Brighton & Hove City TPCT **Brighton & Hove City Council**

Joint Strategic Needs Assessment

Services for working age adults with physical disabilities

Planning for the City – 2008/09 to 2010/11

Contents

Introduction

This report is one of a series using the planning principles and structure of the Joint Strategic Needs Assessment (JSNA), as set out in the *Commissioning Framework for Health & Wellbeing* (Department of Health, 2007). In conjunction with the ongoing *Commissioning Strategy for People with Physical Disabilities*, and the Sussex-wide *Neuro-Rehabilitation* Strategy, this report is intended to be used as the basis for planning budgets, services and consultation programmes across health and City Council services, for the years 2008/09 to 2010/11.

The process of producing this report has highlighted that much of the detail on activity, financial and service-modelling, that is required for effective commissioning, is held in separate places across the agencies. While the *Commissioning Strategy* will bring much of this together, it is proposed that a joint workshop – of Adult Social Care, Housing, Health, and CYPT for appropriate client-groups – reviews how best to collect and collate this data.

<u>Key Themes</u>

- The JSNA forecasts an increase in the client-population over the next 3-5 years, partly as a result of the transitional clients currently known to Children's services, and partly as a result of the forecast increase in Brighton's population of working age adults. This equates to a net £200K (estimated) annual increase.
- Care-pathways are under review – for rehabilitation services, interim care, and for post-hospital domiciliary support or access to appropriate housing.
- The unpredictable number and nature of clients' needs (due to Acquired Brain Injury or other conditions), and the potentially high cost of support to individuals, will inevitably result in fluctuations in spending profiles between years, and will therefore require flexibility in the service-packages provided.
- Joint working between Adult Social Care, Housing, Health, and CYPT is essential to achieve these changes most cost-effectively

Specific actions

- Development of Extra Care Housing (potentially 4 units in the first instance; Invest to Save project via reduction in long-term placements and high-cost domiciliary care packages etc.), and improvements in access to appropriate adapted and accessible housing
- Extending the opportunities for more local rehabilitation and neuro-rehabilitation – including investment in community neuro-rehabilitation and corresponding reduction of existing bed-provision; extension of Community Rehabilitation Teams; and re-enablement focus and vocational rehabilitation within existing services such as home care and day-care
- Review of residential home provision (Wanbrough House) and development of market
- Transitional/interim care facilities to facilitate early hospital discharges; net revenue savings to be calculated; review of continuing care packages
- Implementation of ICES strategy review
- Development of self-directed care, via Direct Payments or individual budgets
- Development of advocacy service
- Establishment of Joint Commissioning Group (comprising PCT, adult social care commissioners, OTs, housing, CYPT, Disability Federation; and provider input from SDH – generic and neuro-rehab – and BSUH) to take these initiatives forward

1. Current population and demographic information

From the local data currently available and the broad scope of physical disabilities, it is difficult to provide a comprehensive study of local demographic information in relation to physical disability. Within many services clinical diagnosis, cause and level of disability are not routinely recorded. Therefore long-term recording is required to illustrate movement of service users and trends, to assess future demand and plan service development, over and above the local activity data available.

The principal areas of focus for this JSNA have been:

- Conditions requiring neuro-rehabilitation; stroke patients would be the majority of clients, but this group also includes patients with Acquired Brain Injury (ABI), patients with MS, and patients following limb amputation
- Sensory disabilities
- Users of wheelchair services, arising from a range of conditions

As this list indicates, physical disabilities cover a broad range of conditions and service-requirements. The starting-point of this review has therefore been to focus less on the initiating condition and more on the requirements of the service-user (physical, psychological, vocational, economic, transport etc.) and of their carers and families, regardless of the cause.

The majority of the information presented in this report is from national data sources applied to the local population[1]. However, the estimated local prevalence rate is seen to correlate across a number of data sources and is therefore a robust estimation of our local prevalence rate of physical disability.

