fully integrated locality teams provide assessment, care management, and treatment on a multi-professional basis. From March 2010, the Service Manager and the two locality teams will be located at the new Renfrew Health and Social Work Centre.

All LD long stay hospital beds in Renfrewshire were closed in 2007, releasing resources to support individuals in their own homes in the community. Ten short term assessment and treatment beds are available at Blythswood House in Renfrew. There has been ongoing development of a range of supported accommodation models in Renfrewshire, which have played a key role in maintaining a range of adults with learning disabilities in the community, thereby avoiding the need for long-stay hospital beds.

Over 300 places are available in Renfrewshire's day centres to support people with a range of needs from moderate to profound learning disabilities and challenging behaviour. Day services are gradually moving away from a traditional buildings-based service model to community-based services. Two new purpose built centres are planned to replace existing centres with an expected implementation date of 2013. They will be physically based within new Leisure Centres, and will form part of an overall strategy to make better use of a wide range of community centres and others facilities across Renfrewshire. Respite services have significantly improved through the creation of a new

purpose-built 10 place residential respite centre in 2008 and the use of other residential and community-based respite options. The allocation of respite is supported by a respite bureau which manages demand, provides better information to carers, and applies fairer and more transparent eligibility criteria.

9.2 Numeric Analysis

9.2.1 Physical Disabilities

Renfrewshire's resident population is 170,000. Of this number, 36,300 people reported they had a long term limiting illness (3% above the Scottish average), 11,305 people claimed Incapacity Benefit (10% more than Scottish average) and 58 people received a direct payment. 146 people were in receipt of a grant through the Independent Living Fund. The Scottish Household Survey shows a steady growth in the proportion of Renfrewshire's population reporting a disability and/or a long term illness (16% in 2001, 17% in 2003, 18% in 2005). Renfrewshire's visual impairment figures reflect Scottish figures:

SW Visual Impairment register	1106
- age 16-64	283
Registered blind	149
Registered partially sighted	134

9.2.2 Learning Disabilities

The number of people with a learning disability known to services in Renfrewshire has risen from 495 in 2001 to 1279 in 2009. This equates to more than 7 per 1,000 population which is above the Scottish average of 5.5 per 1000. A recent statistics release around the implementation of "The Same as You?" notes the following information for adults known to services in Renfrewshire:

- Just over 300 people have alternative opportunities to day centres
- Around 70 people are in employment
- 326 are in either supported accommodation or residential care.

Across Scotland, 57% of the learning disabled population known to Services are male, 43% female. 79% are aged between 21 and 64; 11% have left school and are under 21 years.

9.3 Health Gaps and Key Issues

9.3.1 The general health of people with learning disabilities has improved considerably over time, resulting in higher life expectancy at all ages. Perinatal survival rates are also a known contributor to the overall increase, particularly of premature and low birth weight babies. This has led to a substantial rise in the number of people with learning disabilities, which is accompanied by a growth in the number of people with severe and profound learning disabilities who have high levels of dependency or vulnerability and require lifelong care. Conditions such as the early onset of dementia, often associated with Down's syndrome, have now become a feature of the care of older people with learning disabilities.

The health and social needs of those with mild learning disability are generally different from those with moderate to profound learning disability. Both groups

can be very vulnerable but in different ways and the characteristics and prevalence rates of various conditions experienced by these two groups need to be measured and provided for in different ways and using different approaches. With some exceptions, those with mild learning disability are more likely to be able to use mainstream services and be subject to population-wide public health approaches while those with moderate to profound learning disability are more likely to require a combination of specialist learning disability services and may not be subject to the same public health initiatives. As those with moderate to profound learning disability are less numerous and their needs more immediately obvious, appropriate provision is usually made to support them. As those with mild learning disability are far more numerous and their needs less immediately obvious, there is a greater risk of inadequate or no support being offered. The physical health needs of people with mild learning disabilities are usually less life-threatening than those facing people with severe or profound learning disability. Nevertheless, they can present as vulnerable people who can escape the statutory services radar and experience considerable unmet health need.

