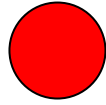


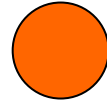
**Physical and Sensory Disability Strategy  
2012-15**

**Action Plan**

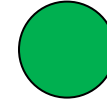
**Progress Report for period ending June 2016**



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



Near achieving.



Achieving or on  
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

To date implementation of the Strategy has been carried out through the Strategy Implementation Group (SIG) and three supporting Work Streams as follows:

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

However it was agreed at a Project Team meeting on 10<sup>th</sup> November 2015 to merge SIL and I&T work streams in an effort to combine efforts for many of the overlapping items/ amber actions and reduce duplication.

From 10<sup>th</sup> November 2015 the implementation of the Strategy will be carried out through the Strategy Implementation Group (SIG) and two supporting Work Streams as follows:

- Supporting Independent Living, Information & Training (SILIT); Co- Chairs Bernie Kelly, BHSCCT and David Galloway, RNIB
- Regional Sensory Impairment Group (RSIG) ; Interim Chair, Donal Diffin, 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 June 2016	R A G* Physical Disability (PD)	R A G* Sensory Impairment (SI)
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 – September 2016	<p style="text-align: center;"><b>SILIT / RSIG</b></p> <p><b>Self Directed Support (SDS):</b> Within the SDS initiative an existing outcomes based tool (ASCOT) is being introduced across all 5 Trusts paced with the phased introduction of SDS. Licence agreements for the Adult Social Care Outcomes Toolkit (ASCOT) are in place and the tool will be trialled in SEHSCT in August 2016. The outcomes data will report on individual outcomes and can produce reports for comparison across programmes, services, Trusts and with other parts of GB. The trial period will be evaluated and findings/amendments etc taken through both the SDS Programme Board and the Community Regional Information Team.</p> <p>SI Outcome Measures have been agreed and have been implemented by HSCTs</p>		
2.	Work in partnership with other key agencies and stakeholders to commission work to collate and compile	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	<b>Action Complete</b>	<p style="text-align: center;"><b>SILIT</b></p> <p>Taking action to address inequalities and identify gaps in service provision is the overall rationale for the Physical &amp; Sensory Disability Strategy 3 year Action Plan which is now entering its final phase. The Strategy Implementation</p>		

**R A G\* = Red, Amber, Green    OD = Original Date, RD = Revised Date**

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* Physical Disability (PD)	R A G* Sensory Impairment (SI)
	data in relation to Section 75 groups and take action to address inequalities and identified gaps in service provision.		service provision.		<p>Group and the SILIT/RSIG workstreams have cross agency representation from HSCB, HSCTs, PHA, DHSSPS, DENI NIHE, Community &amp; Voluntary Sector and Service Users.</p> <p>The following list represents some of the P&amp;SD funded initiatives since 2012:</p> <ul style="list-style-type: none"> <li>• Wheelchair services funding</li> <li>• Deafblind initiative</li> <li>• Regional Review of Communication Support Services</li> <li>• Community Access and Social Networking initiatives</li> </ul>		

### 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.

PSDS Action Plan Ref No	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
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.	<p>OD- September 2012</p> <p>RD – September</p>	<p><b>SILIT</b></p> <p>A Good Practice Guidance on Including People with Disability in Public Health Initiatives has been drafted to ensure the needs of people with disabilities are considered in the</p>		

