Draft Physical Disability Strategy

Independent Living and Personalised Care

2009-2012

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Acknowledgments

This strategy has been developed with contributions from:

- Service user and carers
- Representative of organisations of disabled people
- Members of a Strategy Steering Group
- Disability Equality Scheme steering group and service users group
- Integrated Service Improvement Programme (ISIP) workshop members
- Care Services Improvement Partnership (CSIP)

Executive Summary

The joint Physical Disability Commissioning Strategy sets out the future direction of physical disability services in Brighton and Hove from 2009- 2012.

The purpose of this strategy is to strengthen independent living, to deliver personalised care and create greater citizenship opportunities for people with a physical disability.

Whilst the principles and aims of the strategy are relevant to all age groups and people with other disabilities this strategy focuses on the needs of adults (18-65yrs) with a physical disability. Therefore it will be important to cross-reference this strategy with other key areas of work[1] to ensure a comprehensive approach to the development of services, efficiency and best use of resources.

This strategy incorporates a range of disabilities cognitive, mobility, sensory, and communication. Disability may arise as a result of accident, illness or congenital disorders. An individual's disability may be a static condition, one, which fluctuates or changes, or due to a progressive condition. If disability is as a result of illness a range of health conditions may be the cause: neurological, circulatory, respiratory and musculoskeletal. Therefore this strategy must be relevant and sensitive to a broad range of individual needs.

The development of the strategy has been informed by national and local policy and guidance, a public health assessment of the needs of the local population, and listening to the views of disabled people and their carers.

The strategy has five overall objectives:

- **To actively involve and engage physically disabled people and their carers in the future planning and development of services.**
- **To develop personalised and self directed care**
- **To promote independence and extend opportunities for independent living**
- **To improve support to those with complex and higher dependency care needs**
- **To increase opportunities for local citizenship and participation in communities**

[1] Key areas of work are included at Appendix A

For each of the five objectives the strategy identifies desired outcomes, the relevant local priorities and key actions for this strategy. The key actions of this strategy include:

Strengthened service user and carer engagement and involvement

- To widen and strengthen the involvement of service users in the planning development, monitoring and review of future services through the development of inclusive structures.
- To develop a service user led centre for independent living to provide a focal point to community information, support and opportunities.

Further development of personalised and self-directed care

- To strengthen the one-stop shop approach to information, advice and advocacy services.
- To strengthen health promotion and well being initiatives for those with long-term neurological conditions through the introduction of designated health trainers and Expert Patient Programmes.
- To develop self care and management by increasing take up of self directed care including Direct Payments and individual budgets.
- To deliver timely, responsive, accessible and person centred care.

Increased support to individuals and their families to maintain independence and independent living

- To strengthen the focus of services on reablement and rehabilitation to support independent living. Ensuring services are delivered as close to home, with appropriate access and re-access to support as needs change.
- To improve management of hospital discharge and return to independent living through improved access to short term support services.

- To ensure appropriate access to community support services, adaptations, and equipment and mobility services to support independence and independent living.

To improve support to those with complex and higher dependency care needs

- To agree a commissioning framework across social care, housing and health, which develops capacity within the city to support those with complex needs. including: improved access to short term services for those in transition (e.g. those leaving hospital or specialist rehabilitation services or children's care services) and longer term support services for those who wish to return to the city from out of area placements and those wishing to remain living independently within their own homes

- To develop quality supported and adapted housing options including the development of extra care housing to support those with complex care needs to continue living independently within their own homes

- To explore further integrated working for those with complex health and care needs to ensure appropriate and greater coordination of care

- To develop local slower stream rehabilitation opportunities for people leaving hospital following spinal injury, acquired brain injury and stroke to facilitate greater independence and a return to independent living.

- To strengthen current procurement initiatives to ensure high quality and value for money care is purchased for the city's population

Increased opportunities for local citizenship and partnership

- To increase opportunities for employment and training to include support for finding and retaining employment, accessing training and retraining opportunities.

- To ensure that people with a disability are able to access the city's wide range of mainstream community activities.

- To develop a centre for independent living model which will develop strong links with the wider community and develop further opportunities for citizenship.

Delivering the Strategy

To successfully deliver this strategy a whole systems approach is required. A cross-representational Physical Disability Commissioning Strategy Steering Group will be established to steer and monitor implementation of the strategic action plan. Due to the wide-ranging scope of the strategy a project management approach will be taken to implement the key actions of the strategy.

1 Setting the scene

1.1 Introduction

Brighton and Hove City Primary Care Trust (B&H PCT) has, together with Brighton and Hove City Council, jointly developed a three-year strategy (2009 to 2012) to improve opportunities and support services to people with a physical disability.

The strategy encompasses the whole health and social economy of Brighton and Hove, and must be read in conjunction with local disability schemes[2], which provide the local plans for ensuring equality of opportunity for disabled people.

National and local policy sets out the direction for the delivery of health and social care and this strategy outlines how local services will develop to meet national policy whilst ensuring the most effective use of resources.

1.2 Scope

This is a strategy which looks specifically at physical disabilities, whilst the principles and aims of the strategy may be relevant to people with other disabilities it is necessary to refer to the relevant individual plans for information on other detailed work programmes. To assist this other relevant strategies and areas of work are listed in Appendix A.

The term physical disability is a broad term, which incorporates a number of disabilities and causes of disability. This strategy is not restricted by cause or type but rather incorporates cognitive, physical, and sensory disabilities and disability caused by accident, illness or congenital disorder. The strategy is also relevant to a wide range of health conditions, (e.g. neurological, circulatory, respiratory and muscular skeletal) and long-term conditions[3]. This broad remit demands that the strategy is responsive and relevant to a wide range of individual needs.

The strategy is based on the social model definition of disability, which shifts the focus from impairment (the medical model) to the recognition of the impact of social and environmental barriers for people and how these can restrict and exclude people with a disability from mainstream society[4].

Specific focus is given within this strategy to the needs of adults 18-65yrs with a physical disability, and the related adult support services. This is to ensure that sufficient focus is given to the specific issues this age group face in relation to work, family, social and personal life.

[2] http://www.brightonhovecitypct.nhs.uk/pct/howwework/equalities/documents/DisabilityEqualitySchemeDraft17.pdf

[3] which are defined by the Dept of health as a condition "that cannot, at present, be cured, but can be controlled by medication and other therapies,

[4] Social model of disability: Disability within the social model is defined as "the loss or limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers".

