Moray Physical and Sensory Disability Strategy 2017- 2027

A strategic plan to enable and support children, young people and adults with disabilities to live their lives and realise their full potential

moray council

NHS Grampian

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✉ *The Public Involvement Officer, Health and Social Care Moray, Spynie Hospital, Duffus Road, Elgin IV30 5PW*

☎ 01343 *567187* 💻 *Involvement@moray.gov.uk*

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Part 1: About this strategy

1.1 Introduction

Welcome to the draft Moray Physical and Sensory Disability Strategy 2017-2027.

Everyone in Moray should be able to live as well as possible, as independently as they can and to have every opportunity to fulfil their potential.

Achieving this goal requires each of us to take as much responsibility for our own health and wellbeing as we are able to.

Disabled people can find themselves limited in this ambition because of barriers which restrict life choices.

This strategy follows the Social Model of Disability which states that disability is caused by the way society is organised, rather than a person's physical or mental impairment, illness or difficulty.

This strategy seeks to address the barriers and inequalities people experience so that they are equal and independent in society and have choice and control over their own lives.

It has been co-produced by listening to and learning from people living with disability and their families with input from those who work in health and social care and our wider partners in the community.

People living with a physical or sensory disability and their families said this strategy should enable them to live in a community where: **"people are heard and listened to and have choice and control to meet their individual needs and chosen lifestyle."**

To support the vision, four key pillars have been identified. These are:

- **Health and wellbeing** – people are able to look after, support and improve their own and their children's health and wellbeing.
- **Independent living** – people are able to live as independently as possible at home and with their families.
- **Choice and control** – people have increased choice and control over their services and support.
- **Active and equal citizenship** – people can participate fully in all aspects of society.

The strategy sets out an improved approach to health and social care to be followed by Moray Council, NHS Grampian and Health and Social Care Moray which oversee all health and social care planning and activity in order to achieve better outcomes for children, young people and adults with disabilities and their families.

It does not detail the work to be carried out because that will always be changing, developing and responding to disabled people's views and the latest data and national policy direction.

It will be finalised following consultation. It will be delivered by the local authority and the NHS working in more joined-up ways with each other, with the Third and Independent sectors and, most importantly, with individuals and their communities.

Individuals who use services, their families and communities must be actively involved in decision-making, planning and monitoring services to ensure they deliver what is required in the most efficient and effective way.

This is particularly important at a time when health and social care services are facing the challenges of increasing demand and limited resources.

1.2 Why a strategy is important

There is much work being undertaken to improve Moray for those living and working here to enable citizens to reach their full potential. This is being led by the Moray Community Planning Partnership and is set out in Moray 2026 a Plan for the Future.

Disabled people are integral to society and to the success of the economy but inequalities still exist and many people face social exclusion. Compared with the non-disabled population, disabled people are more likely to experience disadvantage in their daily lives. Evidence shows they are:

- Less likely to reach their maximum educational potential;
- More likely to be unemployed;
- More likely to experience poverty;
- More likely to experience discrimination in relation to housing, employment, transport and leisure services.

These factors can have an additional significant and lifelong impact on the physical and mental health and wellbeing of people with a disability and their families. Those living with long term physical and sensory conditions are the most frequent users of health and care services.

We need to consider how physical, social and environmental barriers can be removed so that people living with disability are able to realise their aspirations and fulfil their potential.

The approach to disability equality has a focus on inclusion, choice and control.

This strategy builds on the foundations set by the previous Moray Physical and Sensory Disability Strategy. It supports the Moray 2026 Plan for the Future and the associated strategies and programmes of work which sit under the plan.

1.3 Who the strategy is for

This strategy is for anyone with an interest in people with a disability being able to live well, live independently and fulfil their potential.

It is for people with disabilities, their families, their communities and all those who work in services.

As we are using the Social Model of Disability there is not a list of which disabilities are included or excluded from this strategy. It is intended to cover all types of physical and sensory disability and address children, young people, adults under the age of 65 and their families.

