A Joint Physical Disability Commissioning Strategy for Oxfordshire 2012-15
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Executive Summary

Introduction (page 5)

1 Oxfordshire County Council and Oxfordshire Clinical Commissioning Group have developed a joint health and social care commissioning strategy to meet the needs of people living in the County with physical disability.

2 Oxfordshire County Council is responsible for commissioning social care and support for people with a physical disability. Oxfordshire Clinical Commissioning Group is the body that will in future commission health services in line with the Health and Social Care Act 2012. Together the commissioners believe that a joint approach will work better for people with physical disability. There needs to be a more integrated approach to care where services are built around the individual. Commissioners believe this approach will help people to live as independently as possible for as long as possible.

Vision - what is Oxfordshire trying to achieve? (page 6)

1 Commissioners believe all people living with disability should have the right and the opportunity to fulfil their potential.
2 Commissioners believe that the way to turn this ambition into practice is through an approach designed to deliver the following outcomes
   - The best possible assessment, care and support
   - Helping people live as independently as possible for as long as possible through approaches that support prevention and enablement
   - A better deal for carers that recognizes both their crucial role in supporting the delivery of this vision, and the importance of helping reduce stress on them in their caring role
   - A model of care that works now and in the lifetime of this strategy, which can deal with increasing pressure on budgets and which is accountable to people with physical disability and the wider population of Oxfordshire

In the consultation process commissioners were asked to clarify what is meant by “living independently”: this is set out at page 6

Outcomes: What would success look like? (page 7)

1 If this strategy is successful people living with physical disability …
   - will have the same choices as anyone else.
   - should be supported to meet their ambitions and aspirations
   - should have the information, care and support to motivate and enable them to live as independently as possible for as long as possible.
   - And commissioners will be able to demonstrate that they are delivering these outcomes, and are managing effectively with the money available.

2 We will work out how successful we have been by measuring
   - How easily people can find information about support
   - How many people feel supported to manage their own condition
   - how many people living with a physical disability are in a job
   - the number of people who have to go into hospital in an unplanned way and how often this happens
   - how many people using social care receive self directed support and how many receive direct payments
- how many people who use services feel safe
- how satisfied carers are with the quality of their lives

There was strong support for the outcomes in the consultation process, but concern about the specific measures as set out above. There was also a concern regarding how these outcomes might be monitored. These issues will be taken forward through the implementation plan as set out on page 18.

Scope: who and what is covered by this strategy? (page 9)

Who
- People aged 18-65 who meet the definition of disability in the Equality Act
- People with neurological and other long-term conditions who might meet the definition of the disability at some point in the course of their life and for whom preventative services may help them maintain independence
- Children and Young People in transition to adult services
- Older people who do not otherwise meet the thresholds for care but who have a long-term condition and may benefit from preventative services
- Older people with disability who are transitioning to older people’s services

What
- All those community-based assessment and health and social care services that aim to meet the needs of people with physical disability
- Those physical and mental health services based in hospital that are designed to help people living with a physical disability return to the community with the maximum level of independence
- Personal budgets in social care and health
- Housing and housing support services for people with physical disability
- Employment services
- Equipment and transport services for people with physical disabilities

Plan of action: how might the strategy be delivered? (page 18)

The strategy sets out a list of actions that we will take to ensure that we are successful. We believe that the main areas for action are to
- Ensure that any assessment for physical care or support, mental health, and support for carers, or equipment should be built around the needs of the individual and their carer
- Ensure that people living with a physical disability should be able to access services easily and be able to return to them quickly after any gap in use
- Review and commission new preventative and reablement services that help people to live independently in the wider community
- Ensure we address the needs of children and young people coming into adult services
- Ensure that services should meet the specific needs of people from minority groups protected under the Equality legislation
- Implement the Oxfordshire Physical Disability Housing Strategy
- Review the options for helping people retain or get into work

A full implementation plan is set out at page 18.
A Joint Physical Disability Commissioning Strategy for Oxfordshire

1. Introduction:

1.1 Oxfordshire County Council and Oxfordshire Clinical Commissioning Group have developed a joint health and social care commissioning strategy to meet the needs of people living in the County with physical disability.

1.2 The County Council and the Clinical Commissioning Group currently put social care and health funds together within a s75 NHS Act 2006 pooled budget. This fund seeks to address the needs of people with physical disability alongside the needs of older people.

1.3 Oxfordshire County Council is responsible for meeting the social care and support needs of people with a physical disability in the county.

1.4 Oxfordshire Clinical Commissioning Group is the body that will in future commission health services in line with the Health and Social Care Act. From April 2012 the Clinical Commissioning Group takes shadow responsibility for this activity from Oxfordshire Primary Care Trust. Formal legal transfer of responsibility will take place in April 2013.

1.5 The County Council and the Clinical Commissioning Group believe that a joint commissioning strategy supported by a dedicated pooled budget arrangement will better meet the needs of people with physical disability. A joint commissioning strategy will support a more integrated approach to care where services are built around the individual and reflects his or her individual needs. This will deliver better outcomes and help people to live as independently as possible for as long as possible.

1.6 This strategy has been developed through conversations with a range of patients and service users, carers and voluntary organizations, social work professionals, clinicians and GPs in a process led by Oxfordshire Unlimited, the group for people with physical disability and those who care for them. The recommendations from the consultation are considered at page 12. The final consultation report is attached at Appendix 1.

2 A joint Commissioning Strategy

2.1 This is a joint commissioning strategy. It should

- Identify the outcomes that are required by commissioners and how these outcomes will be measured
- Support the design of any services the commissioners will buy from providers (health, social care, voluntary and community or independent sector) to deliver these outcomes
3. Vision

3.1 Oxfordshire believes all people living with disability should have the right and the opportunity to fulfil their potential.