Brighton and Hove City has a resident population of 247,817 and a working age population[2] of 168,535, 68% of the total. The PCT's Public Health report indicates that by 2010 9.6% (16,179) of the working age population of Brighton and Hove will have a moderate to serious disability. The majority of these (77%, 12,458) will have a moderate disability, whereas a significantly smaller proportion (23%, 3,721) will have a serious disability.

The Health Survey for England (HSE) 2001[3] (Figure 1) reports that locomotor[4] disability was the most commonly reported disability (38%) and personal care[5] the second (23%). In addition, a small proportion of working age adults reported sight, hearing or communication disabilities.

The ethnic breakdown of people with physical disabilities receiving services reflects the census profile of the city, with 90% of service users being white British, white Irish or white Other.

The 2001 census predicts that, while the population for Brighton and Hove will increase by 7% to 2010, the working-age population will increase by 13% - rising to 71% of total population by 2010. This would result in a predicted increase in the number of working age adults with some form of severe or moderate disability to 18,967 (HSE estimate), illustrated in Figures 1, 2 & 3.

Young People with Physical Disabilities

Forecast transitional numbers from the Children & Young People's Trust (CYPT) suggest an increase of 4 clients in 2008/09, and of 5 and 6 in each of the two subsequent years, over and above the expected annual rise due to demographic growth.

Figure 1 – Projected changes in disability status of working age adults compared to total population, based on 2001 HSE and 2001 Census and ONS population projection data.

[1] National data sources include the Census 2001 and DH Health Survey for England

[2] Working age population is defined within Public Health report as 16-64 years

[3] DH Health Survey for England 2001 – HSE covers a range of services each year. Physical disability was the specific focus topic for 1995 and 2001

[4] Locomotor disability was assessed by asking participants in the survey if they required any level of assistance in walking 200 meters, climbing 12 stairs without resting and retrieving things from the floor

[5] Personal care disability was assessed by ability to perform self care tasks or activities of daily living, eg getting in and out of bed or a chair, dressing, washing, eating and toileting