It is important that the diversity of disability is recognised and that we acknowledge that everyone is an individual and that all care and support must be person-centred rather than looking at people as a group with a label.

Part 2: How the strategy was developed

2.1 A partnership approach

The development of this draft strategy took a partnership approach, drawing on the views of individuals, families, communities of interest, the health and social care workforce and representatives from partner organisations.

Initial engagement involved hearing from people about what matters to them, what's working well, what needs to change and what is missing in Moray.

A needs assessment was carried out to present evidence of current and future need and to map out existing service provision. A study was made of national and local policies within which this strategy must operate.

All the information gathered was taken forward in a series of co-production strategy development workshops and focus groups open to all stakeholders which were led by the council's Adult Social Care Commissioning Team.

Key points from this information are explored in the following sections.

2.2 What people said

Disabled people, their families and carers, told us that the majority of issues they face stem from negative attitudes, lack of awareness of the issues faced by people with disabilities and assumptions made about their abilities.

They feel they are not listened to or respected as equals and experts in their own conditions by health and social care staff.

They have experienced poor access to information in the right format for their needs, a lack of consistent and transparent information and poor communication from services.

Times of transition such as moving from children's to adult services are a particular concern for parents.

Community groups are important but people continue to face barriers around physical access to building and transport.

2.3 Disability in Moray

Moray has a population of around 93,000. 19,500 are aged 0-17; 13,500 are aged 18-30; 43,000 are aged 31-64; and 17,200 are over the age of 65.

Life expectancy in Moray is above the national average and generally a longer period is spent in better health.

The term disability covers such a wide range and combination of conditions that there is no standard method or single source of information which can provide accurate data about the number of people with a disability in Moray.

Based on national prevalence rates, an estimated 5,560 people in Moray have a physical disability, 6,530 are deaf or have partial hearing loss and 2,300 are blind or partially sighted.

A priority arising from the development of this strategy is to improve knowledge and understanding of the levels of physical and/or sensory disability in the Moray population as a whole, in the different areas of Moray and within different ages and client groups, such as those who also have a learning disability.

This will help give increased visibility to disability issues and ensure they are properly acknowledged and included in the development and implementation of policies and projects that may impact on people with disability.

2.4 Current services in Moray

Publicly funded services for people with physical and/or sensory disability may be delivered directly by the council and NHS or commissioned from the Independent Sector and Third (voluntary) sector under contracts.

Social care services include: access and assessment; social work; specialist support in schools; self-directed support; occupational therapy; home from hospital/re-ablement; care at home; day opportunities including Moray Resource Centre; Independent Living Centre; telecare; respite; employment support; joint equipment store; housing support; administration of the Blue Badge scheme.

Health services in addition to GPs, Dr Gray’s Hospital and community hospitals, pharmacy, dentistry and opticians, include: outreach services with links to Royal Aberdeen Children’s Hospital, Aberdeen Royal Infirmary and Raigmore Hospital services; specialist nurses; health improvement; low vision clinic; audiology; occupational therapy; speech and language therapy, physiotherapy, podiatry and dietetics.

Current commissioned services include: sensory impairment social work; lip reading classes; mobility and rehabilitation training; assessment and provision of equipment; register of blind & partially sighted people; a resource centre; transcription and translation service; British Sign Language interpreters; respite provision; epilepsy fieldwork support service; unpaid carers support service.

There are also a wide range of voluntary and community groups which provide vital services and support.

2.5 What legislation and policies tells us

There are many pieces of legislation and policy relating to disability, equality and improving the quality of life of disabled people. Some of the key ones which will underpin this strategy and drive us to effect faster and wide-reaching change include:

The Disability Discrimination Act (1995) - a landmark piece of legislation and the first anti-discrimination legislation which specifically focusses on disabled people. It effectively enshrined, in law, disabled people's rights to participate in society by placing duties on employers, service providers, landlords, schools and colleges.

The Equality Act 2010 - provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act protects people from unfair treatment and promotes a fair and more equal society. Public bodies now have a duty to consider the needs of all individuals in their day-to-day work.