1.3 Key Strategic Objectives

The Government's vision for disabled people is set out in Improving The Life Chances of Disabled People[5] It states:

"By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society"

To improve the life chances of people locally the following key objectives have been identified:

- **To actively involve and engage physically disabled people and their carers in the future planning and development of services**
- **To develop personalised and self directed care[6]**
- **To promote independence and extend opportunities for independent living[7]**
- **To Improve support to those with complex and higher dependency care needs**
- **To increase opportunities for local citizenship and participation in communities by improving access to the city's services and facilities e.g. education, employment, leisure and other activities**

*Throughout the strategy recognition and consideration of the support needs of carers: both carers of disabled people and disabled people as carers themselves will be evaluated.

[5] Improving the Life Chances of Disabled People, Prime Minister's Strategy Unit 2005

[6] Person centred care: This is where the individual is central to the decision making and planning of care and has choice as to how their needs are met

[7] Increasing disabled people's opportunities to live independent lives at home, at work and in the community

1.4 Key Principles

This strategy is underpinned by the following key principles:

- Services should be designed and developed in partnership with users and carers.
- The strategy must ensure that the needs of those more traditionally excluded[8] are fully considered.
- Services commissioned must provide high quality, evidence based care and represent value for money.
- The commissioning plan will seek to sustain a balanced financial position across the local health and social care economy.

1.5 Key Challenges

Key challenges for the strategy are:

- Ensuring that the plan is responsive and flexible in order to address a wide range of disabilities and individual needs.
- Achieving the necessary coordination and integration of commissioning plans and support systems to ensure a shared approach.
- Delivery of the plan and significant service improvements within a financially challenged local health economy.

1.6 Risks and mitigating factors

Assessment of need – Forecasting future demand on services is a significant challenge due to uncertainty over future disability trends and the limitations of existing data. This strategy's assessment of need is largely based on national data applied to the local population. This has enabled an estimate of local incidence, and prevalence rates and expected type and level of disability locally. Improved record keeping across the local health economy is required to facilitate a more robust analysis of future needs.

Financial Plan – Across the local health economy key services for physical disability experience a consistently high level of demand. As treatment and technology advances and more people with complex needs are supported to live at home the demand on services and existing budgets has increased. This has led to significant pressures within both health and social care budgets.

[8] Including disabled people from black and minority ethnic communities, and disabled people who are lesbian gay, bisexual or transgender

Mitigating Factors

The Joint Strategic Needs Assessment (JSNA) and associated three year costed plan (included at Appendix D) highlights the key budget lines for physical disability services. To mitigate the recognised financial risks above, work will continue to further assess need and identify spend against physical disability

A Physical Disability Steering Group will be established to monitor implementation and financial impact of the proposed initiatives.

2 Drivers for Change

2.1 National context

This strategy is developed in the context of national legislation, policy and initiatives aimed at achieving full equality for disabled people by 2025[9] and a government drive to give a right to independent living.

It is also developed at a time of major reform within health and social care that will shape the way services are delivered in the future, giving renewed priority to:

- Good prevention services and early-targeted intervention;
- Supporting those with more long term needs;
- Equality of citizenship and reducing health, social and community inequalities;
- Improving access to community services, integrated and personalised care
- Greater integration and joined up working between health and social care services.

The main guiding legislation and national policy for the Physical Disability strategy include:

- The Disability Discrimination Act (1995)
- The Disability Equality Duty (2005)
- World Class Commissioning and the Darzi Review “Our NHS, Our Future” (2007)
- Our health, our care, our say: a new direction for community services' (DOH (2006)
- Putting People First: A shared vision and commitment to the transformation of Adult Social Care
- Long-term conditions National Service Framework (DOH 2005)

[9] Equality 2025 - the UK Advisory Network on Disability Equality is a network of disabled people, who will act as a reference group for the government to ensure input from disabled people at the start of policy development. The intention is that policy changes across all government departments will be referenced by the network and therefore validated by disabled people.

- National Stroke Strategy (2007)
- Improving the Life Chances of Disabled People, Prime Ministers Strategy Unit, 2005
- Transforming Community Equipment Services Project, (DOH 2006)
- Standards for Services for people who are deafblind or have a dual sensory impairment in partnership with the Department of Health
- Stepping Away for the Edge, Improving Services for Deaf and Hard of hearing

Local context

In addition to key national policy the strategy is developed in line with the city's overall strategic plan for local health and social care services. Several key documents set out the future direction for services across the city.

Brighton & Hove City Council Corporate Priorities set the framework for this strategy and are to:

- **Protect the environment while growing the economy**
- **Better use of public money**
- **Reduce inequality by increasing opportunity**
- **Fair enforcement of the law**
- **Open and effective leadership**

Brighton & Hove City Council (Adult Social Care) is taking forward an ambitious Personalisation Programme with the vision of creating an integrated range of effective services and opportunities. Delivering timely and appropriate responses to individuals' needs and aspirations, which support people to lead fulfilled and healthy lives. The city is committed to empowering people to make informed choices about the sort of support that suits them and to achieve the outcomes they want to maximise their independence and quality of life. This includes safeguarding those people whose independence and well being are at risk of abuse and neglect.

To deliver this vision, services are being re-designed to offer:

- clear advice and information through multi skilled contact points
- self assessment, easy access to simple services (e.g. equipment, community services, telecare)

- identification of and signposting to partnership solutions to improved quality of life
- self directed support options at all stages for all social care users
- an integrated approach to reablement for the majority of social care users
- a robust care management service for those who need it
- a professional and effective process to safeguard vulnerable adults

The new service will work to a set of key principles, including:

- a service that enables people to make decisions and choices wherever possible
- a service that facilitates independence whereby people can access the appropriate resource at the right time and move on
- a service that is flexible and designed to meets changing needs
- a service that listens to people's views and is open to change
- a fair service for all parts of the community that does not discriminate on the basis of income or background
- a service that represents good value for money for the community and the person using the service

The Primary Care Trust (PCT) has developed its **Strategic Commissioning Plan** for **2008-2013** – this is the overall commissioning plan for the city's health care services. It sets out the plans for improving health care services to ensure "High Quality Care for All" in line with World Class Commissioning and the Darzi Review and the three key principles of: better health and well being, better care and better value for all, underpinned by the organizational competencies to deliver them. The PCT has identified six key overall commissioning goals for the next five years. The goals are for:

1. Average life expectancy to increase above expected trends with biggest gain in the most deprived areas

2. Children grow to adulthood with maximum life chances and best possible health

3. Improve quality and response for mental health, sexual health, alcohol and drugs services

4. Improve quality and response in primary care services

5. Improve quality of life for people living with long term conditions

6. To have a range of services nationally recognized as best practice

Healthier people excellent care for NHS South East Coast (2008) – sets out a shared vision and recommendations for health services in the South East Coast region over the next 10 years.