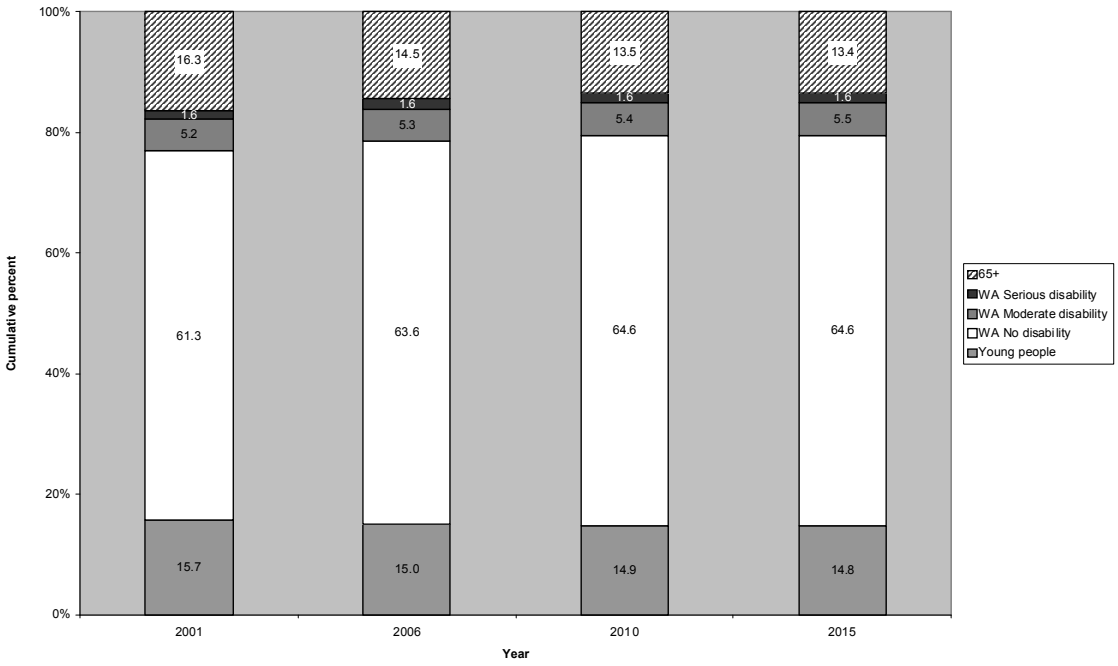


Figure 2 - Percent of working age and over 65s with no disability, moderate disability and serious disability, based on 2001 HSE and 2001 census data.

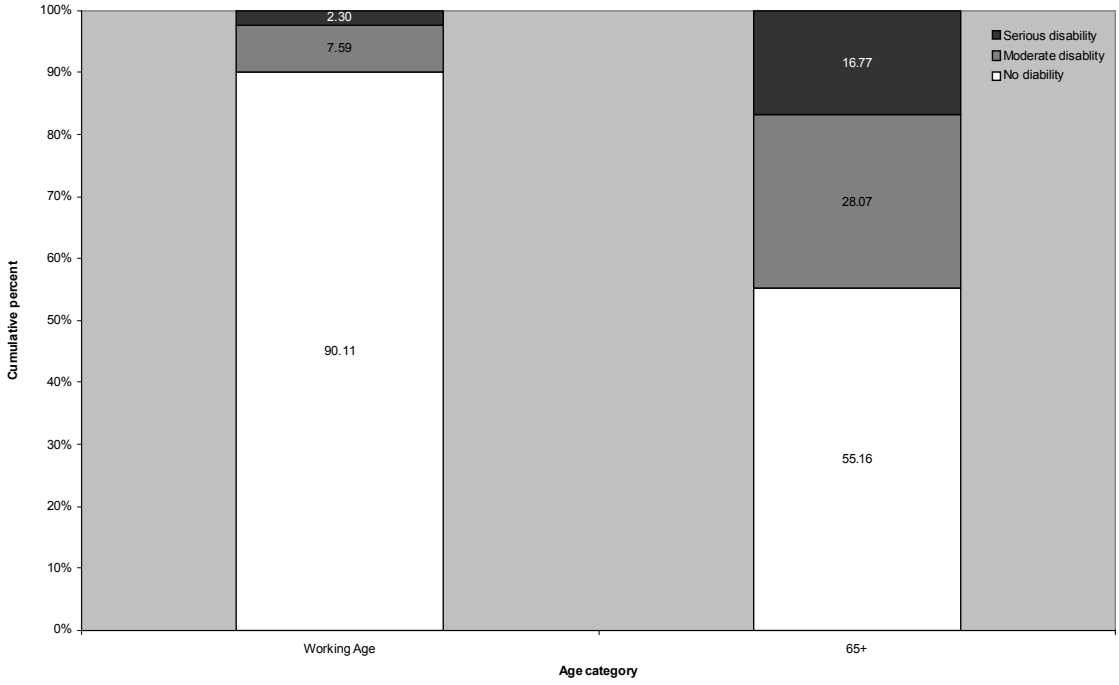


Figure 3 - Predicted numbers of men and women with moderate disability and serious disability in Brighton & Hove in 2010 and 2015, based on 2001 HSE prevalence and ONS population projections.