See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland 2014 - the Scottish Government's framework aspires to the provision of seamless assessment, care and support to children and adults with sensory impairment. Those with sensory impairment should expect the same access to services as everyone else and be able to access information and support to take maximum control over living as independently as possible. Children and young people with a sensory impairment should expect appropriate and timely intervention in the early years and for as long as is required.

The Children and Young People (Scotland) Act 2014 – establishes a legal framework within which services will create new and dynamic partnerships to support children and young people, their parents, carers and families to achieve meaningful wellbeing outcomes.

The Social Care (Self-Directed Support) (Scotland) Act 2013 – local authorities are under a legal requirement to ensure that options for self-directed support (SDS) are part of the assessment and review process for every service user. Self-directed support should enable individuals, their carers and their families to make informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes

The Public Bodies (Joint Working) (Scotland) Act 2014 - requires NHS health boards and local authorities to integrate strategic planning and service provision arrangements for adult health and social care services with the aim of everybody being able to live longer, healthier lives at home or in a homely setting.

The Carers (Scotland) Act 2016 – consolidates existing rights and enshrines new rights in law for carers and young carers. The Act introduces adult carers support plans and young carer statements to replace the carer assessment. Local authorities must set local eligibility criteria in terms of carers' access to services. Carers must be involved in the development of local services and the discharge planning from hospital of the person they care for.

A range of reports from **Report of the 21st Century Social Work Review – Changing Lives (2006)** to the **Commission on the Future Delivery of Public Services (Christie Report, 2011)** and the **Community Empowerment (Scotland) Act 2015** underline the need for greater partnership working with the third and independent sectors, individuals and their communities.

Part 3: Strategic pillars and priorities

3. Vision for the strategy

In the development of this strategy stakeholders identified an overarching vision for what they want Moray to be like for people with a physical and/or sensory disability.

Moray is a community where people are heard and listened to and have choice and control to meet their individual needs and chosen lifestyle.

From information gathered through the engagement process, the joint working during the strategy development workshops, a review of local and national strategies and by looking at current services, four key pillars were identified to support the vision.

These pillars are where work will be directed over the short, medium and longer term to achieve the vision and so make a positive difference to people's lives.

3.1 Key pillars and priorities

This strategy will deliver on the following pillars:

1 – Health and wellbeing

2 – Independent living

3 – Choice and control

4 – Active and equal citizens

Underpinning all pillars will be the need to ensure efficient and effective use is made of resources and that people who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

PILLAR 1 – HEALTH AND WELLBEING

Adults, children and their families are able to look after and improve their own and their children's health and wellbeing.

Why has this been chosen as a pillar?

We know that a healthy lifestyle will improve the health and wellbeing of the population.

Creating equality of choice and opportunity for people with a disability to adopt healthy lifestyle choices and behaviours, and to self-manage their conditions where possible, is a key factor in promoting improved health and wellbeing.

With the right seamless care and support provide at the right time and in the right place, disabled people who have long-term conditions can avoid unnecessary acute hospital admissions and their quality of life can be maintained.

Actions should focus on:

- Promoting information and support to enable people to make informed lifestyle choices particularly around smoking, healthy eating and consumption of alcohol and manage their health and wellbeing.
- Increasing access to opportunities and support for people to increase their levels of physical activity.
- Increasing access to opportunities and support for people to improve and maintain their mental wellbeing.
- Improving the management of long-term conditions to reduce hospital admissions and length of stay.
- Enhancing health checks, screening and assessment procedures to support early intervention and prevention.
- Developing care pathways.

PILLAR 2 – INDEPENDENT LIVING

Adults and children are able to maximise all opportunities to live as independently as possible at home and with their families with the right aids, adaptations, care and support.

Why has this been chosen as a pillar?

Having good access to services and information relating to services is important in supporting the drive towards more independent living.

People should have timely access to appropriate housing, telecare, aids and adaptations to support independent living.