3.2 Oxfordshire believes that the best way of achieving this ambition is to adopt the social model of disability, and to develop and implement this strategy using an approach based on co-production. So this strategy is not driven by medical diagnoses, and it will not be delivered by “doing things to people”

3.3 Instead Oxfordshire believes that the way in which we can translate this ambition into practice is through an approach designed to deliver the following outcomes

- The best possible assessment and care and support
- Helping people live as independently as possible for as long as possible through approaches that support prevention and enablement
- A better deal for carers that recognizes both their crucial role in supporting the delivery of this vision, and the importance of helping reduce stress on them in their caring role
- A model of care that works now and in the lifetime of this strategy, which can deal with increasing pressure on budgets and which is accountable to people with physical disability and the wider population of Oxfordshire

3.4 A key feature of this vision is to support people to live as independently for as long as possible. With the help of Oxfordshire Unlimited we have defined this as follows:

**Living independently** is having the same rights and life choices as anyone else in the community and it means being able to choose

a) what you do and

b) what is done for/with you and the way that it is done.

This will be different for different people.

3.5 This vision supports Oxfordshire County Council’s Corporate objective to achieve Healthy and Thriving Communities and Efficient Public Services. It supports Social and Community Services strategic aims to deliver Prevention, Personalization, Protection and Partnerships.

3.6 The vision supports the Oxfordshire Clinical Commissioning Group intention that all patients will receive the right care in the right place first time, and that wherever appropriate and safe the patient should be enabled to sleep in their own bed at night

3.7 This vision supports the developing Health & Wellbeing Strategy for Oxfordshire which aims to

- Make real improvements to the health of the people of Oxfordshire
- Reduce inequalities
• Expand and develop life chances for people
• Ensure that people who use services experience “nothing about us without us”
• Maintain or improve quality of care and support
• Make more efficient use of services and public money

4. Outcomes: what is this strategy trying to achieve? What would success look like?

4.1 The needs of people living with physical disability have been considered both nationally and locally on several occasions. There is a current national consultation entitled *Fulfilling Potential*. These reports are detailed at Appendix 3. Essentially the aspirations of people with disability are the same as those of anyone who does not live with a disability:

> As regards my own sense of what is important to me, I like to be properly included in discussions and actions regarding my health and care. I have largely self-managed my disability throughout the 47 years it has been a part of my life. I don’t want to lose that…care should be enabling, it should enable me to live as active a life as is possible, both physically and intellectually. [Person living with Physically Disability]

If this strategy is successful

• people living with physical disability will have the same life choices as someone without a physical disability.
• They should be supported to fulfil their ambitions and aspirations
• They should have the information, care and support to motivate and enable them to live as independently as possible for as long as possible.
• Commissioners will be able to demonstrate that they are delivering these outcomes, and are achieving the best possible use of resources.

4.2 The outcomes set out in the Vision above were identified in the development of this draft strategy. Based on feedback from service users, carers and professionals to this draft document, the detailed outcomes should be as follows:

4.2.1 A better experience of care: much more real co-ordination and co-operation between the organisations that have an input in to health and care issues [Person with Physical Disability]

• People living with a disability will experience a holistic assessment of their needs. This will include appropriate expert input relevant to their condition as necessary. It will include such matters as support to maintain independence, equipment, the needs of their carers, mental as well as physical health.
• People living with a disability will experience a personalized approach to needs assessment and care planning. Self-directed support and personal budgets will deliver choice and control, and better outcomes for the individual. Our systems for delivering self-directed support will not create unintended unreasonable burdens to the person and their carer.
• Everyone who needs one should have a care plan that sets out who is responsible for their care, who they should contact when they need help, a plan for managing crises, and what elements of the plan the person will deliver for him/herself.
• People living with a disability will have packages of care that meet Care Quality Commission standards. We will support these quality measures with personal feedback from the people receiving the service, and those who care for them.
People living with a disability will have a positive and effective experience of general medical care.

Children and Young People, and their carers will experience an orderly and personalized transition to adult services.

Older people with physical disability will experience an orderly and personalized transition to older person’s services where necessary, but would remain within the scope of this strategy if there is no clinical or care reason for transfer.

Services must be culturally competent and address the needs of all people with protected characteristics as defined by the Equality Act 2010.

### 4.2.2 Prevention and independence: helping people manage their own lives as independently as possible for as long as possible

- People living with a disability will be able to access the right information at the right time to help them understand their condition and the options that are available to them to support self-care.
- People living with a disability will be able to access support that helps them plan and manage better, and live more independently for longer prior to meeting the threshold where they qualify for social care.
- People living with a disability will be encouraged to develop care plans that are built on the principle of living as independently as possible.
- People living with a disability will be able to access assessment and care in ways that flexes around the individual, putting in support when it is needed in such a way that it can be easily “stood up or stood down”.
- People living with a disability will be able to use personal social care and (where possible) health budgets to support their needs in the wider community.
- People living with a disability will have access to a range of housing options that will help them live independently.
- People living with a disability will have access to opportunities for meaningful activity that support independence.
- People living with a disability will be supported to retain and/or access employment.
- People living with a disability will have access to the wider community and will not live in isolation.

### 4.2.3 A better deal for carers: we were told if we had any problems we should ring 999. As it was, the only people who gave us the help we needed were the paramedics. [Carer of someone with neurological condition]

- Carers’ needs will be assessed as part of the same process as the needs of the person they care for.
- Carers will have access to the right information at the right time to help them understand the needs of the person they care for and the options that are available to them.
- Carers will have access to forms of respite care that reflect their needs and the person they care for.