	Men		Women	
	Moderate disability	Serious disability	Moderate disability	Serious disability
2001 (Census)	6,009	1,939	6,431	1,832
2010	7,017	2,264	7,598	2,090
2015	7,017	2,264	7,598	2,090

2. Current usage of health, social care and housing services

Health

There is little detail on current usage of healthcare, analysed by physical disability. For acute services, there is some detail on access to Multiple Sclerosis services (91 admissions in 2006/07 for 45 patients), and 415 hospital admissions for stroke and TIA. Development of Extra Care services will reduce the current bed-requirements. The following table shows provision of specialist neuro-rehabilitation services in 2006/07:

Service	**Commissioning arrangements**	**Activity 06/07**
Inpatient unit SRCS	Jointly commissioned service with West Sussex PCT (AAW). Total capacity 52 beds – 10% of total OBD accessible by other Sussex PCTS	06/07 total activity 18,232 OBD (96% capacity) B&H 45% of above: 8,204 OBD equates to 23 beds
Community O/P service SRCB	Block SLA with SDHT B&H alone	1,171 new referrals OP Active users 562 (waiting time for access to service 4 wks) Prosthetics regional service (active caseload 1,220) Orthotics - to be included
Community Rehabilitation team	Block SLA with SDHT B&H alone	Extended team will deliver total of 45-55 rehab programmes at any one time with 240-250 delivered over the year
Specialist seating and wheelchair	(B&H & Lewes/Havens area)	Total number of active wheelchair and seating patients: 5,009

service		
LENS Vocational rehabilitation		128 clients per year
Continuing care commitments		ABI total: 15 CC patients (7 new clients in 06/07) and steadily increasing
ABI coordinator	Shared funding with ES CC	
TBI Nurse BSUH	Roald Dahl /BSUH	OP Concussion clinic

Additional information on community services support will be available through the review of South Downs Health activity (due to be completed December 2007).

Social Care

Figure 4 - 06/07 LA Community Care Services – under 65s

Assessment Services	**Social Care packages including live in care**	**RH&NH placements**	**T&I placements**	**Day care activity**	**ICES S31 Not age specific**
	396 care packages; approx 11% (44) high cost (£500+ per week)	98 in year; average 49 at any one time with 10 people receiving respite residential care	Approx 1 per month	Montague House: 73 service users mostly attending 2/3 times per week	

A review of social services day-care is currently underway.

A prospective trend analysis of social care data is not possible at this stage. Social care activity information is now collated monthly against DOH performance indicators and includes the following information for physical disability:

	2004/05	2005/06	2006/07
Numbers of assessments undertaken	222	354	
Number in receipt of services	491	802	

Numbers in receipt of sensory services	40	11	
Helped to live at home 18 – 64 yrs	92.1%	94.4%	
Long term care 18 – 64 yrs	7%	7%	

Figure 1 below indicates that there was a significant increase (23%) in the number of people assessed over the two year period (222 for 2004-05; 354 for 2005-06). The Community Occupational Therapy Assessment team (COTA) increased assessments by 35% and the Physical Disability Assessment Team (PDAT) by 26%.

Figure 6 below indicates that there was also a significant increase (62%) in the number in receipt of services (491 for 2004-05; 802 for 2005-06); COTA increased number in receipt of service by 62% and PDAT by 41%. However, the data indicates a marked drop in the proportion of service users accessing sensory services (40 in 2004-05; 11 in 2005-06) but a stable number in receipt of services (95 in 2004-05; 94 in 2005-06)[6].

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

Figure 1 - Number of assessments undertaken 18-64 year olds by Physical Disability Team Community Occupational Therapy Assessment and Sensory Services