Other key local strategies with which the physical disability strategy is cross-referenced are summarised in Appendix A and include:

- Older Peoples Commissioning Strategy (2007-2010)
- Strategy for Self Care
- Housing Strategy
- Strategy for Self Directed Support
- Carers Strategy
- Extra care housing strategy

3 Local assessment of need

To inform the development of this strategy local demographic information and disability trends were reviewed and existing use of key services were analysed.

Forecasting future demand on services for people with physical disabilities is difficult due to uncertainty over future trends, and the use of measures which give only a partial indication of levels of disability and dependency. Whilst condition specific incidence rates are available this does not indicate incidence of disability or type and level of disability**.**

Due to these difficulties most forecasting models of future health and care are based on current levels of need[10].

Overview:

- Projections based on national data suggest that there will be a small increase in demand on services by those between 18-64 yrs over the next two years, and a further small increase up to 2015.
- However greatest demand is and will continue to be from the older age range. National and local data demonstrate how the prevalence and severity of disability increases with age. Within the working age population greatest demand is amongst the 45 and over age group.
- National studies[11] and local service demand show that the most common type of disability and area of need are locomotor disability and mobility services followed by need for help with personal care.
- Service use data suggests that the City has a higher than *average* prevalence of Acquired Brain Injury (ABI) and Multiple Sclerosis.
- Although services are reporting high levels of demand, local study of recent activity shows that for some services the level of uptake is lower than expected when applying national prevalence data to the City's population[12].

[10] The Parliamentary Office of Science and Technology[10] acknowledges the difficulty in forecasting future demand;

[11] Health Survey for England and 2001 census population baseline

3.1 Local Demographic Information and Trends

Brighton and Hove has an estimated resident population of 253,500[13], of whom 172,000 are aged between 18 and 64 years. A high proportion of the population are young adults, as shown in the chart below.

It is predicted that the local population will increase to 257,000 by 2012 (representing an increase of 2.2% between 2007 and 2012), and to 265,000 by 2018. The expected change varies between age groups, as illustrated by the thin bars in the chart below. The greatest increase is expected in 45 to 54 year olds.

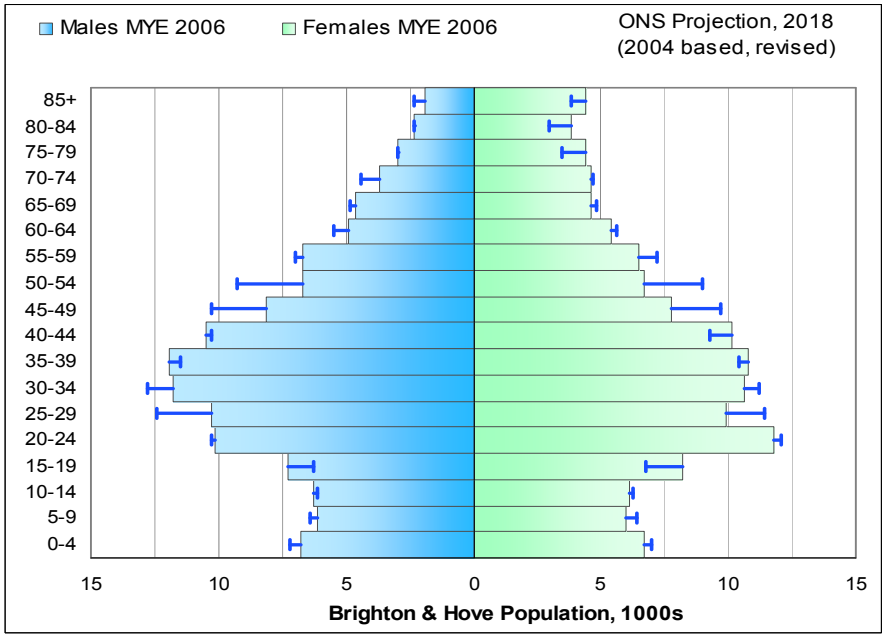

Figure 1: Population Pyramid showing Brighton and Hove City Mid-year Estimates (MYE) for 2006 and Projections for 2018 by age and sex[14]

The City has an unusually and increasingly diverse population compared to other areas on the South East Coast with15% of residents were born outside England. Between 2001-2004, the proportion of residents from Black and Minority Ethnic Groups increased by 35%, compared to an increase of 13% nationally. There are a relatively high proportion of people who are from the lesbian, gay, bisexual or transgender (LGBT) groups.

Brighton and Hove City faces substantial socio-economic issues. The Index of Multiple Deprivation 2007 identifies Brighton and Hove City as the 79th most deprived authority in England (out of 354), with 9% of all Super Output Areas[15] (SOAs) in the City falling within the 10% most deprived SOAs in England and 8 SOAs falling in the 5% most deprived.

[13] National Statistics 2007 mid-year estimates

[14] Source Office for National Statistics

[15] Super Output Areas

3.2 Prevalence of physical disability

The Health Survey for England 2001 (HSE)[16] provided information at a national level on the number of people who have disabilities. It reported both physical and sensory disability by severity and enables local level estimation of numbers of people expected to have physical disability.

The survey illustrates how the prevalence and severity of disability increases with age. Nationally, 7.5% men and 8% of women of working age report having moderate disability, and 2.5% of men and 2% of women of the same age group report having serious disability. In those aged 85 and above, 72% of men and 73% of women have a moderate or severe disability.

The HSE also reports on the proportion of disability by type of disability. It shows locomotor disability accounting for highest proportion of disability with 38% of the total, followed by personal care disability (23%), communication (20%), hearing (12%) and sight (7%).

The Projecting Adult Needs and Service Information System (PANSI)[17] uses sources including the HSE and population estimates and projections to produce 2008 estimates, and projections to 2025, of the numbers of people with physical disabilities at Local Authority level. The estimated number of Brighton and Hove residents with physical and personal care disabilities is shown in the table below.

	2008	2010	2015
Total no of people predicted to have a physical disability			
• moderate physical disability	13,981	14,219	14,562
• serious physical disability	3,361	3,425	3,488
No. of people predicted to have a personal care disability			
• moderate personal care disability	7,642	7,749	7,912
• serious personal care disability	1,293	1,321	1,357

Table 1 - Predicted numbers of men and women aged 18 to 64 years with moderate and serious physical disability, and moderate and serious personal care disability, in Brighton & Hove in 2008, 2010 and 2015 (Source: PANSI 2008)[18].

[16] DoH Health Survey for England 2001 – HSE comprises a series of annual services. Physical disability was the specific focus topic for 1995 and 2001

[17] www.pansi.org.uk

[18] People with a personal care disability are included in the total no of people with a physical disability. Personal care includes getting in and out of bed, getting in and out of a chair, dressing, washing, feeding, and use of the toilet. A moderate personal care disability means the task can be performed with some difficulty; a severe personal care disability means that the task requires someone else to help.