(Source: Health and Social Needs of People with Learning Disabilities Internal Report NHS GG&C Helene Irvine)

Some key health-related service improvements have been developed recently within RLDS these are; Renfrewshire Eating, Nutrition, and Dysphagia Service (RENDS), Renfrewshire Health Check Programme (part of the Local Enhanced Scheme), and Autism Spectrum Disorder (ASD) Assessment and Diagnosis Service. We are aiming to finalise Renfrewshire's ASD Strategy by April 2010. We have also piloted a hospital information booklet specifically to support people with communication difficulties being admitted for acute hospital care.

Increasing Numbers of People with Learning Disabilities

The population of people with learning disabilities has been rising by 1% to 1.5% year. In overall terms, people with learning disabilities are now more likely to live old age, and many will have severe and enduring health problems which require levels of care to be provided throughout their lives.

It is therefore anticipated that the number of known service users will continue to rise for the foreseeable future. However, not all service users will require social work or specialist health services, consequently services will be targeted to those of greatest need. At a NHS GG&C level, Renfrewshire is actively participating in the current review of Tier 4 services for learning disabilities. Proposals for changes are expected during 2010/11.

Increasing Numbers of People with Physical Disabilities

While the population projections for Renfrewshire for 2001 – 2024 predict a decrease, consideration should be given against a backdrop of successful treatment for congenital and progressive illness. An assumption can therefore be made that the number of adults with a physical disability and sensory impairment in Renfrewshire will at least stay the same or probably increase, despite the predicted decrease in the population.

- 9.3.2 Against this background, the profile of carers of adults with learning disabilities is changing. Many will continue to provide care into advanced old age and part of the challenge for services is to respond to the need to develop suitable alternative care arrangements or to provide care at short notice due to carer illness or death. These demographic changes illustrate the requirement for

effective planning and redesign of services to reflect the changing needs of people with learning disabilities. These issues are being considered by our LD JPPIG and Joint Commissioning Team.

A strategy to support carers in Renfrewshire has been developed by the Joint Planning Performance and Implementation Group for carers and was launched in June 2009. Whilst this strategy does not specifically address the needs of older carers, a self assessment is available for all carers to complete and more than 200 have been completed to date. Within the work plan for physical disability and sensory impairment there is a specific work stream relating to developing a group for service users and carers to promote consultation, participation and partnership working.

- 9.3.3 In relation to day services, our vision is to create a learning disabilities day service which is based on the needs of individual service users, increases the opportunities for their full participation and integration into our communities, recognises the valuable role they can play in our Society, and takes into account the requirements of their carers.

A review of the Disability Resource Centre (DRC) is due to commence in April 2010. This will address the work of the DRC specifically. Mainstream day services can be accessed through social work area teams. It is the role of adult team social workers to identify required services to help promote independence.

9.4 Outcomes Table

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
Effective medium term planning to ensure services meet the needs of disabled people	<ul style="list-style-type: none"> - Develop clear vision for disability across CHP area - Improve data quality for disability to better inform future service planning - Establish effective shared performance management framework that informs service plans - Implement Supporting People to have Equality in Life Choices and Opportunities Strategy 2009 – 2014 - Physical Disability/sensory impairment strategy development managed through the Joint planning, performance and implementation framework in Renfrewshire 	<ul style="list-style-type: none"> - Coherent planning and performance framework - Baseline data will form benchmark to measure progress - Shared performance management framework in place and implemented - Local action plans developed with progress monitored via Renfrewshire Learning Disability and Physical Disability/Sensory Impairment JPPIGS and Joint Management Group
People get access to the right level of care and support when they need it	<ul style="list-style-type: none"> - Implement the day services review for learning disabilities - Increase the independence of our service users - Tier 4 review of learning disabilities services - GGC Group to present proposals to replace current Assessment and Treatment beds with a redesigned model - Address resources required to support acute admissions and meet the needs of people with highly complex difficulties - Implementation of Autistic Spectrum Disorder Strategy 	<ul style="list-style-type: none"> - Monitor via Learning Disability JPPIG and NHSGGC Way Forward Group - Improved service model and choice for service users - Enhanced pathway for people requiring acute admission, NHS complex residential care, slow stream rehabilitation. This will consider in area and out of area placements. - Clear direction for services for people with ASD. This will reflect the requirements of the anticipated Bill - Improved assessment and diagnosis