### 4.2.4 A model of care that works

now and in the lifetime of this strategy, which is **sustainable** at times of increasing pressure on health and social care budgets and which is **accountable** to people with physical disability and the people of Oxfordshire.
We will bring together the various health and social care budgets needed to deliver this strategy in one pooled budget for physical disability

We will develop a financial plan which supports preventative and self-help approaches and meets need from the within the allocated resources

We will develop a Physical Disability Programme Board within the developing Health & Wellbeing Board structures to deliver this strategy for Oxfordshire with appropriate involvement and participation from the people who use services and those who care for them

We will align this strategy with those external strategies that impact on its delivery

We will monitor performance against the outcomes specified in this strategy and within the Health & Wellbeing Board reporting structure, and review this strategy and the Commissioning Intentions annually

4.3 How will success in meeting these outcomes be measured?

There are national and local targets that the strategy needs to deliver through the new Health & Wellbeing structures arising out of the Health and Social Care Bill. The Adult Health and Social Care Partnership Board for Oxfordshire plans to

- increase the proportion of people who use services or who care for them who find it easy to find information about support
- increase the proportion of people feeling supported to manage their own condition
- increase the employment of people living with a physical disability
- reduce unplanned hospitalisation for chronic conditions
- increase proportion of people using social care who receive self directed support and receive direct payments
- increase the proportion of people who use services who feel safe
- increase carer reported quality of life

4.4 The Adult Health and Social Care Partnership Board will also require that this strategy is delivered within budget, and that it meets any efficiency targets that are set in the future.

4.5 There was strong support for the outcomes in the consultation process, but concern about the specific measures as set out above. There was also a concern regarding how these outcomes might be monitored. These issues will be taken forward through the implementation plan as set out on page 18.

4.6 In line with the consultation report it will be necessary to develop more sensitive user and carer feedback monitoring to provide assurance that the strategy is working and monitor this through the Physical Disability Programme Board.

5. Scope: who and what services are covered by this strategy?

5.1 The Joint Physical Disability Strategy for Oxfordshire is designed to meet the needs of adults aged from 18-65 and to deliver the outcomes set out below. In terms of physical disability it is possible to describe 3 broad groups of people:

- Those people with a lifelong disability and/or people who became disabled in childhood
- Those people who become disabled following some trauma (accident, impact of illness), including those with Acquired Brain Injury
Those people with a long-term condition who become disabled as a consequence of their illness: this may include people with a neurological condition, as well as people with illness such as diabetes or chronic obstructive pulmonary disease.

5.2 This strategy is not designed to address specific diagnoses, but rather will seek to address the needs of people meeting the definition set out in the *Equality Act 2010*

- A person has a disability if:
  - they have a physical or mental impairment
  - the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

- For the purposes of the Act, these words have the following meanings:
  - 'substantial' means more than minor or trivial
  - 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
  - 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

5.3 Currently the needs of people with a physical disability are addressed as part of the Older People and Physical Disability pooled budget between the County Council and the NHS. However, this budget does not currently include all of the expenditure on health and social care that might support someone with a physical disability in order to help them meet the outcomes above. Therefore this strategy considers other services provided within the current health and social care commissioning. A list of services that might be included are set out in Appendix 5 and the scope of the pooled budget will be considered as part of the implementation of this strategy (see page 18). A priority for the commissioners is to set up a dedicated pooled budget for physical disability from April 2013.

5.4 This strategy must also consider its relationship to services commissioned by other agencies such as housing (District councils), housing support (Oxfordshire Supporting People), employment services (Department of Work and Pensions), travel and so on. This forms part of the implementation of the strategy (see page 18).

5.5 The age range within the strategy is determined by the historical way in which health and social care services have been commissioned in Oxfordshire. Although the strategy is designed to meet the needs of people aged 18-65, it will need to identify how it will help children and young people make the transition to adult life, and older people. This is a priority for implementation.

5.6 The strategy aims to meet the needs not just of those people who currently meet the thresholds for social care, but will also develop responses that meet the needs of people who are still living independently so that they can continue to live as independently as possible as long as possible.

5.7 **People within scope of the strategy**

- People meeting the definition of disability in Equality Act aged from 18-65
People with neurological and other long-term conditions who might meet the definition of the disability at some point in the course of their life and for whom preventative services may help maintain independence

- Older people in transition to adult services

- Children and Young People in transition to adult services

- Older people who do not otherwise meet the thresholds for care but who have a long-term condition and may benefit from preventative services

- Older people with disability who are transitioning to older people’s services

5.8 **Services within scope of the strategy**

- All community assessment and health and social care services designed to meet the needs of people with physical disability set out in Appendix 5

- Those physical and mental health services based in hospital that are designed to help people return to the community with the maximum level of independence

- Personal budgets in social care and health

- Housing services for people with physical disability

- Employment services

- Equipment and transport services for people with physical disabilities

5.9 **People outside of the scope of this strategy**

- The strategy does not specifically exclude anybody who otherwise meets the definition in 5.7. However, specific groups of people fall within pathways of care that are in development or are already in place.

- This includes people who have a stroke and may include people with sensory impairment who may fall within a dedicated strategy in the future.

- As these strategic approaches are developed, they will need to be mapped onto this joint strategy as necessary

5.10 **Services outside scope of the strategy**

- GP services and pharmacy. Although services in primary care will be a key part of the integrated care pathway for people living with physical disability, these specific services will not be commissioned locally in Oxfordshire in the new health structures.

- Acute in-patient health services. This strategy starts from the premise that it should be helping prevent people going into hospital in an unplanned way, and should be working to help people return home to a life of independence and self-care. Rehabilitative services are therefore within scope, but medical care within the hospital setting is not.

6. **The level of need in Oxfordshire**

6.1 The development of this strategy has not been informed by a formal needs assessment. Oxfordshire County Council’s current strategy *Promoting Independence* did consider this in 2009-10 and a summary of its findings is presented at Appendix 4.

6.2 Further to that needs assessment there are a number of additional factors that support the case for the outcomes set out above:

- The Physical Disability expenditure within the current s75 NHS Act Older People and Physical Disability pool has been consistently over budget. The County Council has committed further investment to address this.
Service user, professional and carer feedback as set out in Appendix 1 tells us that more needs to be done to deliver quality services and support independence for people living physical disability

- The reports set out at Appendix 3
- The requirements of the Equality Act 2010 that require commissioners to develop culturally competent services

6.3 It is a priority of this strategy that it should inform the development of the future Oxfordshire Joint Needs Assessment as set out in the implementation plan at page 18.