3.3 Condition specific incidence and prevalence rates

Physical disability can arise from a wide range of conditions, which affect people in varying ways. Estimating the prevalence of physical disability in a population based on disease / condition prevalence is difficult as different people will be affected in different ways.

In the UK, stroke is the main cause of disability. In the Brighton and Hove City population, it is estimated that there will be 560 strokes per year. The incidence of stroke increases with age and it is estimated that there will be fewer than 40 strokes per year in those aged under 65. The total prevalence of stroke is estimated to be 4518, of whom 1450 will have a moderate or severe disability[19]. PANSI estimates that in 2008 there are 46 male and 81 female Brighton and Hove residents aged 18-64 years who have had a stroke and require help with daily activities. These figures are expected to increase slightly to 47 males and 86 females by 2015. In contrast to stroke the age profile for other ABI shows a higher occurrence in the younger age group[20].

The city has a high reported prevalence of Multiple Sclerosis (MS). Based on the application of national incidence and prevalence rates, Brighton and Hove City would be expected to have 17 new diagnoses per year, and 300 local residents living with MS. However the MS specialist nurse manages over 400 active cases. This may be explained by the age distribution of the local population, which has a higher than average proportion of young adults.

PANSI estimates that there are 111 people aged 18 to 64 years with a serious visual impairment[21] in Brighton and Hove City in 2008, and this figure is expected to increase slightly to 115 by 2015.

3.4 Local Activity data

- A snapshot study of activity[22] of the care first information system identified 1011 service users (aged 16-64) with a physical disability of these; 986 were in receipt of services and 25 were being assessed. During 2005/06 1453 people received a service.

- Activity showed a significant increase in both the number of people assessed and in receipt of services over a two-year period. The greatest increase was seen within the Community Occupational Therapy Assessment Service (35% &

[19] DOH (2007) Asset Tool Kit for commissioners

[20] ABI National Guidelines

[21] Based on a review of the literature conducted by RNIB; this prevalence refers to estimated numbers predicted to require help with daily activities

[22] Due to issues of data reliability two years of activity from April 2004-March 2005 and from April 2005-December 2006 was examined

62% respectively) followed by the Physical Disability Assessment Team (26% & 41% respectively). In contrast, assessment activity within sensory services had dropped (40 to 11) but the number in receipt of services remained stable (95 to 94)[23].

- The ethnic breakdown of those receiving services reflected the census profile of B&H city with 90% of service users being white British, white Irish or white other[24]. Overall the majority of clients were aged over 45 years.

- The Brighton and Hove Housing Needs Survey 2005[25] examined disability issues in relation to housing need. The survey results implied that 11,316 households include at least one household member with a walking difficulty but who do not use a wheelchair, and a further 1,765 household included a wheelchair user. The results were not broken down by age group and applied to all ages. Further analysis showed that 73% of households with a wheelchair user did not live in a suitably adapted property, indicating a major mismatch between houses adapted and those where wheelchair users lived. In exploring support needs of disabled people 74.1% of wheelchair users needed help looking after their home.

Overall it is recommended that more detailed recording of activity is conducted and trends analysed over a longer time period to fully understand disability trends and demand and uptake of services across the city. To facilitate this, future recording of activity should include a core dataset including:

- Detail of nature or type of disability (e.g. locomotor, personal care, cognitive) and whether long term, progressive or fluctuating

- A record of date of birth to reduce risk of double counting and to highlight service pressures within specific age groups

- A distinction between the number of new referrals and re referrals to a service

- Further analysis of the Education Department's information on statement of needs to establish whether there is an upward trend in numbers of young people entering adult services.

- Good monitoring of carers needs including young carers and consideration of disabled people's needs who have parenting and/or caring responsibilities.

[23] The reasons for this are unclear and may reflect data issues rather than actual changes in service provision

[24] In 2004-05 almost 10% of service users had no ethnicity code recorded, this dropped to under 1% in the 2005-06 period.

[25] Brighton & Hove Housing Needs Survey – 2005 Table 7-3 Nature of Disability or Limiting Long term illness page 72

4 Overview of Performance and finance

Services are measured against a number of national and local standards. Overall the city has a varied picture of performance with some services performing highly and showing real strength and others requiring further improvement.

The Health Care Commission assesses the overall health performance of the city. Health targets include condition specific and cross cutting performance targets. The most relevant performance measures for physical disability are a combination of performance targets and quality standards.

Priority targets and service objectives are included within the PCT Annual Operating Plan. Priority is give to the following targets:

- Tier 1 Vital signs and performance against existing and new national targets
- Tier 2 Vital signs and targets within the Local Area Agreement
- Tier 3 Vital signs and other local plans

The position in Adult Social Care is currently under review. The Commission for Social Care Inspection (CSCI) is leading a national consultation to inform the future performance management of Adult Social Care. Early indications are that there will be a strengthened focus on evidence of local delivery of the White paper "Our Health, Our Care, Our Say" national outcomes. A National Indicator Set (NIS) will apply within which the thirty-five Local Area Agreement targets will be critical. In addition Councils will continue to collect the Performance Assessment Framework (PAF) indicators during 2008/09 until the consultation is complete.

The National Operating Framework (2008) outlines the key priorities and "vital signs" on which local health and social care services will be monitored. Relevant targets include:

- Percentage of patients seen within 18 weeks for admitted and non-admitted pathways
- Patient experience of access to primary care
- Adults helped to live at home.
- Proportion of people with long term conditions supported to be independent and in control of their condition (NIS 124)
- Timeliness of social care assessment (NIS 132)
- Timeliness of social care packages (NIS 133)
- Adults and older people receiving direct payment and/or individual budgets per 100,000 population (aged 18 and over) NIS 130 and a LAA target

- Proportion of carers receiving a carers break or a specific carers service as a percentage of clients receiving community based services (NIS 135 and a LAA target)
- VSA14: Quality stroke care (outcome: Reduction in stroke related mortality and disability) Patients who spend at least 90% of their time on a stroke unit and higher risk TIA cases who are treated within 24 hrs
- Also in 2009 two additional service user experience indicators are planned: NIS 127 regarding satisfaction and NIS 128 regarding dignity and respect

Local Authority - Key performance indicators

More detailed analysis of key performance indicators shows some variation in performance for physical disability service.

- The city performs well in terms of those helped to live at home with over 90% helped to live at home and a steady increase in the number of people helped to live at home is shown.