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	<ul style="list-style-type: none"> - Review of Physical Disability Rehabilitation Service Inpatient bed model, including NHS continuing care - Deliver community rehabilitation and enablement service redesign - Rehabilitation and Enablement model for Renfrewshire developed and approved; implementation once HR processes agreed 	<ul style="list-style-type: none"> within RLDS - Early intervention preventative services provided - Create new autism specific 8 place supported accommodation facility in Paisley (Dec 2010) - Supported accommodation for more intensive and challenging cases developed - Waiting times/referral rates to treatment - Evaluation of Single Point Of Access - Access to Rehabilitation and Enablement Services 24/7 - Role of Gerontology Nurses working with Care Homes - Single shared assessment and care management approach - Local evidence of integrated multidisciplinary workforce model - Appropriate assessment and review of equipment needs - access to/use of equipment services - Ongoing development of Equipu
<p>People are encouraged to determine their own support needs</p>	<ul style="list-style-type: none"> - Personalisation of services - Involvement of service users and carers in their assessment and care planning 	<p>Use of Talking Points</p> <ul style="list-style-type: none"> - Numbers of staff trained on Talking Points approach. - Numbers of staff trained in assessment and care management. - Ensure client/patient reviews encourage inclusion in

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
		<p>discussion/decision re care arrangements: monitor outcomes through client/patient recording mechanisms</p>
<p>People are supported to live as independently as possible in their communities for as long as possible</p>	<ul style="list-style-type: none"> - Influence local housing strategies to ensure housing development reflects individual and population needs of disabled people - Further development of integrated equipment services - Increase the range of community bases accessible by people with disabilities within Renfrewshire (including greater access to community centres and leisure facilities) - Encourage greater independent travel between homes and centres 	<ul style="list-style-type: none"> - Involvement of Housing in joint planning and commissioning work - Local evidence of integrated multidisciplinary workforce model - Within Renfrewshire Extra Care Housing is supported by a multi-disciplinary health team - Appropriate assessment and review of equipment needs - access to / use of equipment services - Ongoing development of Equipu - Number of community bases used and number of people accessing them. - Identify and increase numbers that could travel independently between home and centre.
<p>Carers are recognised as a key partner in the planning and delivery of services, and services are provided to support them in their caring role</p>	<ul style="list-style-type: none"> - Improve access to high quality information for Carers - Review provision of respite - Inclusion of carers in consultation/planning of future services 	<ul style="list-style-type: none"> - Cross Reference to Unpaid Care Policy Framework and outcomes there in - Carers network in LD well developed and supported. Carers of people with LD are actively involved in LD JPPIG, Day Services Review and Carers JPPIG

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
<p>Assessment processes are effective in identifying the needs of individuals and the service responses required</p>	<ul style="list-style-type: none"> - Implement the shared assessment framework and care management guidance - Use the Care management assessment tool in the Rehabilitation and Enablement service for all disciplines of staff - Ensure there is a shared understanding of the tiered model of service among service users and practitioners - Develop robust processes to identify and support people's employment objectives 	<ul style="list-style-type: none"> - Access to Rehabilitation and Enablement Services 24/7 - Single shared assessment and care management approach - Local evidence of integrated multidisciplinary workforce model - Numbers of staff trained in assessment and care management. - Service users surveyed and actions identified from feedback. - Multi-Agency <i>Supported Employment, Further Education and Training</i> group formed for learning disabilities: improving inter-agency working; creating supported employment places (e.g. Project Search initiative); and directing people with learning disabilities into a wider range of opportunities. Monitoring of outcomes in place via Same as You (SAY) returns.
<p>As a system, NHSGG&C is sensitive to the unique needs of service users affected by disability</p>	<ul style="list-style-type: none"> - Develop EQIA agenda throughout all R&E services - Develop robust and sustainable processes for PFPI activity – User/Carer involvement arrangements - Introduction of hospital information booklet for people with learning disabilities 	<ul style="list-style-type: none"> - Understanding of local service utilisation by disabled people - Evidence of EQIA completed and action plan developed - Evidence of service user involvement in planning and redesign – monitor via Learning Disability JPPIG - Hospital information booklet available.
<p>Staff, service users and carers have a shared understanding of services available with</p>	<ul style="list-style-type: none"> - Develop greater direct access and self assessment in the joint equipment services 	<ul style="list-style-type: none"> - Evidence of care pathways and audit for Long Term Conditions and