7. Resources available to support the delivery of this strategy

7.1 The expenditure on the needs of people with physical disability that is within the Older People/Physical Disability budget does not represent all of the resource that support the needs of this group. In addition to some specific health and social care budgets, there are the costs of staff employed by the County and the NHS who actually deliver services (staff costs for external organizations are included already). These budgets and resources need to be mapped into the final strategy. See Appendix 5.

7.2 A number of the priorities for action listed below represent work streams that are already being taken forward. These resources may also need to be mapped into the final strategy. These initiatives are set out in Appendix 2.

7.3 This work will form part of the portfolio of the Lead Commissioner for Adults at the County Council, and will be supported by the new post of Assistant Director for Adults Commissioning to be created in OCCG.

8. Consultation

8.1 This strategy was developed with the support of a consultation led by Oxfordshire Unlimited. The strategy has been developed in line with the general comments received during that process. The consultation report is attached at Appendix 1.

8.2 The consultation led to 17 separate recommendations. These were accepted by Commissioners as set out below.
### 8.3. Commissioner response to recommendations from consultation

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<th>Recommendation</th>
<th>Response</th>
<th>Action</th>
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<tbody>
<tr>
<td>1. Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group (OCCG) should give serious consideration to using the joint approach with disabled organisations in future consultations.</td>
<td>Agreed</td>
<td>Unlimited to be asked to take part in the Programme Board and therefore be jointly responsible for the implementation of the strategy.</td>
<td>AN</td>
<td>July 12</td>
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<tr>
<td>2. That future consultation that involve people with disabilities are given a greater period for the consultation to take place thus allowing for a broader spectrum of people to be consulted and wider marketing of the consultation.</td>
<td>Agreed</td>
<td>It is recognized that the formal consultation phase was quite short. However, we received a very full response with a good deal of &quot;rich data&quot;. Moreover, there was an extensive pre-consultation phase with user and carer groups and commissioners are confident that the greater range of opinions have been obtained.</td>
<td>AN/OCC</td>
<td>As and when</td>
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<td>3. That Unlimited or a similar organisation takes part in an advisory capacity in the next phase of the development of the strategy.</td>
<td>Agreed</td>
<td>Unlimited to be asked to take part in the Programme Board and therefore be jointly responsible for the implementation of the strategy.</td>
<td>AN</td>
<td>July 12</td>
</tr>
<tr>
<td>4. The strategy should clarify what is meant by “living independently” and stress that this can take many forms.</td>
<td>Agreed</td>
<td>Unlimited has suggested a definition that has been discussed with commissioners and included in this strategy at page 6</td>
<td>IB</td>
<td>June 12</td>
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<tr>
<td>5. The scope of the strategy should be clarified and simplified to eliminate the confusion experienced by survey respondents about the inclusion of people with sensory impairment, people with chronic conditions, and people with a mental health or</td>
<td>Agreed</td>
<td>The definitions in relation to people and services in scope have been revised in this document at page 9 and the two areas separated as suggested. The specific concerns re the fate of older people with physical disability actually arose from a misunderstanding in the consultation document that was overlooked by commissioners-at the age of 65 people will be supported</td>
<td>IB</td>
<td>June 12</td>
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<tr>
<td>Recommendation</td>
<td>Response</td>
<td>Action</td>
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<td>learning disability in addition to a physical disability. In particular, the position of people over 65 with a physical disability needs urgent clarification. Furthermore, as the scope covers both (a) groups of people and (b) groups of services, it might further aid clarity if these were grouped in separate sections.</td>
<td>by the older people pooled budget. We shall be seeking to ensure that the transition is managed in a personalized way, and shall inform the developing older people’s joint commissioning strategy. See implementation plan at page 18.</td>
<td>AN</td>
<td>Dec 12</td>
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<td>6. The language of the strategy should ensure that family carers are seen as active partners in the provision of support to people with a physical disability and are fully involved in all its aspects.</td>
<td>Agreed</td>
<td>The section re “a better deal for carers” has been rewritten. The question of the role of carers needs to be considered in all aspects of this strategy and needs to be a priority for the Programme Board particularly in relation to feeding into the ongoing review of the Carers Strategy.</td>
<td>IB Prog. Board</td>
<td>June 12 From July 12</td>
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<td>7. The provision of psychological and emotional support and associated services such as advocacy should be included in the scope of the strategy as key preventative measures.</td>
<td>Agreed</td>
<td>This needs to be considered in 2 ways 1. The development of preventative services 2. Mapping onto the development of talking therapies to support people with long-term conditions</td>
<td>NL FT</td>
<td>July 12 July 12</td>
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<tr>
<td>8. The strategy should find ways to measure social integration, quality of life and overall well-being among people with a physical disability, rather than relying on indicators such as employment and the receipt of direct payments which were viewed as somewhat crude proxies for independence.</td>
<td>Agreed</td>
<td>Although this strategy will need to use some nationally and locally indicated markers (within the Health and Wellbeing Strategy) commissioners accept that there is a need for more personalized measures. Work is already underway in the developing integrated care teams, and this area will be priority for the Programme Board. The detailed feedback in the consultation will be deployed within this.</td>
<td>Prog Board</td>
<td>Sep 12</td>
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<tr>
<td>Recommendation</td>
<td>Response</td>
<td>Action</td>
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<td>9. People with disabilities and their carers should be actively engaged in monitoring the implementation of the strategy.</td>
<td>Agreed</td>
<td>This could form part of the remit of the Programme Board</td>
<td>Prog Board</td>
<td>Sep 12</td>
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<td>10. The provision of information to people with a physical disability should be proactive and comprehensive, rather than reactive and restricted.</td>
<td>Agreed</td>
<td>There was detailed feedback as to the need for people to have information relevant to their situation at the point which it could be helpful to them. This will be considered both in relation to the redesign of day services, in the integrated teams, and in relation to the developing local information strategy.</td>
<td>NL Prog Board</td>
<td>July 12 2012-13</td>
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<td>11. The speed and effectiveness of the assessment process should be measured in addition to its focus on the individual.</td>
<td>Agreed</td>
<td>To form part of the developing outcome measures and the integrated care teams</td>
<td>OCC OCCG</td>
<td>March 13</td>
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<tr>
<td>12. The strategy should include measures which ensure that services can be accessed in a straightforward way. A recurring theme of the responses was that people with a physical disability or their family carers should not have to “fight” to obtain services to which they were entitled.</td>
<td>Agreed</td>
<td>Forms part of the integrated services development and captured within the implementation plan. Likely to be aligned into the development of the 111 service</td>
<td>OCC OCCG</td>
<td>March 13</td>
</tr>
<tr>
<td>13. Implementation of the strategy should be based on a holistic approach at both the strategic and the practical level, with services “talking to one another” and delivery being experienced as seamless by the service user.</td>
<td>Agreed</td>
<td></td>
<td>OCC OCCG</td>
<td>March 13</td>
</tr>
<tr>
<td>Recommendation</td>
<td>Response</td>
<td>Action</td>
<td>By whom</td>
<td>By when</td>
</tr>
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<td>--------------------------------------------------------------------------------</td>
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<tr>
<td>14. Identification of need and allocation of resources are crucial and need</td>
<td>Agreed</td>
<td>This will form part of the scoping exercise to identify those resources that need to go into the pooled budget to support the delivery of the strategy.</td>
<td>OPPD JMG</td>
<td>Aug 12</td>
</tr>
<tr>
<td>further work if the strategy is to succeed. This should include children and</td>
<td></td>
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<tr>
<td>younger people transition to adult services</td>
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<tr>
<td>15. Measures of the success of the strategy should include more qualitative</td>
<td>Agreed</td>
<td>Commissioners accept that there is a need for more personalized measures and greater use of qualitative user surveys. This will be developed within the Programme Board which will involve people with lived experience of physical disability. This can also help develop the role for people to be involved in the monitoring process.</td>
<td>Prog Board</td>
<td>Sep 12</td>
</tr>
<tr>
<td>measures such as customer satisfaction surveys. It would benefit the process if</td>
<td></td>
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<tr>
<td>people with a physical disability were involved in the design and delivery of</td>
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<tr>
<td>these. People with a disability and/or an independent body should be involved</td>
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<td>with the overall monitoring of the outcomes</td>
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<tr>
<td>16. It is recommended that a way should be found to make all the material</td>
<td>Agreed</td>
<td>This may form a special meeting of either the shadow JMG or the Programme Board. It may be difficult to arrange this, but it could usefully form part of a launch process as a backdrop to the strategy. Commissioners should refer to the detail in developing new services, outcome measures and monitoring/engagement development.</td>
<td>AN</td>
<td>2012-13</td>
</tr>
<tr>
<td>Recommendation</td>
<td>Response</td>
<td>Action</td>
<td>By whom</td>
<td>By when</td>
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<td>----------------</td>
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<tr>
<td>17. Oxfordshire County Council and the Clinical Commissioning Group should not shy away from addressing issues that are not directly under their control but where they can have influence. These include transport and strategies to address attitudes towards people with a physical disability.</td>
<td>Agreed</td>
<td>A key role for the proposed Programme Board is to bring the relevant people into the room to discuss the strategy and its implications in the widest possible sense. This would include a range of clinicians as well as transport and housing commissioners and providers. The implementation plan also identifies the need to map this strategy onto developing local strategies in these areas.</td>
<td>OCC OCCG Prog Board</td>
<td>From July 12</td>
</tr>
</tbody>
</table>
9. Implementation plan and timeline