2001/02	2002/2003	2003/04	2004/05	2005/06	2006/07	2007/08
3.8	4.5	4.3	3.9	6.2	6.8	7.6

Table 2 People with a Physical Disability helped to live at home (per 10,000 aged 18-64) Trends in Brighton and Hove[26]

- The City has a stable and low number of people with a physical disability living in long term residential care (only 7%) but a poorer performance with regard to unit cost. For both residential and nursing home care unit costs are shown to be above the unitary average and close to the outer London boroughs' average

	2002	2003	2004	2005	06/07
Brighton and Hove	3.67	3.47	3.07	3.42	3.57
IPF Comparator group	3.31	4.34	3.84	3.51	n/a

[26] The Local Authority score very highly on 'professional support' element of this PI, the definition has been tightened this year and will have an impact on our performance.

England	2.89	3.38	3.15	3.01	2.95

Table 3 Long stay supported residents receiving residential and nursing home care; rates per 10,000 population 18 - 64; source KIGs

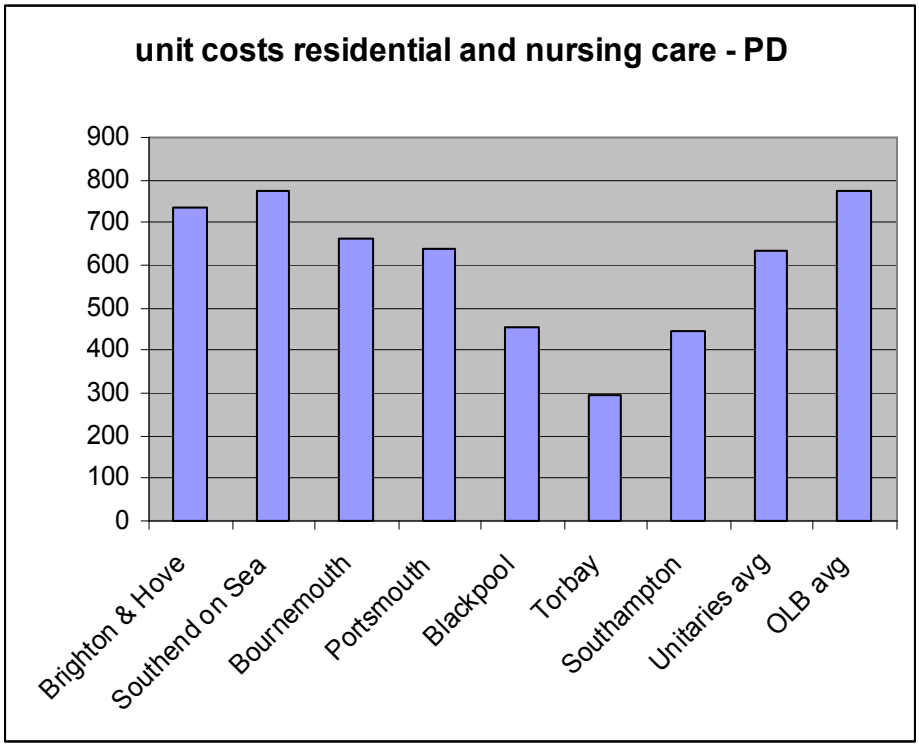

Table 2 Unit Costs residential and nursing home care for people with a physical disability

- Increasing the number of people accessing direct payments is a key priority for the city and performance in the city is improving with an increasing number of people receiving care via direct payment 36 (2006) 54 (2007) and 65 by March 2008)

Finance

PCTs and Local Authorities receive budget allocations based on a weighted capitation formula, which includes population need, size and age structure and variation in the cost of providing care.

Health spend – Capturing the relevant health expenditure for physical disability is difficult because of the broad range of health specialities, care groups and diseases covered. Key health spend incorporates acute hospital services, rehabilitation and specialist neurorehabilitation services, health continuing care spend, primary and community services.

Local Authority spend - The local authority community care budget currently supports 800 people with substantial and critical care needs with their care and

accommodation needs. This budget has been under continuing year on year pressure as people with higher dependency care needs remain living in their own homes.

In addition there are jointly commissioned and S75 services including the integrated community equipment service and intermediate care service.

The PCT and the Local Authority also have a number of contracts with the third sector and independent providers. The Joint Strategic Needs Assessment (Appendix C) captures the key budget lines for physical disability services.

The Physical Disability commissioning strategy must maintain performance where services are performing highly and support the delivery of new targets across the local health and social care economy. A further comprehensive needs analysis will inform work streams and monitoring of the associated action plan will ensure alignment of performance and financial reporting, budget planning and commissioning.

5. Service profile and future priorities

This section profiles current service delivery and highlights the future direction for service development, identifying local priorities for service improvement, key actions for delivery and desired outcomes.

A three-year action plan will be developed to steer implementation and monitor progress. Each work programme of the action plan will incorporate an Equalities Impact Assessment (EIA).

Five overall strategic objectives:

- **Strengthened involvement and engagement of disabled people and their carers in future service planning and development**
- **Strengthened person centred care and increased self directed support**
- **Promotion of independence and extended independent living opportunities**
- **Improving support to those with complex and higher dependency care needs**
- **Increased opportunities for local citizenship and participation in local communities**

Objective 1: Strengthened Involvement and engagement of disabled people and their carers in future service planning and development

Future direction:

World Class Commissioning places service user engagement and involvement at the centre of commissioning plans. The involvement of people with a physical disability and their representatives is key to ensuring the delivery of appropriate and responsive services. It is important to provide opportunities for people to voice their views on the services they have received and to influence the way services are planned for and provided in the future.

Local Position:

Locally work is underway to strengthen the involvement and engagement of service users and carers through the development of Local Involvement Networks (LINks[27]),

[27] LINkS Local Involvement Networks

and partnership working with the voluntary sector to widen service user engagement and representation.

Local priorities:

- To develop effective and inclusive structures to enable people with a disability, their carers and representatives to be fully involved in the planning and development of services, ensuring that those traditionally excluded are included and supported to fully participate
- To ensure user feedback is a central part of our planning and monitoring of services
- To secure appropriate user representation on key programmes of work

Key Actions:

- We will agree with service users and carers a model for future engagement to ensure full involvement in the implementation and monitoring of the physical disability strategy
- We will develop a service user led independent and healthy living centre

Desired Outcomes:

- Increased number of people engaged in the planning and development of services with representation and involvement from those traditionally excluded
- High quality, responsive services which reflect and meet individual need
- A reduction in health and care inequalities

Objective 2: Person centred care and self directed support

Future direction:

National policy[28] has been driving a reform of the way care is delivered with a strong emphasis on choice and personalised care, earlier intervention and prevention, streamlined assessment and the development of empowerment models of care and initiatives for consumer-directed care or self-directed support.

Local position:

Care navigation, coordination and management – To support this reform of care access to high quality information, care navigation and support services is required. Disabled people and their carers have told us that they were at times unaware of existing support and were unclear where to go for advice and help. Service users and their carers have asked for clear and easily accessible information[29] and for easier and faster access and re-access to services.