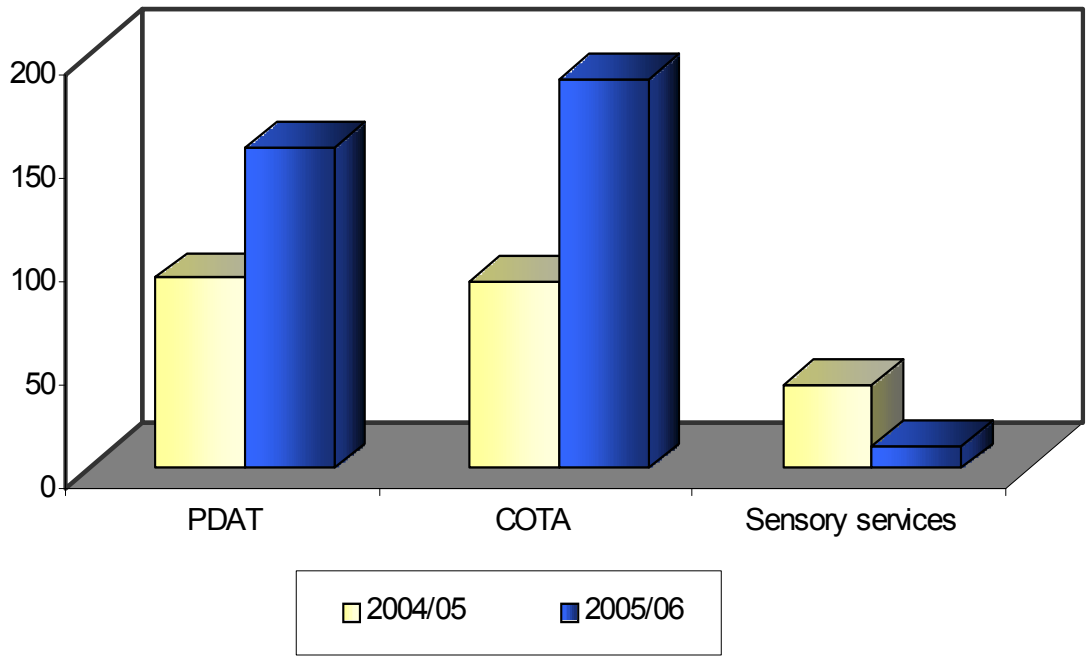
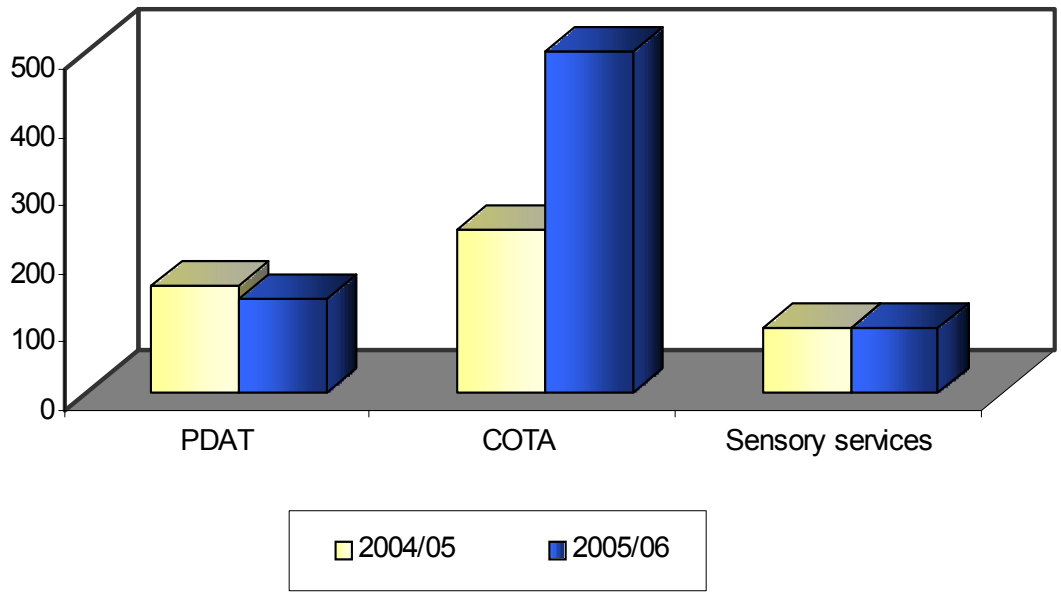


Figure 2 - Number in receipt of services



Safeguarding adults : people with physical and sensory disability; rate of referrals and completed cases per 10,000 population

	Referrals 05/06	Completed cases 05/06	Referrals 06/07	Completed cases 06/07
Brighton and Hove	1.59	0.77	3.94	2.53
England	4.64	2.52	N/K	N/K