9.1 This strategy is designed to run for 3 years at a time of considerable change in the commissioning environment both within health and within social care. The implementation plan is designed to support the delivery of the strategy over 2012-13. The strategy will need to be reviewed and the annual commissioning intentions developed each year.

9.2 The implementation plan is as follows:

<table>
<thead>
<tr>
<th>Action</th>
<th>Deadline</th>
<th>Lead</th>
<th>Relates to priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review day services commissioned by the pooled budget, and design a replacement approach that supports prevention, independence and enablement.</td>
<td>31/7/12 (design)</td>
<td>NL (OCC)</td>
<td>• A better experience of care&lt;br&gt;• Prevention and independence: helping people manage their own lives as independently as possible for as long as possible</td>
</tr>
<tr>
<td></td>
<td>31/3/13 (procure)</td>
<td>OCC</td>
<td></td>
</tr>
<tr>
<td>Set up a programme board to oversee the implementation of the strategy, support service design, ensure key stakeholder engagement and hold commissioners to account.</td>
<td>31/7/12 (set up)</td>
<td>NL (OCC) IB (OCCG)</td>
<td>• Sustainable and accountable model of care that works</td>
</tr>
<tr>
<td>Scope out the pooled budget, and make recommendations to OCC and OCCG re the future physical disability pooled budget.</td>
<td>31/8/12</td>
<td>SF (OCC) GK (OCCG)</td>
<td>• Sustainable and accountable model of care that works</td>
</tr>
<tr>
<td>Align the Physical Disability Housing Strategy into the Joint Physical Disability strategy, and ensure reporting into the Programme Board</td>
<td>31/8/12</td>
<td>NL (OCC)</td>
<td>• Sustainable and accountable model of care that works</td>
</tr>
<tr>
<td>Set up a shadow JMG to take lead commissioning responsibility for physical disability, and manage the pooled budget</td>
<td>30/9/12</td>
<td>AN (OCC) FT (OCCG)</td>
<td>• Sustainable and accountable model of care that works</td>
</tr>
<tr>
<td>Develop outcome measures to support the monitoring and implementation of the strategy</td>
<td>30/9/12</td>
<td>Programme Board and shadow JMG</td>
<td>• A better experience of care&lt;br&gt;• Sustainable and accountable model of care that works</td>
</tr>
<tr>
<td>Ensure the needs of people with physical disability are mapped into the refreshed joint strategic needs assessment for Oxfordshire</td>
<td>31/12/12</td>
<td>Programme Board and shadow JMG</td>
<td>• Sustainable and accountable model of care that works</td>
</tr>
<tr>
<td>Task</td>
<td>Date</td>
<td>Responsible Party</td>
<td>Mitigation</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------</td>
<td>-------------------</td>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Map out the transition processes for children and young people into physical disability services, and the transition of older people to older people services</td>
<td>31/12/12</td>
<td>OCC</td>
<td>• A better experience of care</td>
</tr>
</tbody>
</table>
| Map the needs of people with physical disability into the developing integrated health and social care teams in terms of access, assessment, care planning, and crisis support (111) | During 2012-13 (live April 13) | OCC and OCCG | • A better experience of care  
• Prevention and independence: helping people manage their own lives as independently as possible for as long as possible |
| Map the relationship between the joint physical disability strategy developing strategies in relation to the following areas:  
• Long Term Conditions  
• Transport  
• Oxfordshire Carers  
• Equipment  
• Sensory impairment  
• Information | During 2012-13 | TBC               | • A better experience of care  
• Prevention and independence: helping people manage their own lives as independently as possible for as long as possible  
• A better deal for carers  
• Sustainable and accountable model of care that works |
| Review the joint physical disability strategy and develop priorities for 2013-14 | 28/2/13    | Programme Board and shadow JMG | • A better experience of care  
• Sustainable and accountable model of care that works |
| Developed the pooled budget agreement for Physical Disability from April 2013 | 31/3/13    | AN (OCC)          | • Sustainable and accountable model of care that works                     |

