

Physical and Sensory Disability Strategy 2012-15

Action Plan

Progress Report for period ending June 2014

Target Indicator Key:



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



Near achieving.



profile to achieve.

Key Themes

Personalisation;

Service Redesign;

Transition Support and Planning;

Equipment – Procurement and Standardisation;

Rehabilitation:

Transport.

Respite / Short Break Care;

Information, Advice and Advocacy;

Provision of a Skilled Workforce;

Day Opportunities

Housing; and

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

- Supporting Independent Living (SIL) Chair, Bernie Kelly, BHSCT
- Information & Training (I&T) Chair, David Galloway, RNIB
- Regional Sensory Impairment Group (RSIG) Chair, Anne Hillis, HSC Board

Theme: Prevalence and Need

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

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 th June 2014	R A G*	R A G*
1.	Determine and agree key outcome measures to inform future service commissioning provision and improvement in the lives of individuals.	HSCB will lead on this action with input from PHA, HSCTs and Service Users	Outcome measures for people with disabilities that will result in improved quality of life.	OD - December 2012 RD - March 2015	Draft Outcome Measures have been agreed and require further discussion with DHSSPS and SIG colleagues to ascertain associated indicators and process for implementation and monitoring. A Position Paper will be presented at a future SIG meeting.		
2.	Work in partnership with other key agencies and stakeholders to commission work to collate and compile data in relation to Section 75 groups and take action to address inequalities and identified gaps in	DHSSPS will lead on this action with input from HSCB, PHA, HSCTs, and service users	1.Inequalities and gaps identified for Section 75 Groups 2. Improved equality in service provision.	OD - December 2013 RD - December 2014	Taking action to address inequalities and identify gaps in service provision is the overall rationale for the Physical & Sensory Disability Strategy 3 year Action Plan which is now entering its final phase. The Strategy Implementation Group leading the work is cross Departmental and cross agency, including HSC Board, PHA, Trusts, DEL,DE, DSD, voluntary organisations and service users.		

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	service provision.						

Theme: Promoting Health, Wellbeing And Early Prevention

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

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3.	Examine how disabled people can be targeted in future health promotion initiatives.	PHA will lead on this action with input from DHSSPS and service users	Targeted messages to be developed particularly for those with multiple needs.	OD- September 2012 RD – December 2014	A Good Practice Guidance Checklist has been developed to ensure the needs of people with disabilities are considered in the design and development of health promotion programmes/ campaigns and PHA will continue to lead on the implementation of this action.		
4.	Examine how a "prevention" message can be made known regarding	PHA will lead on this action with input from DHSSPS and service users	Method for inclusion of prevention messages in public health campaigns relating to	OD - September 2012 RD -	I&T Developing Eyecare Partnership Regional Group has been established under the leadership of Dr J McCall		

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Nos	preventative hearing and sight loss – this could include for example PHA incorporating messages in their public health education campaigns about positive steps that the public can take in order to avoid sight and / or hearing loss.		preventative hearing and sight loss agreed.	December 2014	(PHA) and R Curran (HSCB).Task Group 5 Promotion of Eye Health has been established and SIG is represented on this. In relation to hearing loss, a Task & Finish Group has been set up to identify and promote preventative messages and work is underway to develop an awareness campaign.		
5.	Early detection, assessment and intervention services are provided for all disabled people, and assessments, particularly those for complex conditions, are carried out by properly trained personnel – for example HSC could ensure that appropriate	HSCB will lead on this action with input from HSCTs, PHA and service users	Timely detection, assessment and intervention for people with all disabilities.	OD - December 2013 RD - June 2015	ALL A regional deafblind needs analysis report has been produced with key recommendations and will be presented at a workshop in Autumn 2014. Regional sensory care pathways for hearing and sight loss and service standards for physical disability are in development. Significant recurrent funding and non-recurrent funding has been applied and details to address this action were issued to DHSSPS with the June 2013 Progress Report.		