R A G\* = Red, Amber, Green    OD = Original Date, RD = Revised Date

PSDS Action Plan Ref No	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G *  PD	R A G **  SI
				<b>2016</b>	design and development of health promotion programmes/ campaigns. PHA will continue to lead on the implementation of this action. This work has continued through SILIT workstream and it is expected that the guidance will be included in the PHA Business toolkit in Autumn 2016 to allow for a monitoring trial period prior to being rolled out to other HSC organisations such as HSCT Health Improvement teams.		
4.	Examine how a “prevention” message can be made known regarding 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.	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 preventative hearing and sight loss agreed.	OD - September 2012  RD <b>September 2016</b>	<p align="center"><b>SILIT/ RSIG</b></p> <p>The prioritisation of public health campaigns is determined by Departmental colleagues. The Draft Good Practice Guidance (See Action 3 above) aims to ensure that the planning of all public health interventions e.g. commissioning a new service, planning a public health campaign or designing a leaflet considers the needs of all disabled people.</p> <p>Developing Eyecare Partnership (DEP) Regional Group has been established under the leadership of Dr J McCall (PHA) and R Curran (HSCB).</p> <p>An Eye Health / Sight Loss Prevention Action Plan is led through DEP Task Group 5 (Collaboration to Promote Eye Health) This work will continue to be led by PHA. The P&amp;SD Project Manager is</p>	N/A          N/A	

PSDS Action Plan Ref No	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G * PD	R A G ** SI
					<p>a member of this Task Group.</p> <p>In relation to hearing loss, a Task &amp; Finish Group including HSCB, PHA and Action on Hearing Loss (AoHL) was set up to identify and promote preventative messages. The HSCB provided non recurrent funding to facilitate the AoHL awareness campaign.</p>		
5.	<p>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 services are provided for deafblind people - remembering that individual services for</p>	<p>HSCB will lead on this action with input from HSCTs, PHA and service users</p>	<p>Timely detection, assessment and intervention for people with all disabilities.</p>	<p>OD - December 2013</p> <p>RD – September 2016</p>	<p><b>SILIT/ RSIG</b></p> <p>SILIT Workstream has commenced the development of a service framework for people with physical disabilities but this piece of work is still at an embryonic stage.</p> <ul style="list-style-type: none"> <li>HSCB has provided non recurrent funding for a regional wheelchair initiative for people with MND in partnership with MND Association, Regional W/C Therapist and RDS Manager obo Regional W/C Reform Group to pilot powered wheelchairs.</li> <li>HSCB provided non recurrent funding to the Royal College of Speech and Language Therapy (RCSLT) to commission My Journey My Voice, a powerful interactive multimedia exhibition which highlights living with a communication</li> </ul>		

PSDS Action Plan Ref No	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G * PD	R A G ** SI
	people who are deaf or who are blind may not be appropriate for someone who is both deaf and blind.				<p>disability from a service user's perspective. This was launched on 2<sup>nd</sup> November 2015 as a partnership initiative between RCSLT, HSCB, DHSSPS and Disability Action.</p> <p><b>RSIG</b></p> <p>A regional deafblind needs analysis report was completed and key findings of this review were launched at a workshop in autumn 2015. Specialist deafblind training for HSC staff commenced in September 2015.</p> <p>Regional sensory care pathways for hearing and sight loss have been developed. Further consideration to the needs of children and their families along such Sensory care pathways is now required.</p>		
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.	<b>Action complete</b>	<b>RSIG</b>	N/A	



PSDS Action Plan Ref No	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
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, i.e. improved quality of life.	OD – Ongoing  RD – <b>September 2016</b>	<b>SILIT</b>  <b>Draft Department of Health Guidance is awaited.</b>		

### 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.

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
8.	Explore the feasibility of introducing in NI provisions equivalent to Part Two of the GB	DHSSPS will lead on this action and will work in partnership with other Departments, on determining the	Decision on feasibility of NI legislation covering provisions of Part Two of the	<b>Action Complete</b>	<b>SILIT</b>		

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
	Welfare Reform Act 2009, "Disabled people: right to control provision of services" either through administrative means or by means of legislation.	implications of taking forward legislation in NI	Welfare Reform Act 2009 "Disabled people: right to control provision of services" developed.				
9.	Determine the feasibility of introducing self-directed support / personalised / individualised budgets in NI which take account of the need for specialist support and lessons learned through their implementation in other parts of the UK	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.	<b>Action Complete</b>	<b>SILIT</b>  Currently the Self Directed Support initiative is in implementation phase. The 5 Trusts have adopted a phased approach to this major transformational change project. The project plan and departmental indicator note that by end March 2019 SDS will be mainstreamed across all programmes of care within each Trust. SDS NI development takes cognisance of the learning from across the UK and contacts are maintained with some Local Authorities in England. In addition the SDS initiative has undertaken a full Equality Impact assessment with the consultation concluding in May 2015.		
10.	Increased uptake of Direct	The Regional Direct Payment Group,	Increase in uptake of Direct	<b>Action</b>	<b>SILIT</b>		