**10 Risks**

10.1 There have been a number of high level risks associated with the development of this strategy

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a risk that the draft strategy does not reflect the needs and aspirations of people with physical disability in Oxfordshire</td>
<td>The process of consultation including the prior engagement meant that a very wide range of views were captured in the development of this strategy. There was a high level of engagement with the vision and outcomes, and so the strategy seems to align with people's needs and aspirations.</td>
</tr>
<tr>
<td>There is a risk arising from the rapidly</td>
<td>The strategy has been approved by the</td>
</tr>
<tr>
<td>Changing health, social care and commissioning environment that the strategy does not map onto local and national drivers</td>
<td>Older People and Physical Disability Joint Management Group, and has been reviewed and supported by both the Adult Scrutiny and Health Scrutiny committees of the County Council. OCCG</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>There is a risk that there are insufficient resources to support the implementation of the strategy</td>
<td>The scope of the future pooled budget is under review to support the implementation of the strategy.</td>
</tr>
</tbody>
</table>
Appendix 1-Consultation report

The Consultation on the Joint Social and Health Care Physical Disability Strategy
A Brief Summary

Introduction
Oxfordshire County Council (OCC) and the Oxfordshire Clinical Commissioning Group (OCCG) have developed a joint health and social care commissioning strategy to meet the needs of people living in the County with a physical disability. Oxfordshire Unlimited, a user led organisation of people living with a physical or sensory impairment, were asked to write a questionnaire and organise meetings, task local people their opinions about the strategy and gain their views so that OCC and OCCG would know what matters most to people living with a physical impairment and their carers. For the lives of many disabled people the importance of this cannot be overemphasised as the strategy document is used to guide the spending of millions of pounds on essential services. People without disabilities should also look for the best strategy since disability at some level could affect them or someone close at any time. The strategy will be released in July 2012 and will apply for three years. This document is intended merely to summarise very briefly the work done, the results so far, and the potential. For full details, read the documents in the ‘References’ list on page 4.

THE PROJECT
Unlimited began the project work with a small group of members in March. Later the team was supplemented by a small number of OCC staff working in a joint collaboration. This was very successful. Other organisations connected with physical disability cooperated willingly. The team drew up plans for ten focus groups where open discussion of the strategy could take place in centres such as OXSRAD and Headway where a variety of disabled people regularly meet. For individual and more controlled feedback, a survey questionnaire was designed in both web and hard copy versions. This was made widely available and feedback from it was much easier to process. Unlimited employed Rewley Associates to help them run the focus group meetings and interpret the consultation results.
The consultation period was from 16th April to 16th May 2012. Unlimited remained in overall control throughout and disabled members were closely involved at every step. All Focus Groups were hosted by a disabled Unlimited management committee member who, it is believed, motivated the considerable number of people to make additional comments in those meetings that might not otherwise have been generated.

THE RESULTS

In the end 274 people responded to the survey. Various common themes were identified and most of these are reflected in the seventeen recommendations – see below. Some of the recommendations have already been implemented. For example: 'Independent Living' is now defined within the strategy; references to carers are much more inclusive; and a partnership board is being set up to oversee the implementation of the strategy.

A large number of comments were received from the Focus Groups and they varied from: "I really appreciate that my voice will be heard" to "It was very useful to hear about other people’s experiences and problems. I have never had that opportunity before." Some of these are embodied in the report; the remainder are held by Unlimited awaiting scrutiny by those responsible for delivering appropriate services.

The reports and recommendations have been well received by many in the County Council and the Clinical Commissioning Group.

THE FUTURE

For three years OCC and OCCG will work to the strategy and may be held to account for how they adhere to its contents. It is hoped that its life will be extended.

It is expected that Oxfordshire Unlimited will play a key role in the partnership board and will aim to ensure the appropriate implementation of the strategy.

RECOMMENDATIONS

Three recommendations emerge from the overall experience encountered by Oxfordshire Unlimited:

1. Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group (OCCG) should give serious consideration to using the joint approach with disabled organisations in future consultations.

2. That future consultation that involve people with disabilities are given a greater period for the consultation to take place thus allowing for a broader spectrum of people to be consulted and wider marketing of the consultation.

3. That Unlimited or a similar organisation takes part in an advisory capacity in the next phase of the development of the strategy.
The following (14) key recommendations result from the feedback from both the survey and the focus groups. These have been jointly agreed between Oxfordshire Unlimited and its consultant Rewley Associates Ltd.