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	services are provided for deafblind people - remembering that individual services for people who are deaf or who are blind may not be appropriate for someone who is both deaf and blind.						
6.	Consider endorsing the Eye Care Liaison Officer (ECLO) model or other appropriate models available in NI as the preferred option in supporting those with newly diagnosed sight loss.	PHA will lead on this action with input from HSCB and service users	Preferred and approved best practice model may be adopted as support solution for people with newly diagnosed sight loss.	March 2013	RSIG Action complete	N/A	

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7.	The provision and delivery of appropriate positive risk taking training to HSC staff which would encompass: -Understanding of risk -Improved quality of life.	DHSSPS will lead on the issue of guidance with input from HSCB and HSCTs. HSCB will lead on implementation with input from HSCTs and service users	Positive risk taking will be promoted where possible, supported by the provision and delivery of appropriate training to HSC staff, with the aim of empowering children and adults with disabilities to fulfil their goals and ambitions to the maximum potential, ie. improved quality of life.	OD – Ongoing RD – December 2014	I&T Draft DHSSPS Guidance being developed. Guidance in final drafting stages prior to internal consultation.		

Theme: Providing Better Services to Support Independent Lives

Personalisation

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

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8.	Explore the feasibility of introducing in NI provisions equivalent to Part Two of the GB Welfare Reform Act 2009, "Disabled people: right to control provision of services" either through administrative means or by means of legislation.	DHSSPS will lead on this action and will work in partnership with other Departments, on determining the implications of taking forward legislation in NI	Decision on feasibility of NI legislation covering provisions of Part Two of the Welfare Reform Act 2009 "Disabled people: right to control provision of services" developed.	OD - September 2012 RD – March 2014	I&T Action Complete		
9.	Determine the feasibility of introducing self-directed support / personalised / individualised budgets in NI which take account of the need for specialist support	The Self Directed Support Programme Board, HSCB will lead on this issue with input from the DHSSPS and service users	Pilot schemes evaluated, feasibility study commissioned and relevant Legislation, if necessary, amended.	OD - March 2013 for completion of feasibility study. RD - March 2014	Self -Directed Support Programme Board The HSCB has established a Project Board and Project Team structure to take forward this work. As At 26 th June 2014:-Local Trust governance structures have been reviewed and a series of 'Stock Take' meetings has taken place with each Trust. The 'Stock Take' meetings included		

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	and lessons learned through their implementation in other parts of the UK				discussion of a Demand Analysis exercise with the aim of informing the review of Trust Implementation Plans. In addition the 'Stock Take' included discussion on other key issues; resource allocation; resources; staff training and development; communication/engagement and barriers to delivery. Each Trust Implementation Plan has been reviewed and updated. Further actions include a workshop on 4 th July to explore barriers and seek agreement to key decisions. Also within the communications work a number of actions are progressing, e.g. development of a DVD, podcasts and SDS resource packs for Trusts.		
10.	Increased uptake of Direct Payments will continue to be promoted.	The Regional Direct Payment Group, HSCB will lead on this action with input from PHA, HSCTs and service users.	Increase in uptake of Direct Payments by people with disabilities.	Quarterly and Annual Monitoring through Priorities for Action progress reporting	Regional Direct Payment Group The Board continues to receive quarterly updates regarding uptake of direct payments. As of March 2014 there were 795 direct payments in place, compared with 761 in March 2013, an increase of 4.5% (Source: DHSSPS). Direct payments in Physical and Sensory disability account for 32% of the overall Direct Payments total. The promotion of Direct Payments will come under the auspices of the Self-directed Support programme.		

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	Recommendatio	on:- to commission mo	re personalised s	ervices appropri	ate to the needs of individuals.		
11.	Produce a policy framework / guidance on long-term conditions management across primary and secondary care sectors which includes details on the promotion of self management	DHSSPS will lead on this action with input from HSCB/ PHA and service users	 Policy Framework for the management of long term conditions. Individuals as experts in their care. 	March 2012 (subject to Minister's approval)	I&T Action complete		
12.	Person-centred planning will be adopted as mainstream practice & evidenced in person centred plans.	HSCB will lead on this action with input from PHA, HSCTs and service users	Person-centred planning adopted as mainstream practice, which will contribute to the Equality and PPI Agenda.	OD - April 2013 RD – June 2015	SIL The draft care pathways for hearing and sight loss and the draft Service Standards for Physical Disability include pcp as standard practice.		
13.	The Wraparound Initiative or similar model of good practice for providing multiagency / multidisciplinary services for	HSCB (Children and Young People's Strategic Partnership) will lead on this action with input from PHA & HSCTs	Wraparound adopted as regional model and approach in all HSCTs.	March 2013 RD – December 2013	Children & Young People's Strategic Partnership (CYPSP) Action Complete		

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	children and young people with disabilities should be rolled out to and deployed in all Trust areas.						