Housing

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

	2001	2002	2003	2004	2005
Brighton and Hove	3.53	3.67	3.47	3.07	3.42
IPF Comparator group	3.38	3.31	4.34	3.84	3.51
England	2.93	2.89	3.38	3.15	3.01

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

2000/01	2001/02	2002/2003	2003/04	2004/05	2005/06	2006/07
3.9	3.8	4.5	4.2	3.9	6.1	6.8

Brighton and Hove's performance is very high for this national performance indicator. From most recent validated comparative data 2005/06 B&H was seen to be the 24th highest performer out of 150 Councils.

The Brighton and Hove Housing Needs Survey 2005[7] examined disability issues in relation to housing need. The largest group of disabled people were those with a walking difficulty (52.3%); 8.1% of households contained a member who was a wheelchair user, suggesting 1,765 in the City as a whole.

Further analysis showed that 73% of wheelchair users did not live in suitably adapted premises, indicating a major mismatch between houses adapted and those where wheelchair users lived. In exploring the support needs of disabled people, 74.1% of wheelchair users needed help looking after their home.

Housing development

The City has made significant progress against targets established in the Housing Strategy (2005-2007) with 300 new builds a year, 10% of which are wheelchair accessible homes.

The current allocation system for public sector accommodation does not ring-fence adapted housing stock for people with disabilities, and they are therefore eligible to bid for both adapted and non-adapted properties.

Whilst this extends choice, a service review conducted in September 2006 recognised the importance of meeting the needs of people with a physical disability. As a result, wheelchair accessible properties will be ring-fenced for those with mobility disability and more support will be given to those who are vulnerable to bid for properties.

The table below based on the allocations waiting list in July 2006 shows the number of applicants waiting for wheelchair accessible housing.

Property	Applicants
1 bed	12
2 bed	8

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

3 bed	9
4/5 bed	4

Applicants waiting for wheelchair accessible housing (July 2006)
Major adaptations

The number of accessible and adapted properties within the city is not currently known. Categorisation of all properties and development of a data base is planned within the next 18 months. A project officer has been appointed to complete this work.

The Housing Adaptations Service is responsible for the completion of major and minor adaptations within public sector housing and major adaptations for the private housing sector[8]. This is an integrated case management service comprised of occupational therapists, technical and administrative staff. The integration was the result of evidence on the best way to manage an adaptations service, and recent DoH guidance commends this model. During 2006/07 approximately 600 major and minor public sector adaptations were completed.

Funding for major adaptations is received through two main sources. First, the national Disability Facilities Grant (DFG) funds major adaptation within the private sector and this can be a lengthy process as the DFG requires a full tendering process for works. However, in 2006/07, the integrated major adaptations team significantly increased the number of adaptations approved (158) and completed and raised the spend against the DFG budget of £825,000. For the first time spend matched the DFG allocation. The budget for 2007/08 has increased to £868,000.

A recent national review of the DFG has recommended that the grant remains ring fenced and mandatory. Individual grants will be uplifted from £25,000 to £30,000 with immediate effect and a future rise to £50,000 is possible. Whilst individual budgets will not initially include the DFG, a loosening to current ring-fencing will provide greater flexibility.

The second source of funding is via the Public Sector Housing Revenue Account (HRA). The capital budget for public sector adaptations (2006/07) was £750,000, with the cost of minor adaptations approx £120,000 per year. Following the recent housing stock decision, the Housing Department will be reviewing the public sector HRA capital. A proactive investment approach for adaptations is planned.