1. The strategy should clarify what is meant by 'living independently' and stress that this can take many forms.
2. The scope of the strategy should be clarified and simplified to eliminate the confusion experienced by survey respondents about the inclusion of people with sensory impairment, people with chronic conditions, and people with a mental health or learning disability in addition to a physical disability. In particular, the position of people over 65 with a physical disability needs urgent clarification. Furthermore, as the scope covers both (a) groups of people and (b) groups of services, it might further aid clarity if these were grouped in separate sections.
3. The language of the strategy should ensure that family carers are seen as active partners in the provision of support to people with a physical disability and are fully involved in all its aspects.
4. The provision of psychological and emotional support and associated services such as advocacy should be included in the scope of the strategy as key preventative measures.
5. The strategy should find ways to measure social integration, quality of life and overall well-being among people with a physical disability, rather than relying on indicators such as employment and the receipt of direct payments which were viewed as somewhat crude proxies for independence.
6. People with disabilities and their carers should be actively engaged in monitoring the implementation of the strategy.
7. The provision of information to people with a physical disability should be proactive and comprehensive, rather than reactive and restricted.
8. The speed and effectiveness of the assessment process should be measured in addition to its focus on the individual.
9. The strategy should include measures which ensure that services can be accessed in a straightforward way. A recurring theme of the responses was that people with a physical disability or their family carers should not have to 'fight' to obtain services to which they were entitled.
10. Implementation of the strategy should be based on a holistic approach at both the strategic and the practical level, with services 'talking to one another' and delivery being experienced as seamless by the service user.
11. Identification of need and priorities, and allocation of resources are crucial and need further work if the strategy is to succeed. This should include young peoples' transition to adult services.
12. Measures of the success of the strategy should include more qualitative measures, such as customer satisfaction surveys. It would benefit the process if people with a physical disability were involved in the design and delivery of these. People with a disability and / or an independent body should be involved with the overall monitoring of the outcomes.

13. It is recommended that a way should be found to make all the material accumulated during the consultation available to the members of County Council and the Oxfordshire Clinical Commissioning Group.

14. Oxfordshire County Council and the Clinical Commissioning Group should not shy away from addressing issues that are not directly under their control but where they can have influence. These include transport and strategies to address attitudes towards people with a physical disability.

References
This document draws on the two reports generated by the project and the strategy document itself:


3. *A Joint Physical Disability Commissioning Strategy for Oxfordshire*. By Oxfordshire County Council (OCC) and the Oxfordshire Clinical Commissioning Group (OCCG) July 2012

*A Brief Summary by:*
Peter Hindshaw
*Chairman, Oxfordshire Unlimited, 27th July 2012*
Appendix 2-local initiatives mentioned in this strategy

1. Integrated health and social care.
Oxfordshire is developing a more integrated approach to providing health and social care services in the community to support better outcomes. It aims to offer patients, GPs and hospitals one quick and simple route to joined up care based in the community that will enable patients to stay in their usual place of residence as much as possible – regardless of how many different community based health and social care specialists are involved in providing them with that care. The key features of this service are

- A single point of access to community services
- A common assessment process across health and social care, and different disciplines within each area which develops a single integrated care plan owned by a single named care professional for each person
- An approach based on keeping people at home, and helping them return home when they are in hospital

Integrated community teams are in development and will be implemented across Oxfordshire during the lifetime of the strategy. This strategy must incorporate and map onto this development to address the health and social care needs of people with physical disability.

2. The Joint Housing Strategy for People with Physical Disabilities is the first joint County and District strategy to improve the availability and access to adapted or accessible properties. It specifically looks at the needs of those aged between 18 and 65 but in practice the improvements will also affect provision to older people and families with children with a disability. The strategy recommends a 4 pronged approach to addressing this issue

- Develop new accessible homes to meet local needs
- Adapt existing homes to make the best use of grant resources
- Create an easy system for people to find a solution to their housing need through advice and support and the ability to find available properties across different tenure types
- Provide an adequate level of support for those who need it to live an independent life

The strategy has an action plan and was designed to be delivered across the period 2011-14. An OPDHG (Oxfordshire Physical Disability Housing Group) has been established consisting of senior officers across the districts and county to facilitate the implementation of the strategy. The first meeting is planned for the 27 February 2012. It is suggested that this work is incorporated into the new joint strategy.

3. Oxfordshire Supporting People provides a range of housing support services for people with Physical Disability. A strategic review of these services has been recently been undertaken and has concluded that these services should be aligned within the Joint Housing Strategy and incorporated into the new joint strategy.
Appendix 3-National and local strategies

1. The current Oxfordshire County Council strategy: *Promoting Independence, a commissioning strategy for people with a physical Disability 2010-15* developed action plans to deliver the following priorities:

- improving price and outcomes in care homes
- developing housing and support
- improving accessibility in transport and streets
- improving access to employment
- improving information
- improving home support service countywide
- reviewing present equipment services
- increase access to community involvement
- increase confidence to manage direct payments
- improve outcomes in day care
- the strategy can be read at [http://www.oxfordshire.gov.uk/cms/content/promoting-independence](http://www.oxfordshire.gov.uk/cms/content/promoting-independence)

2. The Office for Disability Issues is currently consulting on a proposed national strategy, *Fulfilling Potential*. The Ministerial foreword identifies the following broad priorities:

- We want to realise the aim of independent living, where “all disabled people have the same choice, control and freedom as any other citizen – at home, at work, and as members of the community. This does not necessarily mean disabled people ‘doing everything for themselves’, but it does mean that any practical assistance people need should be based on their own choices and aspirations”… This Government wants disabled people to be able to achieve their full potential, so that they can have the opportunity to play their role in society. It is critical that wherever we can, we remove barriers to enable disabled people to fulfil their potential.
- The outcome of this consultation is expected in May. It’s findings will be reviewed and incorporated into the final strategy.