Those at risk of losing their independence because of increasing care and support needs must be able to access timely help to prevent, postpone and minimise their need for formal care and support. Reablement and rehabilitation services should focus on empowerment, not creating dependency.

At all times services should be aimed at maximising independence. Services and support for independent living should be designed with people who use services and their families and provided as close to home as possible.

Actions should focus on:

- Enhancing the provision of signposting and information services.
- Access to benefit advice and support.
- Access to a range of informal support preventing, postponing and minimising the need for formal care.
- Commissioning services which support people to regain and maintain the skills needed for independent living.
- Seamless provision of assessment, care and support.
- Make effective use of telecare, telehealth, aids, equipment and adaptations to support independence.
- Working with Moray Council housing service to ensure the need for an adequate supply of appropriate housing for people with disabilities is met through the Local Housing Strategy.

PILLAR 3 – CHOICE AND CONTROL

Adults, children and their families have choice and control over their services and support and have positive experience of those services.

Why has this been chosen as a pillar?

All people with disabilities have a right to live the lives they want and should be empowered and enabled to do so.

Care and support, wherever it takes place, should offer access to personalised, timely, evidence-based interventions and approaches that enable people to have the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

Some people may need significant support to make decisions on their own behalf and will require support from family members, carers and advocates to make sure they can make choices and enjoy the best life they can.

We will move from listening to disabled people and their families to valuing and supporting their right to be in charge of how their own support is planned and delivered.

We will support people with eligible care and support to live more independently through Self-Directed Support (SDS) and Direct Payments. Eligibility and resource allocation processes must be fair and transparent so there is equal and fair access to services.

Actions should focus on:

- Provision of accessible sources of information, advice and advocacy.
- Recognising the expertise and assets of disabled people and using these to improve services and processes.
- Supporting service users to become employers of their own staff through Direct Payments and to identify opportunities to pool budgets to use SDS more creatively.

PILLAR 4 – ACTIVE AND EQUAL CITIZENS

Individuals and their families have the same opportunities as others in their community.

Why has this been chosen as a pillar?

We want to achieve inclusive local communities where disabled people’s voices are heard and they realise their aspirations.

For some disabled people opportunities to live their life their way are limited. This strategy seeks to reverse this so that everyone has the freedom to contribute and participate as fully in society as they can.

This will require work with all Community Planning Partners to ensure people with disabilities are able to be active and engaged in safe and supportive communities that value their experience and contribution.

By adopting an asset or strengths based approach, people who use services, their families and the wider community can contribute their in-depth knowledge of their requirements and how best to meet them to inform and influence the commissioning of services rather than being passive recipients.

Actions should focus on:

- Promoting the social model of disability to overcome the barriers faced by disabled people.
- Valuing the assets of people who use services and their families.
- Support the active participation of people with a disability in the planning and design and delivery of services to build responsive, inclusive communities.
- Support the active participation of people with a disability in decision-making.
- Supporting disabled people to have choice and control in their lives.

3.2 How will this be achieved?

This is a draft strategy for consultation.

After the consultation period we will look at the findings and revise the strategy taking account of what people have told us.

Following approval of the finalised strategy document by The Moray Council and the Moray Integration Joint Board, an implementation (or action) plan will be developed to set out in detail how and when priorities under each pillar will be taken forward.

There will be ongoing engagement with people who use services, carers, staff, service providers and other stakeholders in updating and monitoring the implementation plan.

Progress will be reported to the Integration Joint Board which governs adult health and social care, and to the Children and Young People's Partnership.

3.3 Equalities

We have a Public Sector Equality Duty under the Equality Act (2010 to:

- Eliminate unlawful discrimination, harassment and victimisation.
- Advance equality of opportunity between people who share a characteristic that is protected under the Act, and those who don't.
- Foster good relations between people who share a characteristic and those who don't. This involves tackling prejudice and building understanding.

The characteristics that are protected under the Act are: age; disability; gender; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sexual orientation; and carers.

In taking forward the strategy we will embrace these duties and ensure that all requirements are met through service plans and commissioning activity.

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