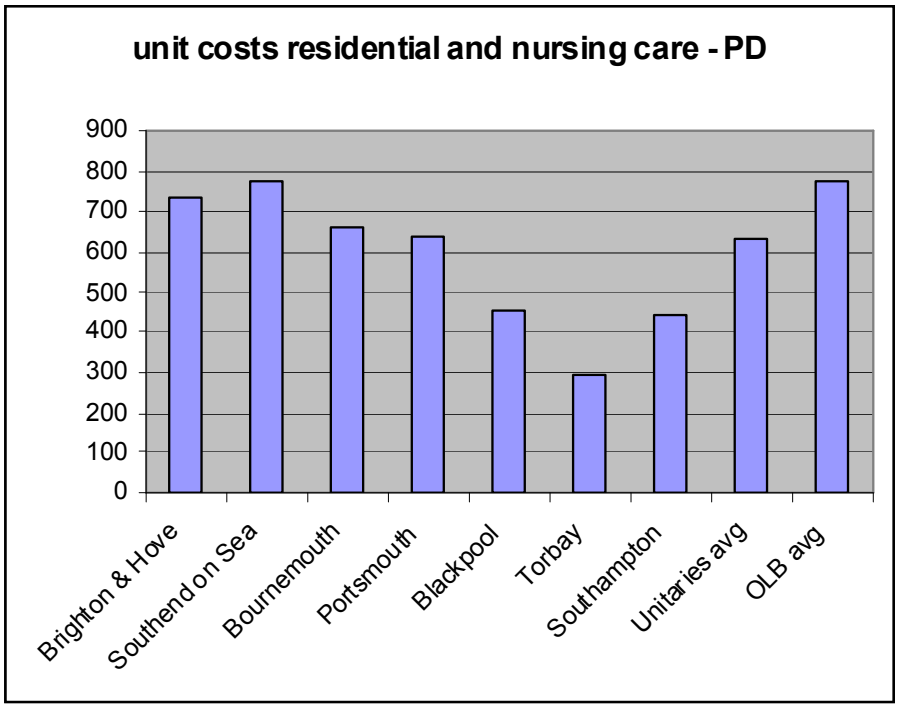
[8] The Integrated Community Equipment Service currently provides all minor (i.e. <£1,000) adaptations in the private sector.

3. Current Expenditure on Services (only LA expenditure age specific)

Services	**Budget 06/07**	**Actual Expenditure (gross) 06/07**	**Variance**	**07/08 Annual budget value (net)**
Local Authority community care	£3,274,740	£4,026,000	£751k overspend	£3,738,000
Specialist Neuro-rehabilitation (Gross indicative contract value 05/06) SDHT	£5,095,923 (jointly commissioned service B&H 55% ES 45%	£5,758,933	£663K overspend	£4,892,000 (jointly commissioned service) B & H (55%) - £2.7M
PCT Continuing Care packages	ABI Complex PD	(final total still to be agreed)		
SDHT OT	£642,469			
SDHT PHYSIO	£950,457			
SDHT SALT	£444,704			
Voluntary sector contracts	£302,189			
Housing	HRA £750,000 and DFG £825,000	HRA £816,000 and DFG £989,000		HRA £750,000 and DFG £972,000

Consistently high overspend on LA PD services and specialist neuro-rehab services (LA budget variance 05/06 £669,917)

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



As shown above Brighton and Hove's unit costs are well above the unitary average and close to the Outer London boroughs average. Unit costs broken down per service are shown below

Personal Social Services Expenditure and Unit Costs 2006-07

Client group and service	Weekly unit cost	Client numbers
Residential and Nursing care for adults with physical disability per person	£893	
Nursing Care for adults with physical disability per week (LA contribution only)	£740	
Residential Care for adults with physical disability per person	£1,043	
Home care for adults with physical disability per person	£160	
Adults with physical disability receiving direct payments	£312	
Adults with physical disability per day care session	£22	

Personal care support

The number of physically disabled people on direct payments in Brighton and Hove was 36 for 2005/06.

The cost of intensive personal care support for adults with physical disability is high with an average total weekly cost of £44,556. In 2005 390 home care packages were delivered during the course of the year. At any one time 280 care packages were delivered.