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
	Payments will continue to be promoted.	HSCB will lead on this action with input from PHA , HSCTs and service users.	Payments by people with disabilities.	<b>Complete</b>	<b>Regional Direct Payment Group</b>  The HSCB receives Quarterly and Annual Monitoring reporting updates regarding uptake of direct payments. The promotion of Direct Payments will come under the auspices of the Self-directed Support programme (See Action 9 above)		
<b>Recommendation:- to commission more personalised services appropriate to the needs of individuals.</b>							
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	1. Policy Framework for the management of long term conditions. 2. Individuals as experts in their care.	<b>Action Complete</b>	<b>SILIT</b>  For further information go to <a href="https://www.dhsspsni.gov.uk/long-term-condition">https://www.dhsspsni.gov.uk/long-term-condition</a>		
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  <b>RD – September 2016</b>	<b>SILIT</b>  Further to the December 2014 Progress report which describes person centred planning as an integral part of the Draft hearing and sight loss pathways and draft Physical Disability service standards		

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
					<p>(See Action 5 above) the Self Directed Support (SDS) initiative has continued to build on person centred planning practice as follows:</p> <p>The SDS initiative introduces a co-production approach with service users and carers as equal partners in developing their support plans following assessment of need. This approach by nature is person-centred and training is currently being rolled out across the 5 Trusts over 3 levels with level 3 covering assessment and individual support planning. The 5 Trusts have adopted a phased approach to the mainstreaming SDS across all programmes.</p> <p>A scoping exercise with Trust Training Teams has commenced to determine the range and frequency of person centred training available to HSC staff. (See Action 17 below)</p>		
13.	The Wraparound Initiative or similar model of good practice for providing multi-agency / multi	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.	<b>Action Complete</b>	<p><b>Children &amp; Young People's Strategic Partnership (CYPSP)</b></p> <p>The wraparound manifesto was in the PSDS strategy as a model of good practice requiring to be rolled</p>		

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
	disciplinary services for children and young people with disabilities should be rolled out to and deployed in all Trust areas.				out. The key elements of this are encompassed within the Children's Services framework which is due to be formally issued by DHSSPS following consultation/ review and subsequently this piece of work can be taken forward on receipt.		

### 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.

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
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 – September 2016	<p><b>SILIT</b></p> <ul style="list-style-type: none"> <li>The Accessible Formats policy and guidance has been issued to HSC organisations through the Regional Accessible Formats Steering Group for implementation.</li> <li>Work has commenced with the Business Services Organisation</li> </ul>		

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
					<p>Procurement and Logistics Service to explore developing a regional contract for the provision of accessible formats services (such as Braille or audio formats),</p> <ul style="list-style-type: none"> <li>• An Accessible Communication Guidance for GPs was launched in the Autumn 2014.</li> <li>• Making Communication Accessible for All- A Guide for HSC staff was launched on 27<sup>th</sup> June 2016.</li> <li>• A Level 1 E-Learning Sensory awareness raising programme for hearing and sight loss will be launched on 1<sup>st</sup> July 2016 and available to all HSC staff and Arm's Length Bodies</li> <li>• A Sensory Training Framework has been developed which offers guidance in staff development.</li> <li>• Engagement with the regional PAS steering group has established that PAS has the ability to produce large print letters if a marker is placed on the patient record. There is however no consistency in how</li> </ul>		

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
					<p>Trusts are addressing these issues. Whilst a variety of tools and approaches are in use by Trusts, the lack of strategic corporate ownership of this issue means it is very difficult to ensure any consistency of approach amongst HSC bodies and service providers including primary care. This work will continue to progress through SILIT workstream and SIG. A workshop with Trust Equality Leads and Directors may be required to take forward the strategic implementation of initiatives.</p> <ul style="list-style-type: none"> <li>The HSCB in partnership with DHSSPS, Disability Action and the Royal College of Speech and Language Therapy commissioned My Journey My Voice, a powerful interactive multimedia exhibition which highlights the issue of living with a communication disability from a service user's perspective. This was launched on 2<sup>nd</sup> November 2015 with roadshows across the region scheduled for 2016.</li> </ul>		