Theme: Information, Advice and Advocacy

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

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14.	Ensure that information and advice about services is accessible and staff are trained to communicate appropriately with people who are blind or partially sighted.	All service providers	Accessible information and advice in a range of formats.	OD - April 2013 RD – June 2015	I&T The Accessible Formats policy and guidance has been issued to HSC organisations through the Regional Accessible Formats Steering Group for implementation. Work has commenced with the Business Services Organisation Procurement and Logistics Service to explore developing a regional contract for the provision of		

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					accessible formats services (such as Braille or audio formats), Trusts Making Communication Accessible guide 2012 is currently under review. The Accessible Communication Guidance for GPs will be launched in the Autumn 2014. An Level 1 E-Learning awareness raising programme for hearing and sight loss will be road tested with Trust Staff Groupings over the summer/autumn period. A Sensory Training Framework has been developed which offers guidance in staff development.		
15.	Publish "A Policy for Developing Advocacy Services – A guide for Commissioners".	DHSSPS will lead on the finalisation of the policy guidance. The associated implementation plan will be taken forward by the HSCB with input from the PHA, LCGs and HSCTs and service users.	Agreed principles and standards for the future commissioning and delivery of advocacy services.	March/April 2012 October 2012	I&T Action complete.		

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16.	Advocacy models, supported by training programmes, to help maximise decision making and control for disabled people will be available.	HSCB through the Advocacy Network NI will lead on this action with input from PHA and HSCTs and service users	Range of advocacy models / training programmes adopted.	April 2013	ANNI has completed work on a Code of Practice for independent advocates, Standards, Self-Assessment Framework and Induction Check. An official launch was held on 26 th June 2014 by ANNI.		

Theme: Skilled Workforce

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 th June 2014	R A G*	R AG**
17.	All health and social care staff should be given disability awareness training which includes equality and human rights training inclusive of PPI agenda.	HSCTs will lead on this action with input from HSCB, PHA & BSO and service users	Skilled and informed workforce	Assessed annually through training evaluations – Ongoing	I&T A workshop is proposed for Autumn/winter 2014/15 with regional Equality Leads to explore best practice and approach to deliver this action. A Level 1 E-Learning awareness raising programme for hearing and sight loss will be road tested with Trust Staff Groupings over the summer/autumn period.		

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					The HSCB continues to work with the NI Human Rights Commission to develop a human rights based approach model in sensory services and resources developed include an Overview, Case Study Manual and Screening Tool. The Commission will also assess the Review of Communication Support Services Review work to ascertain human rights compliance over the next few months.		
18.	All health and social care staff in regular direct contact with clients or patients with a disability will be given disability equality and PPI training relevant to their level of involvement.	HSCTs will lead on this action with input from HSCB, PHA & BSO and service users	Skilled and informed workforce who are enabled to respond appropriately to the needs of people with disabilities whilst respecting their rights to privacy, dignity and equality.	Assessed annually through training evaluations - Ongoing	I&T Please see Action 17 above		
19.	All health and social care staff in regular direct contact with clients or patients with a disability should be given human rights	HSCTs will lead on this action with input from HSCB, PHA & BSO	Skilled and informed workforce.	Assessed annually through training evaluations – Ongoing	I&T Please see Action 17 above		

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	training on legislation, on a human rights approach and on incorporating the convention rights of people with disabilities.						

Theme: Equipment (Procurement and Standarisation)

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20.	A rationalisation of budgets for the provision of the range of sensory equipment will be developed and implemented and a regional approach to procurement will be adopted where possible. The new arrangements and protocols should be supported by training for HSC staff.	HSCB will lead on this action with input from BSO/HSCTs and service users	Regional model for procurement of sensory equipment.	OD – September 2013 RD – June 2015	Exploratory Meeting to be set up with Trusts to discuss next steps. Please see also Action 26.		

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21.	Ensure that the Procurement and Logistics Service (formerly Regional Supplies Service) procures wheelchairs and their accessories, from the agreed and approved range of products in line with the National Framework Agreement, at best cost from suppliers and that relevant staff are trained appropriately in the new procedures.	BSO / HSCB will lead on this action with input from PHA and HSCTs and service users	Regional approach to procuring wheelchairs and wheelchair accessories.	September 2012	Regional Wheelchair Reform Group – Action complete.		

Theme: Rehabilitation

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 th June 2014	R A G*	R A G**
22.	Promote effective rehabilitation taking account of the user's perspective to	HSCB will lead on this action with input from PHA, PCC & HSCTs	Best practice approach to rehabilitation services	OD - Dec 2014 RD – June 2015	SIL Scoping exercise to be completed in 2015.		