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
<p>greater focus on early intervention and local provision of services</p>	<ul style="list-style-type: none"> - Review and develop Advocacy and Information resources - Giving an effective voice to people with learning disabilities through their inclusion in strategic plans - Deliver community Rehabilitation and Enablement services redesign - Develop and implement an improved service model for access to Vocational Rehabilitation - Review the Disability Resource Centre (DRC) - Improve collaborative working to address the needs of people with hearing impairment. 	<ul style="list-style-type: none"> - Rehabilitation and Enablement - Outcomes and follow up from health assessment for people with a learning disability - Single shared assessment and care management approach - Local evidence of integrated multidisciplinary workforce model - Role of service users and carers in Learning Disability JPPIG - Access to Rehabilitation and Enablement Services 24/7 - Single shared assessment and care management approach - Local evidence of integrated multidisciplinary workforce model - Employment outcomes - Monitor via Physical Disability /Sensory Impairment JPPIG
<p>Services will be better organised to meet people's needs and will demonstrate a rehabilitative approach to meeting people's holistic needs</p>	<ul style="list-style-type: none"> - Improve transition arrangements from children to adult services and adult to older people services - Ensure local integrated network of support around the provision of eye care - Implement the redesign of Learning Disability Day Services - Create more opportunities for employment of adults with learning disabilities through supported employment initiatives and more effective liaison between further education, training and school. 	<ul style="list-style-type: none"> - Monitor via Learning Disability JPPIG - Renfrewshire Council Transition Framework implemented and monitored via Physical Disability/Sensory Impairment JPPIG - Redesign implemented. - Project Search supported employment model will be introduced in September 2010 for learning disabilities, and will create 12 supported placements in Renfrewshire House. This will set

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	<ul style="list-style-type: none"> - Raise awareness amongst staff of self management and self directed support (SDS) for service users – self directed support training, direct payments and ILF interface of Employment Law with SDS arranged for all staff in May 2010 	<p>clear outcomes and performance targets to monitor effectiveness.</p> <ul style="list-style-type: none"> - Numbers of staff trained – identify baseline of current knowledge.
<p>People are supported to stay as healthy as possible</p>	<ul style="list-style-type: none"> - Review service provision against the NHSGG&C Self Management Framework and address gaps in service provision. - RLDS undertaking regular systematic process of health checks in partnership with GPs. - RLDS Eating Nutrition and Dysphagia Service established to address high incidence of swallowing difficulties associated with client group 	<ul style="list-style-type: none"> - Information provision – Single Point of Contact and Directory of Services - Monitor through implementation plan for Long Term Condition Framework considering specific needs of people with a learning disability - Evidence of self assessment and direct access to services - LD health check outcomes monitored as part of NHSGGC project

9.5 Finance and Workforce

- 9.5.1 Within RLDS there is a need to review the current workforce profile with regard to band and skill mix across all staff groups and to develop a 3 - 5 year workforce plan that meets future service need. Albeit within the context of very low staff turnover. In the forthcoming year there is a need to build on existing expertise with a learning and education plan targeted on management of epilepsy, dysphagia and autistic spectrum disorder.
- 9.5.2 Within Specialist Physical Disability and Sensory Impairment Services there are no immediate issues regarding recruitment and retention. There are however priorities in relation to learning and education namely; manual handling training, management of transition of children into adult services and adults into older people services and focusing practice on improved rehabilitation and enablement outcomes.
- 9.5.3 £238,140 released from the changes to NHS inpatient physical disability rehabilitation services across NHSGG&C and subsequent closure of Merchiston Hospital. The range of activities and service recommendations are contained in the strategy within the service development section.
- 9.5.4 Resources for Learning Disabilities are monitored through the Clyde Learning Disabilities Way Forward Group. Resources released from the closure of Merchiston provided funding for individual packages of care and a contribution of £300,000 to the Clyde recovery plan.