Locally a number of initiatives to improve signposting, care navigation and management have been introduced. The city has developed a number of models of care management including community matrons, a case management team and a number of specialist nurse posts. Integrated Care Pathways[30] (ICPs) have been developed across services to improve patient experience and ensure smooth transition between services and delivery of care[31]. Local protocols are in place for transitional care planning to ensure coordinated planning of care between children's and adult's services from the age of 14 years.

Self care and self directed support - The local authority social care transformation programme will transform the way care is delivered in the city, facilitating clearer and faster access to support and developing a stronger focus at assessment and review on reablement.

Currently personal care is purchased either through Direct Payments or the care management service. Uptake of Direct Payments in the past has been slow, but is now increasing. A detailed review of current systems was completed and nine

[28] The NSF for LT conditions, TCCP, Our health our care our say), Putting People First

[29] PCT DES , MS Stakeholder event

[30] A care pathway is the journey that individuals may expect to access the assessment and care interventions from the statutory and non-statutory agencies. The Chronic Disease Management strategy defines an ICP as a "multidisciplinary outline of anticipated care placed in an appropriate timeframe, to help a patient with a specific condition or set of symptoms move progressively through a clinical experience"

[31] Care pathways hare been developed for the following health conditions: stroke, chronic Obstructive Pulmonary Disease, Cellulitis, intravenous antibiotics, Management of infections, Heart failure, Falls, Urinary problems/catheters

recommendations are being followed to increase the local take up of Direct Payments. This includes building further flexibility into the scheme and further investment in the Direct Payment support service.

The target for 07/08 was for 70 services users with physical disability to be in receipt of a direct payment and for 08/09 the target was increased to 140. Progress against targets is overseen and driven by a cross agency Direct Payment Implementation Group.

The current national piloting of Individual Budgets[32] extends individual choice and control further. Users of social care services will receive a single assessment the purpose of which is to assist people to identify their need for support, how they wish these to be met and to determine the resource allocation. People will be able to choose from a range of services such as equipment, home care, housing adaptations and low level preventative services. Currently a pilot for individual budgets is underway within Adult Learning Disability services.

A Self Directed Support strategy will be completed during 09/10, which will outline the city's plan for the future extension, and development of self directed support options.

Local priorities:

- To develop clearly visible and integrated information services, which are responsive and accessible to the needs of people with a physical disability and their carers.
- To strengthen focus on earlier interventions and prevention services and initiatives.
- To improve co-ordination and management of long term health conditions through the development of integrated care pathways and personalised care plans to improve patients' experience of care.
- To increase the use of self directed support options, with more people purchasing care through Direct Payments and the introduction of individual budgets for people with a physical disability
- To deliver faster and more responsive assessment and review services with a strengthened focus on the promotion of independence and reablement.

Key Actions:

- We will develop a one-stop shop approach to information services through the centre for independent living. This will provide a focal point for support and advice to the wider community.

[32] Our health, Our Care, Our Say

- We will review current delivery of advice and advocacy services to ensure that they are relevant and fully accessible to disabled people, and are supporting people to manage self-directed care and increase opportunities for independent living.

- We will develop stroke prevention services in line with the national stroke strategy.

- We will introduce Expert Patient Programmes for those with long-term progressive neurological conditions and ensure that the wider expert patient programme is accessible, relevant and appropriate to people with a disability and peoples' cultural needs.[33]

- We will develop a self-care strategy to achieve optimum quality of life and health outcomes.

- We will recruit designated health trainers focused specifically on the health needs of those with long term neurological conditions to help people maintain health and remain living independently in their own homes.

- We will work with people to develop personalised care plans.

Desired Outcomes:

- Reduction and minimalisation of disability
- Increased number of people empowered to manage their health and care needs
- More streamlined interventions and improved co-ordination between services
- Improved access and reaccess to support
- Reduced number of unplanned hospital attendances and admissions and reliance on higher dependency care

[33] Ensure balanced programme in terms of age, gender, rate

Objective 3: Promotion of Independence and extended independent living opportunities

The Putting People First[34] vision and framework for a personalised adult care system supports independent living for all adults. To effectively promote independence and extend opportunities for independent living a whole systems approach to health and care is required with integrated care pathways and coordination of resources. A number of local services are key to the promotion of independence and independent living. These include specialist and general rehabilitation services, housing and primary and community services.

3.1 General and specialist rehabilitation – Rehabilitation following injury or severe illness can help to prevent or reduce long term disability, increase personal independence and bring quality of life benefits.

Rehabilitation is a complex process involving a range of approaches: clinical, social, vocational and educational. Therefore care must be well coordinated with clear referral processes, strong partnership working and good communication and team working across care pathway.

Specialist neurorehabilitation[35] services –The National Service Framework (NSF) for Long Term Conditions provides clinical evidence of the effectiveness of rehabilitation and emphasises the importance of flexible and responsive services which allow re-access to care as needs change[36].

A Sussex wide review of specialist neurorehabilitation is currently tasked with developing a commissioning framework to secure access to a comprehensive and integrated range of services for the adult population of Sussex.

Within the city of Brighton and Hove a broad range of specialist neurorehabilitation services are delivered. Services provided include a post acute inpatient service, an outpatient service and mobility service, a multi disciplinary community rehabilitation team and a vocational rehabilitation service. In addition other specialist services are spot purchased from the independent and voluntary sector including slow stream rehabilitation and/or specialist placements and specialist community outreach and day care.

For Brighton and Hove the key priorities are to ensure early access to appropriate specialist services and timely, smooth transition between services ensuring that care

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[34] Putting People First a shared vision and commitment to the transformation of adult social care (2007)

[35] The British Society of Rehabilitation Medicine (BSRM) [35] provides a conceptual and service definition of rehabilitation:

Conceptual definition: A process of active change by which a person who has become disabled acquires the knowledge and skills needed for optimal physical, psychological and social function

Service definition: The use of all means to minimise the impact of disabling conditions and to assist disabled people to achieve their desired level of autonomy and participation in society

[36] Eleven evidence-based quality requirements (QRs) are established throughout the patient care pathway. QR 4-6 are concerned with rehabiltation, adjustment and social integration

is person centred and provided as close to home as possible. Key issues to be addressed within the strategic action plan will include management of transfer of care and hospital discharge, access and reaccess to specialist support, and longer-term rehabilitation.

3.2 Housing and Housing with care - Suitable and decent housing is fundamental to the promotion of independent living and social inclusion. Providing accessible and adapted accommodation in the community with appropriate housing support is essential if people are to be supported to remain living independently in their own homes with their families and in their own communities. Key areas of housing support include accommodation to facilitate hospital discharge, access to accessible and adapted properties, and the provision of housing with care.