3. The *Sayce Review* considered particularly the national role of employment in supporting independence and well-being and how this could be delivered. Its recommendations:

- Employment matters. Work is positive for health, for income, for social status and for relationships. Employment is a core plank of independent living and for many people work is a key part of their identity.
- Public money should be used to deliver the best outcomes – for as many people as possible, on the most equitable basis possible.
- There should be a clear recognition of the role of the individual, the employer and the State in achieving equality for disabled people.
- Disabled people should have choice and control over the support we need to work. Resources and power should be allocated to individuals who, where they wish, have the right to control that resource to achieve agreed outcomes.
- There is a clear role for specialist disability employment expertise – as a resource not a world apart from mainstream support – available to those who demonstrably have the greatest support needs and/or labour market disadvantage, and also to those who support or employ them.
4. The National Audit Office has recently reviewed the impact of the National Service Framework for Long-Term Neurological Conditions. The original framework had the following 11 objectives:

- A person-centred service
- Early recognition, prompt diagnosis and treatment
- Emergency and acute management
- Early and specialist rehabilitation
- Community rehabilitation and support
- Vocational rehabilitation
- Providing equipment and accommodation
- Providing personal care and support
- Palliative care
- Supporting family and carers
- Caring for people with neurological conditions in hospital or other health and social care settings.

The NAO report raises a number of comments re the impact of the NSF. The overall assessment is that the performance of the NSF has been “poor”. Whilst there are examples of good practice nationally, and access has improved, there are problems around: diagnosis; information and support for carers; poor co-ordination of ongoing care.
Appendix 4-Needs Analysis

National and local analysis
In Oxfordshire there are 439,000 people between the age of 18 and 64. Pansi (Projecting Adult Needs and Service Information System) estimates that by 2015 there will be 40,537 people with a physical disability living in Oxfordshire. Of this group 9,007 are reported to have a serious physical disability. The geographic spread across the county is fairly even with Oxford City having a slightly higher number of people at 23%. Thirty six percent of this group are between the age of 55 and 64, in contrast 9% are between the age of 18-24. Local and national statistics show that despite the small numbers there is evidence of younger people living longer with more complex health conditions, for example, Duchene Muscular Dystrophy. An Oxford Brooks University Study predicted there would be 16 more new people in 2011 with an acquired brain injury who would require some level of support.

An analysis of people receiving high and low rate mobility (DWP: 2011) shows there are 15,875 people receiving high and low rate disability living allowance (mobility) in Oxfordshire. Approximately 9160 people, 58% of this group receive high rate mobility. Further analysis of both levels show a range of number of people receiving this allowance across the county, for example 26% in Oxford City, 15% in Banbury and on the lower end 3% in both Charlbury, Chipping Norton and Woodstock area and Goring and Henley.

There are currently 796 people (this excludes people funded in care home) living in the community receiving assistance through social and community services. These include services like personal budgets, equipment (with no ongoing cost) and day care. An analysis by locality showed that 28% of this group lived in Oxford City, 17% in Banbury as opposed to 3% in Goring and Henley, Grove and Wantage and Burford and Carterton.

Who are the people with physical disability.
Broadly speaking there are three groups of people within this group.

1. People who are born with a physical disability, for example, people with spastic quadriplegia (severe form of cerebral palsy), muscular dystrophy or spina bifida.

2. People who suddenly acquire a trauma based disability for example, a spinal injury accident or an acquired brain injury. The Royal College of Physicians (2003) define acquired brain injury as ‘an inclusive category that embraces (rapid onset) brain injury of any cause, including:

- Trauma- due to head injury or postsurgical damage
- Vascular accident- stroke or subarachnoid haemorrhage
- Cerebral anoxia or other toxic /metabolic insult
- Infection (for example: meningitis, encephalitis, or other inflammation).’

3. People who acquire a disability, from a long term condition for example multiple sclerosis or rheumatoid arthritis. For some people these conditions fluctuate with rapid declines at times.

A large proportion of the group will be people with neurological conditions. The Oxfordshire Neurological Health Needs Assessment (2011-of people 18 and above) estimated that the prevalence of the most common conditions included traumatic brain injury (7,387), epilepsy (3,087) and chronic fatigue syndrome( up to 2,462).
Appendix 5: Finance and Resources

Health and social care financial investment to support the needs of people with physical disability is currently pooled within a s75 NHS Act 2006 pooled budget that covers Older People and Physical Disability.

The contributions to the Pooled Budget in respect of Physical Disability in 2011/12 were as follows:

Oxfordshire County Council: **£6.92m**

This budget covers:
- Placements in care homes
- Support for people in their own homes (including equipment) in older peoples pool

These budgets are spent through personal budgets

- External contracts for day opportunities for people with physical disabilities, including dedicated resource for people with acquired brain injury

Oxfordshire PCT: **£6.28m**

This budget covers
- Continuing Healthcare
- Residential nursing support for people with Acquired Brain Injury
- Delegated healthcare tasks and funded nursing care for people under the care of social services
- Personal health budgets in continuing healthcare

The pooled budget is forecast to overspend by £1.8m in 2011/12, but this pressure has been met by an additional payment from Oxfordshire County Council.

There are other areas of expenditure which currently sit outside of the pooled budgets but support the needs of people with physical disability and would currently be considered to be aligned with the pooled budget expenditure:

- Oxfordshire County Council expenditure on care homes and home support for people with acquired brain injury. Budget 2011/12 £305k.
- Supporting people funding for housing and housing-related support. Budget 2011/12 £137k.

There are other areas of expenditure that supports the needs of people with physical disability. In taking forward this work forward, there may be a case for bringing these resources within scope of the strategy:

- Assessment and care planning (staff costs)
- Rehabilitative services, in the hospital and community
- Specialist community services
- Housing and housing support

The scope of the pooled budget and which resources to bring together to meet the health and social care needs of people with physical disability and those who care for them forms an action in the 2012-13 implementation plan.