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
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.	<b>Action complete.</b>	<b>SILIT</b>		
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.	<b>Action complete.</b>	<b>SILIT</b>		



## Theme: Skilled Workforce

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R AG** SI
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	<p style="text-align: center;"><b>SILIT</b></p> <p>In order to achieve a lasting and sustainable implementation of Actions 17, 18 and 19, it is proposed that there should be an engagement event between SILIT chairs, HSCB and Disability Champions within HSC to agree the way forward. However the following initiatives have progressed:</p> <ul style="list-style-type: none"> <li>• A Level 1 E-Learning awareness raising programme for hearing and sight loss will be launched on 1<sup>st</sup> July 2016. (See Action 14 above)</li> <li>• A scoping exercise with Trust Equality Leads and Training Managers to determine the nature and range of training available to Trust staff in the following areas completed in June 2016: Human Rights, Equality and Diversity, Disability Awareness Training. The findings of this scoping exercise will be used by SIG to inform the need to meet with Trust Directors/ Disability Champions to agree a regional standard. This action is directly linked to Action 14 above.</li> </ul>		

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
					<ul style="list-style-type: none"> <li>The HSCB continues to work with the NI Human Rights Commission to develop a Human Rights based approach model in sensory services. The Regional Review of Communication Support Services has been completed and key findings of this report and Equality Impact Assessment has been presented to SMT. Following approval from SMT and Board of HSCB this opened for public consultation on 6<sup>th</sup> June 2016 for a 13 week period.</li> <li>Following submission of Action on Hearing Loss Tinnitus Strategy NI to DHSSPS the HSCB has established a multiagency group which includes DHSSPS, HSCB, PHA, Trust ENT, Audiology and Sensory Rehabilitation colleagues and AoHL to take forward those elements of the strategy which have a consensus of support and are deemed to be cost neutral. This work is ongoing.</li> </ul>		
18.	All health and social care staff in regular direct contact with	HSCTs will lead on this action with input from HSCB, PHA & BSO and	Skilled and informed workforce who are enabled to	Assessed annually through training	<b>SILIT</b>		

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
	clients or patients with a disability will be given disability equality and PPI training relevant to their level of involvement.	service users	respond appropriately to the needs of people with disabilities whilst respecting their rights to privacy, dignity and equality.	evaluations - Ongoing	<b>Please see Action 17 above</b>		
19.	All health and social care staff in regular direct contact with clients or patients with a disability should be given human rights training on legislation, on a human rights approach and on incorporating the convention rights of people with disabilities.	HSCTs will lead on this action with input from HSCB, PHA & BSO	Skilled and informed workforce.	Assessed annually through training evaluations – Ongoing	<b>SILIT</b>  <b>Please see Action 17 above</b>		

### Theme: Equipment (Procurement and Standardisation)

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
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 – <b>September 2016</b>	<b>RSIG</b>  PaLS Social Procurement have agreed to facilitate this action A high level scoping of existing Trust arrangements for provision and procurement of sensory equipment commenced in June 2016. This information will be used by BSO, Pals, HSCB and HSCTs to inform next steps. Please also see Action 26	N/A	
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.	<b>Action complete.</b>	<b>Regional Wheelchair Reform Group.</b>		N/A