Managing hospital discharge – the under 65 population are seen to account for a significant proportion of local hospital discharge delays i.e. an average of 13.6% of total Brighton and Hove delays from acute care. This rate has risen by 15% over a two-year period (from 144 delays in 2005/06 to 169 delays 2006/07).

The Transitional Care Service[37] has experienced protracted delays for younger adults due to the complexity of individual need and limited available options for moving on. From January 2006 records show there have been 8 placements for under 65's with stays ranging from three weeks to 17 months.

Accessible and adapted properties – access to accessible and adapted property is key to supporting independent living. Following a service review wheelchair accessible properties are now designated for those with mobility disability and more support is given to those who are vulnerable to bid for accessible and adapted properties. The Housing Adaptations Service is responsible for completion of major and minor adaptations within public sector housing and major adaptations for the private housing sector[38]. This is an integrated case management service comprised of occupational therapists, technical and administrative staff.

Major adaptations are funded through two main sources the national Disabilities Facility Grant (DFG) for private sector housing and the Housing Revenue Accounts (HRA) for public sector housing. Completing major adaptations can be a lengthy process as the DFG requires a full tendering process for any works to be completed Whilst individual budgets will not initially include the DFG, a loosening to current ring-fencing will provide greater flexibility. Future priorities will be to improve access to accessible and adaptable accommodation through management of existing stock and optimum use of the DFG allocation, streamlining assessment and improving wait times for delivery of major adaptations.

Housing models with care and support - For those with more complex needs who are unable to live at home the development of extra care housing can offer people

[37] interim care/short term placement to facilitate hospital discharge

[38] The Integrated Community Equipment Service currently provides all minor (i.e. <£1,000) adaptations in the private sector.

an alternative to residential or nursing home care. Extra care housing has the potential to provide greater opportunities for independent living and increased choice and control over the care and support received through the delivery of personally tailored services.

Existing extra care housing services are primarily aimed at older people, however a successful central application in 2008 will enable the development of ten extra care flats specifically designed for adults under 65yrs with a physical disability.

3.3 Community equipment and assistive technology - The city's Integrated Community Equipment Store (ICES) is a jointly commissioned service within a Section 75 agreement for the provision of equipment. The Daily Living Centre (DLC) provides information and advice on equipment and is a demonstration centre for items of equipment. Telecare and assistive technology is provided as part of the Carelink service. Demand for community equipment has risen dramatically and a particular increase has been seen from the acute sector as more people are supported to live at home.

As of 2007 Telecare had received a total of 317 referrals for Telecare devices across all age ranges. The majority of requests were received directly from current CareLink users. Twenty-four installations had been completed including: smoke alarms, bed/chair occupancy sensors, property exit sensors, and temperature extremes sensors. Installs are scheduled for flood detectors, medication reminders, medication dispensers and bogus caller alerts.

Local priorities

- To improve access and reaccess to rehabilitation and reablement models of care including clinical, social, vocational and educational rehabilitation

- To ensure that care is well coordinated and delivered in the most appropriate setting, and as close to home as possible

Key Actions

- We will agree a commissioning framework for neurorehabilitation services across Sussex incorporating acute, post acute and community services, supported by a clinical network and local commissioning plans

- We will strengthen the neurorehabilitation earlier supported discharge model to provide more care closer to home and improve throughput from acute services.

- We will agree integrated care pathways and multi agency management of hospital discharge for people under 65 years

- We will develop extra care housing for adults under 65yrs

- We will increase use of assistive technologies telecare and telehealth to support independent living
- We will ensure carers of people with long term conditions have access to flexible, planned and emergency respite care

Desired Outcomes:

- Better health outcomes and improved well being
- Increased functional independence and reduced reliance on more higher dependency care models
- improved personal experience of care through greater choice and control improved wait times and more streamlined support

Objective 4 - Improved Support to those with complex and higher dependency care needs

For those with multiple and complex disabilities it is important to ensure that there is choice as to how needs are met, that the care received is of high quality and evidence based and that opportunities for independence and independent living are maximised.

A broad range of care options is required to meet the needs of individuals and to support independent living. Services must be person centred, responsive and flexible to changing needs.

Support to people in transition- support maybe required to assist people when leaving hospital or specialist rehabilitation services or when moving from children's services to Adult Social Care.

Within the city two to three young people are referred from Children's services each year. Generally their needs are very complex and specialist and currently there are a limited range of options to support the needs of this age range. As a result young people may remain within the family home or often need to move to residential care outside of the city for their needs to be met.

For those leaving hospital or specialist services and returning to independent living a wider range of support options are required including short-term support services, and access to supported and adapted housing.

Care home placements. Whilst this strategy aims to reduce reliance on higher dependency care access to high quality 24 hr care within the city is required as part of a broad range of care services.

Currently care home placements are purchased by the Local Authority or Health (via continuing care) jointly or by individuals funding their own care. All placements are purchased through spot contracts and from a range of independent providers.

The number of people with a physical disability living out of the city in care home placements whilst small has remained constant for a number of years and accounts for about a quarter of the allocated funding in physical disability adult social care services.

Continuing health care funds an increasing number of placements for those with a physical disability. Over the past two years the costs of placement activity has increased significantly.

Intensive personal and live in care

The number of people living at home with intensive care packages is again very small but accounts for just under half of the allocated adult social care funding Personal care is provided by the independent sector and the local authority home care service. The local authority service focuses specifically on hospital discharge, complex needs, terminal care and prevention of admission.

A study of Local Authority placement activity showed:

- 05/06 a total of 98 placements over the year, with up to 45 placements at any one time. There was a turnover of 53 placements over the year and a turnover of 4 placements monthly.
- A snapshot study[39] showed 41 longer-term placements 22 within residential homes and 19 in nursing homes. Of which 41% were provided within Brighton and Hove
- 05/06 had a high average unit cost of £804 for people with a physical disability between 18 and 64 years (nursing home council contribution averaging at £611 per week and residential care at £977 per week)
- 390 home care packages were delivered during the course of the year with 280 care packages delivered at any one time.
- Of home care packages delivered 35% were low cost packages of care (weekly cost less than or equal to £50) 22% were medium cost packages of care (weekly cost £50-£100) and 10% were high cost packages of care (weekly cost greater than £500).
- Of the 28 high cost packages of care, the cost ranged from £500 to £2,250 per week with an average total weekly cost of £44,556..

[39] Snapshot study

- All live in care was provided in the independent sector, by a total of 17 independent providers. Only two specialist agencies provided a brokerage service for live in care

- Health funded a total of 17 ABI or physical disability placements. Weekly contributions ranged from £126.72 to £1,845 with a total weekly cost of £14,640 and a total annual cost of £667,330.