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	include: Good quality information appropriate to people with a disability; A focus on anticipatory care planning as part of a care pathway approach; Shared best practice within available resources; and A standardised approach to assessment and documentati on in HSC organisation	and service users	adopted.				
23.	Review of sensory rehabilitation services from a user perspective with a view to promoting	HSCB will lead on this action with input from PHA, PCC, HSCTs and service users	Services redesigned from a user's perspective	OD – June 2013 RD – June 2015	RSIG Identified as a 2015 priority action. Exploratory Meeting to be set up with Trusts to discuss current		

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	provision of cost effective and timely services.				practise.		

Theme: Short Breaks and Respite

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

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24.	Ensure the recommendations from the HSCB Respite Review Group are equitably implemented for the benefit of disabled people.	The Regional Respite Group, HSCB will lead on this action with input from DHSSPS and HSCTs and service users	Baseline established. Wider range of short breaks / respite available	Annual Review/ Ongoing	Regional Respite Group A baseline was agreed in 2012 and a report for 2012/13 is available. The Regional Group is currently engaging with Trusts regarding eligibility criteria, to be completed by April 2014.		
25.	Explore the developments and regional opportunities for crisis response	The Regional Respite Group, HSCB will lead on this action with	Crisis response interventions identified.	March 2013 RD – June 2015	Regional Respite Group An evidence based analysis of a best practise model for emergency short breaks/respite was produced		

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	interventions in respect of respite services which could be used by for people with disabilities.	input from HSCTs and service users			which included a checklist for identification of people at risk in a caring relationship. Trust contingency plans should already be set in place to manage emergency situations. Trusts are required to agree and adopt this checklist and match resources accordingly.		

Theme: Service Redesign

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

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 th June 2014	R A G*	R A G**
26.	Examine areas where sharing resources between Trusts creates the potential for more equitable efficient support and services through economies of scale and sharing of scarce resources.	HSCB will lead on this action with input from HSCTs and service users	Regional protocol for sharing resources established.	OD - March 2013 RD – June 2015	SIG A draft protocol paper has been developed which sets out regional services where sharing resources between Trusts could create potential for more equitable efficient support and services.		

Theme: Transition Support and Planning

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

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27.	Improve joint working across relevant Departments, with the aim of ensuring that young people with disabilities are offered the same opportunities as other young people for learning and personal development. (PSI Recommendation)	DHSSPS will lead on this action to collaborate with DE and DEL and service users	Joint working approach adopted to improve access to opportunities for young people.	June 2013 RD – DHSSPS to advise	DHSSPS DHSSPS officials will discuss with DE and DEL colleagues regarding support provided for young people with disabilities within the education sectors. DE/DEL officials will be invited to SIG to discuss this issue. CYPSP were asked to meet with DEL to assist in their development of a work plan in this area. This meeting has taken place recently. DEL remain the lead agency.		
28.	Ensure arrangements are developed to improve the transitional arrangements between child and adult health services.	HSCB (Regional Transitional Implementation Group) will lead on this action with input from PHA & HSCTs and service users	Models of good practice and transition planning operational teams established.	September 2013 RD – March 2014	Regional Transitional Implementation Group, HSCB Action complete		

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29.	Develop palliative and end of life care services for people with disabilities within the framework of the palliative and end of life care strategy.	PHA / HSCB will lead on this action through the Regional Palliative Care Group, with input from HSCTs	Appropriate palliative / end of life care services will be available.	In line with palliative care strategy	Regional Palliative Care & End of Life Service Group Trust monitoring returns to be collated and presented at a future SIG meeting.		

Theme: Day Opportunities

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

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30.	Examine the potential for the development of social networking services focussed on enabling sustained community engagement for disabled people, eg, with the view to helping prevent disabled people needing care and support in the first place or from developing long-term	HSCB will lead on this action with input from PHA, HSCTs and the Vol / Com Sector and service users	Review containing agreed model for social networking services completed.	OD – 2012 RD – June 2015	Non recurrent funding was applied to pilot a community access model across the region in 2014/15. Recurrent funding will be applied to mainstream social access and networking services over course of 2014-15 financial year		