## Theme: Rehabilitation

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
22.	<p>Promote effective rehabilitation taking account of the user's perspective to include:</p> <ul style="list-style-type: none"> <li>○ Good quality information appropriate to people with a disability;</li> <li>○ A focus on anticipatory care planning as part of a care pathway approach;</li> <li>○ Shared best practice within available resources; and</li> <li>○ A standardised approach to assessment and documentation in HSC organisation</li> </ul>	HSCB will lead on this action with input from PHA, PCC & HSCTs and service users	Best practice approach to rehabilitation services adopted.	<p>OD - Dec 2014</p> <p><b>RD – September 2016</b></p>	<p style="text-align: center;"><b>SILIT/ RSIG</b></p> <p>Following the launch of the P&amp;SD Action Plan in 2012 a number of initiatives have since emerged which promote effective rehabilitation. These include:</p> <ul style="list-style-type: none"> <li>• Adult Social Care Outcomes Tool and Sensory Rehabilitation Outcomes (see Action 1)</li> <li>• Northern Ireland Single Assessment Tool (NISAT) review – Version 4 of NISAT (Northern Ireland Single Assessment Tool)</li> <li>• Self Directed Support and associated Support Planning (see Actions 9 and 12)</li> <li>• Accessible Information for all HSC staff (see Action 14)</li> </ul> <p>P&amp;SD SIG and workstreams are in agreement that this area requires ongoing development.</p>		
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	<p>OD – June 2013</p> <p><b>RD – September</b></p>	<p style="text-align: center;"><b>RSIG</b></p> <p>A high level scoping exercise will be undertaken to identify the range of sensory impairment service initiatives completed as part of the</p>	N/A	

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
	provision of cost effective and timely services.			2016	<p>Strategy, which, having a rehabilitation focus, address this action.</p> <p>The Regional Review of Communication Support Services has been completed and key findings of this report and Equality Impact Assessment has been presented to SMT. Following approval from SMT and Board of HSCB this opened for public consultation for a 13 week period on 6<sup>th</sup> June 2016.</p> <p>Please also see Action 5 for further information on deafblind initiative and lip reading training and Action 17 for information on Tinnitus.</p>		

### 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.

24	Ensure the recommendations from the HSCB Respite Review Group are equitably implemented for the benefit of disabled people.	The Short Break Development 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	RD – September 2016	<p><b>SILIT</b></p> <p><b>Regional Short Break Group:</b></p> <p>Trusts have confirmed that all new short breaks are the outcome of duly completed carers assessments. Although there was an overall regional reduction of 6%</p>		
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					<p>in carers assessments being offered in the Physical &amp; Sensory Disability Programme of Care for 2015- 2016, 50% of these were completed.</p> <p>Carers support plans should be in place in every trust, but the Short Break Development Group will be reviewing these in terms of content and purpose as the new version of NISAT carers support tool is introduced.</p>		
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25.	Explore the developments and regional opportunities for crisis response interventions in respect of respite services which could be used by for people with disabilities.	The Short Break Development Group, HSCB will lead on this action with input from HSCTs and service users	Crisis response interventions identified.		<p style="text-align: center;"><b>SILIT</b></p> <p><b>Regional Short Break Group</b></p> <p>Version 4 of NISAT (Northern Ireland Single Assessment Tool) incorporates a Carer's Support Tool, has been approved by DHSSPS in early 2016. The significant change in this version is the greater requirement for support planning as part of the assessment stage. In addition, the information gathering in the assessment is designed to identify carers at risk.</p> <p>A plan of implementation of this new Carer's Support Tool will now be developed and agreed with trusts, including plans for written guidance and a staff training programme.</p>		
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### 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 June 2016	R A G* PD	R A G** SI
26.	Examine areas where sharing resources between Trusts creates the	HSCB will lead on this action with input from HSCTs and service users	Regional protocol for sharing resources	OD - March 2013 RD –	<p style="text-align: center;"><b>HSC Task and Finish Group</b></p> <p>A draft protocol paper has been developed which sets out regional</p>		

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	potential for more equitable efficient support and services through economies of scale and sharing of scarce resources.		established.	<b>September 2016</b>	<p>services where sharing resources between Trusts could create potential for more equitable efficient support and services. This paper has been refreshed in March 2016 in collaboration with Trust Assistant Directors.</p> <p>A working group has been established to explore care pathways for those with complex health and social care needs managed in the community under the auspices of PaLS Social Care Procurement.</p>		