Local Priorities:

- To develop local alternative models of care which enable people to remain or return to more independent living so reducing reliance on longer term care options and providing value for money for the city

- To ensure all providers endorse a strong ethos of independence and provide opportunities where possible for greater independence, moving on and a return to independent living

Key actions:

- We will agree a commissioning framework across social care, housing and health, which develops capacity within the city to support those with complex needs. To include: improved access to short term services for those in transition (e.g. those leaving hospital or specialist rehabilitation services or children's care services) and longer term support services for those who wish to return to the city from out of area placements and those wishing to remain living independently within their own homes

- We will explore models for further integrated working for those with complex health and care needs to ensure that people's needs are being met most appropriately and to facilitate a greater focus on independence and independent living.

- We will develop quality supported and adapted housing options as an alternative to higher dependency care options

- We will develop local slower stream rehabilitation opportunities for people leaving hospital following spinal injury, acquired brain injury and stroke to facilitate greater independence and a return to independent living.

- We will strengthen current procurement initiatives to ensure high quality and value for money care is purchased for the city's population

Desired outcomes:

- Increased individual choice through a broader range of care options
- An increased number of people with complex needs supported locally within the city
- Improved service user experience of care through smoother transition between care services
- Improved quality and value for money services within the city

Objective 5: Increased opportunities for local citizenship and participation

The Disability Discrimination Act legislates that disabled people must enjoy the same rights and opportunities as other members of the community to participate in education, training, employment and leisure. Government policy is leading a welfare reform, demanding further action to support disabled people in the labour market e.g. The Pathways to Work[40] pilots introduced by the Department of Work and Pensions to encourage and assist people on Incapacity Benefit to return to work.

Access to mainstream activities and services is key to enabling people to participate in social, family and community life. People with a physical disability may need support to maximise opportunities and our services will need to address how best to achieve this.

Employment support and vocational rehabilitation support – a number of services are provided locally to support people whilst in work and to help people start and return to work. Coordination of services and improving access to relevant services will ensure that people are supported and have increased working opportunities.

Transport - Disabled people and carers have requested increased flexible transport options to assist them in their every day lives. They have told of the difficulties they have in attending health appointments and of a loss of independence with inflexible transport arrangements. Carers have told of difficulties coordinating transport with care arrangements and in attending health appointments with the person they care for.

Day Care - the local authority and independent providers currently provide Day care. The local authority day care service is at Montague House. The service has an average total of 73 service users with most people using the centre between two and three times a week. The majority of service users are aged between 56 and 65

[40] Pathways to Work Dept of Works and Pensions - Pathways to Work provides a single gateway to financial, employment and health support for people claiming incapacity benefits.

years. The service facilitates external training courses selected by service users and hosts the low vision clinic. Specialist day care and outreach work is commissioned through the independent voluntary sector.

Local priorities:

- To increase access to mainstream employment,trainingand leisure opportunities
- To support carers in their caring role so that they are able continue to manage own health, everyday lives including work

Key Actions:

- We will develop a centre for independent living to deliver a one stop shop approach to independent living, improving access to information, advice and support for the city's disabled community. This will involve a multi agency review of current services to compliment and maximise resources.
- We will coordinate and promote existing support services to maximise opportunities for greater access to employment, training, community and leisure opportunities
- We will link with the Disability Equality Scheme review to scope existing accessibility to mainstream activities and include a review of our existing transport links.

Desired Outcomes:

- Improved health and wellbeing and a reduction in health and social inequalities
- Increased number of people and their carers participating in employment, training, other meaningful daily activities
- Improved access to mainstream community resources and activities

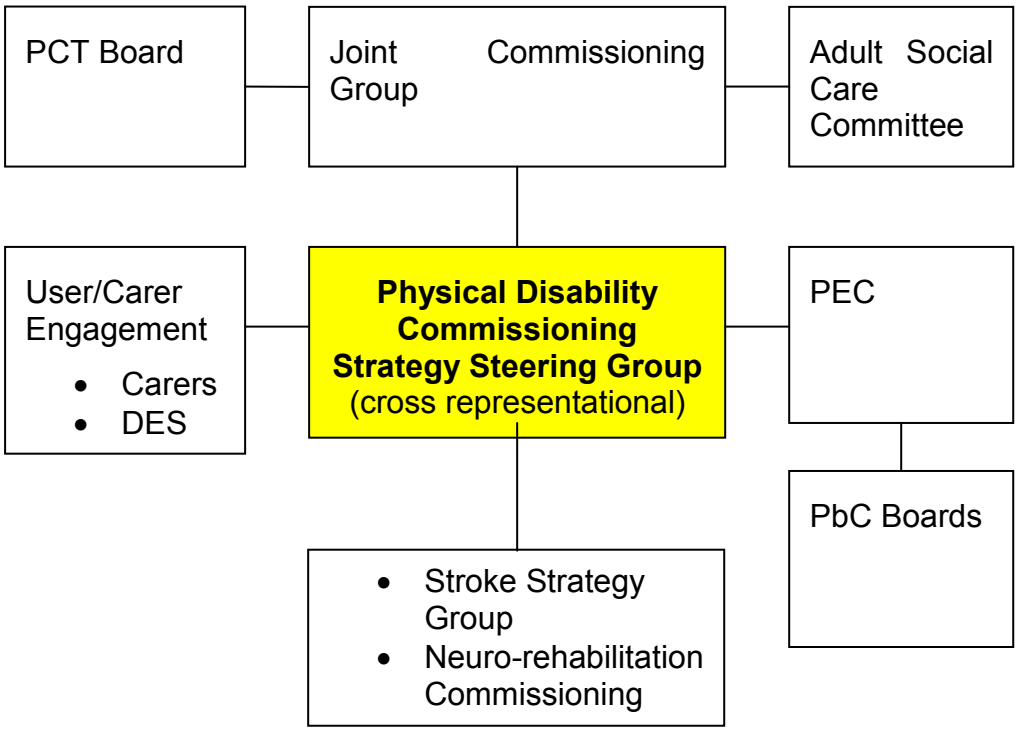
6. Next Steps

Implementation and Governance

A Physical Disability Commissioning Strategy Steering Group will be established to lead the implementation of the Physical Disability Strategy and associated three-year action plan. The steering group will be responsible for the annual work plans and the monitoring of key projects.

The group will have representation from across the local health economy and will secure appropriate public and provider engagement.

The steering group will be accountable to and report on progress for all key projects to the Brighton and Hove City PCT Board, Brighton and Hove Local Authority Adult Social Care Committee and the Joint Strategic Commissioning Group.



Appendices

Appendix A – Relevant policy, strategy and legislation

Appendix B – Public Health Report

Appendix C – JSNA and Three Year costed plan