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	dependencies on health and social care provision.						
31.	Examine ways of working more closely with other government departments and voluntary/community bodies to support the development of vocational orientation/rehabilitation services for disabled people.	DHSSPS will lead on this with input from HSCB/PHA/HSCTs /Vol/Com Sector and in collaboration with other government departments and service users	Joint working approach developed.	OD - Dec 2012 RD -Dec 2014	DHSSPS officials have enjoined with officials from DEL, DETI, DSD and other Government Departments and organisations from the VC sector under the "Tackling Economic Inactivity" Group to focus on developing innovative support with the aim of reducing the number of people classified as economically inactive. A Strategic Framework to tackle Economic Inactivity was presented to the Executive in November 2013. DEL has since commissioned a mapping exercise of existing service provision across NI for the target inactive client group which will provide an effective baseline position to inform the pilot project testing phase. Pilot projects will then be developed to test innovative approaches to transitioning people from inactivity to employment.		

Theme: Housing

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

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32.	Address issues around delays for adaptations and Progress the Ministerial approved actions and recommendations from the Interdepartmental Review of Housing Adaptations.	DSD will lead on this action with input from NIHE, HSCB/PHA, and DHSSPS and service users	Performance targets for housing adaptations achieved. Improved infrastructure to maximise housing choices for disabled people.	OD June 2013 RD – to be revised to reflect slippage due to requirement for both Joint Ministerial and Executive approval P O'Brien to liaise with DHSSPS colleagues on this particular issue.	Joint Housing Adaptations Steering Group & Core Group Both DSD and DHSSPS Ministers have now endorsed the report on the Interdepartmental Review of Housing Adaptations and public consultation has been successfully completed. The consultation response document was launched by DSD/DHSSPS Ministers in April 2014 it is now on the NIHE Website with links to the DSD and DHSSPS websites. A final report outlining the policy context, final recommendations and strategic action plan will be prepared for final ministerial consideration in Summer 2014. There will be a three month consultation on the final recommendations and action plan. A proof of concept study to create		

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					a framework for an accessible housing register has been completed and evaluated. The accessible Housing Register for Social Housing and the user led initiative to improve information on accessibility features in private sector housing for rent or sale have been selected as signature projects in the OFMDFM active ageing strategy.		
					The Disability Housing Design Panel has commenced work identifying good practice for the presentation of private sector housing access information by estate agents.		
					A cross sector adaptations design communications toolkit has been completed. Cross sector training days were delivered in February and the new regional system launched in 1 st April 2014. NI is the first jurisdiction to develop agreed cross sector standards for housing adaptations design communications.		
33.	Jointly review the commissioning of assistive technology and telecare to enhance the	PHA will lead on this action with input from HSCTs and HSCB and service users.	Options and best practice approach considered and evaluated.	September 2013 RD – June 2015	DHSSPS/DSD An initial scoping document regarding terms of reference has been drafted by the housing adaptations liaison manager for consideration by stakeholders		

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	quality of life and independent living options for disabled people and carers.				September 2013. The Disability Design Housing Panel has now completed a user led scoping paper on home environmental controls. DHSSPS have submitted a prioritised bid to review and pump prime this area to OFMDFM under the delivering social change programme and an outcome of this bid is awaited.		
	Recommendatio	on :- To enhance բ		Theme ; Transpo			
34.	Engage with relevant stakeholders with a view to enhancing independent travel training as part of rehabilitation programmes.	HSCTs will lead on this action with input from voluntary sector	Range of travel programmes available.	March 2013 Completed February 2014	The volunteer buddy service was introduced within Disability Action (DA) in February 2014. The aim of the service is to assist people who want to learn to travel independently using public and community transport. Information regarding the service has been placed in community magazines and		

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Nos					throughout the service users within DA's employment support services and placed on their website. The main aim of advertising this service has been to interest people wanting to be travel buddys and users who want to use the service. DA has held one volunteer travel buddy training session which was facilitated by Volunteer Now with two people and it has three people currently waiting to be assisted in travel training.		

Theme: Infrastructure

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

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35.	Convene a Disability Strategy Implementation Group to coordinate Implementation of the Action Plan – supported by a dedicated Project Manager	HSC Board and PHA (DHSSPS to fund Project Manager post)	Full Implementation of Action Plan by 2015.	June 2012	Action complete & On-going		
36.	Regular reports on Implementation of Actions inclusive of progress made in progressing equality and human rights duties including screening and impact assessment where relevant.	HSC Board and PHA	Publish 6-monthly progress reports.	Successive years over lifespan of Strategy.	End of June 2014 report completed.		