### 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.

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
27.	Improve joint working across relevant Departments, with the aim of ensuring that young people with	DHSSPS will lead on this action to collaborate with DE and DEL and service users	Joint working approach adopted to improve access to	June 2013  <b>RD – Department of Health to</b>	<b>Department of Health to update.</b>		

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G*	R A G**
						PD	SI
	disabilities are offered the same opportunities as other young people for learning and personal development. (PSI Recommendation)		opportunities for young people.	advise			
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 – September 2016	Regional Transitional Implementation Group, HSCB		
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	Update from Regional Palliative Care & End of Life Service Group Required		

### 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.

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
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 dependencies on health and social care provision.	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  <b>RD – Septemeber 2016</b>	<p style="text-align: center;"><b>SILIT</b></p> <ul style="list-style-type: none"> <li>• Social Networking: Following a formal evaluation the HSCB has provided recurrent funding £200k FYE to enable Trusts to commission social networking services from the third sector during 2015/6.</li> <li>• Recurrent funding (approx. £290k) has been applied to mainstream a community access model across the region over the course of 2014-15 financial year. Trusts are reviewing existing day support services.</li> <li>• A CAWT INTERREG V application for funding for Disability has been made and is currently at Stage 3. If approved this funding will be used to develop disability friendly communities building on the success of citizenship and social networking initiatives within the cross border communities in</li> </ul>		

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
					Republic of Ireland and Western and Southern HSCTs.		
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 – Department of Health to advise.	<p><b>Department of Health to update.</b></p> <p><b>December 2014 position as follows:</b></p> <p>Department of Health officials have conjoined with officials from 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.</p> <p>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.</p> <p>Pilot projects will then be</p>		

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
					<p>developed to test innovative approaches to transitioning people from inactivity to employment</p> <p>In April 2015, DEL and DETI jointly launched a new strategy to address economic inactivity in Northern Ireland entitled 'Enabling Success'. The strategic goal is, by 2030, to contribute towards a stable and competitive employment rate in Northern Ireland which exceeds the United Kingdom average, through a reduction in the proportion of the working age population (16-64) classified as economically inactive.</p> <p>The total size of the strategy's main target groups is approximately 64,000 people, equating to 20% of the inactive working age total</p>		

## 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.

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G*  PD	R A G**  SI
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  <b>RD – September 2016</b>	<p style="text-align: center;"><b>SILIT</b></p> <p><b>Joint Housing Adaptations Steering Group &amp; Core Group</b></p> <p>DSD and DHSSPS Ministers have endorsed the report on the Interdepartmental Review of Housing Adaptations and public consultation has been successfully completed. Findings from this consultation are being collated and will inform next steps.</p> <p>A proof of concept study to create 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 was launched in autumn 2015.</p> <p>A Task and Finish group including</p>		

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
					PHA/HSCB/DHSSPS and Trusts is currently doing a scoping exercise to establish funding and thresholds for minor adaptation work.		
33.	Jointly review the commissioning of assistive technology and telecare to enhance the quality of life and independent living options for disabled people and carers.	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  <b>RD – September 2016</b>	<b>DoH /DfC</b>  <b>PHA to update.</b>  The Disability Design Housing Panel has now completed a user led scoping paper on home environmental controls. The NIHE have secured around £25,000 for a provider scoping study which has gone out to procurement.		
<b>Theme : Transport</b>							
<b>Recommendation :- To enhance personal mobility options for disabled people</b>							
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  <b>RD- June 2016</b>	<b>DA/DoH/DfI</b>  <b>Update Required from Disability Action re range of travel programmes available. The December 2014 position is as follows.</b>		

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PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G* PD	R A G** SI
					<p>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 leaflets were distributed 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 buddies and users who want to use the service.</p> <p>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.</p>		



## Theme: Infrastructure

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

PSDS Action Plan Ref Nos	Action	Responsibility	Expected Outcome	Target Completion	Progress at 30 June 2016	R A G*	R A G**
						PD	SI
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.	September 2016	<b>Action complete &amp; On-going</b>		
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.	<b>Action complete &amp; On-going</b>		