Figure 3 - Snapshot study of home care costs <£100 – 01/01/2006

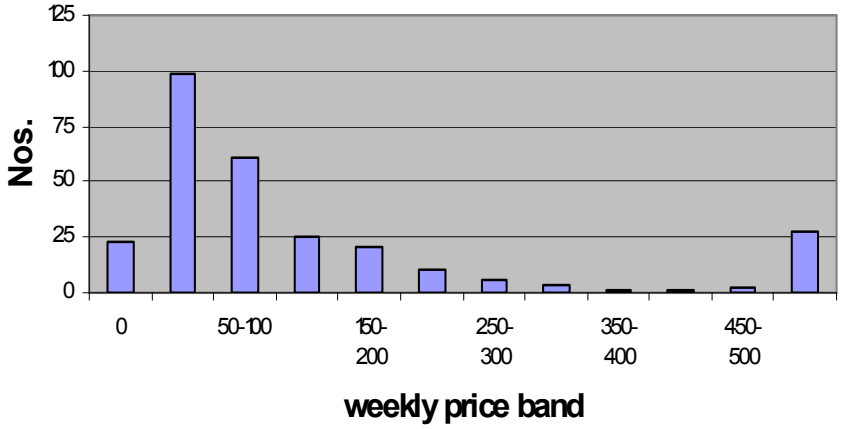
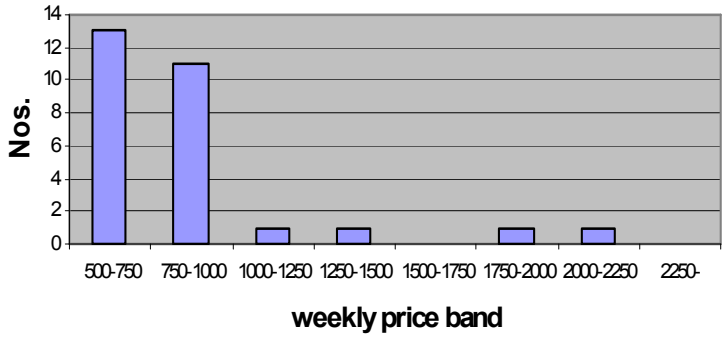


Figure 4 - Snapshot study of home care costs above £500 - 01/01/2006



4. Known User views

A recent survey identified:

- Want a social model of disability adopted which is a broader view of disability, shifting focus from lack of ability to social and environmental barriers (DES service user group)
- Access to specialist support and clear pathways with access to support (MS Society)
- Clear information and initial support – at point of diagnosis
- Access to psychological support and counselling
- One contact point for services – signposting, single point of access
- Reduced waiting times for services
- Carers – easier access to respite care in emergency and clear out-of-hours support
- Flexible transport options for hospital visits

5. Current initiatives (funded, underway or imminent) to meet forecast needs

Current initiatives (included within the draft PD strategy) are as follows:

- **Stronger Involvement and engagement of disabled people and their carers in future planning and development of services**

0 Develop mechanisms and support for continued and meaningful engagement and involvement
1 Continued collaboration and development with the Disability Federation

- **Timely, responsive and accessible assessment and delivery of care**

0 integrated information services and improved signposting
1 Advocacy service for younger people with PD and ABI
2 Improving support to those with complex and longer term health and social care needs
3 Greater coordination between services and possible single point of access
4 ABI care management model

- **The promotion of independence and extended independent living opportunities**

0 Rebalance provision of specialist neuro-rehabilitation services to provide more at a local and primary level; develop the clinical assessment and review service for neuro-rehabilitation. The Sussex-wide strategy is due for completion for consultation by December 2007.
1 Implementation of extended CRT
2 Development of care pathway to enable access to transitional and interim beds and housing solutions to facilitate discharge

3 Explore development of supported living options as alternative option to long term care and high cost placements

- **Increased opportunities for involvement in mainstream community activities and citizenship**

0 Development of Rehabilitation care pathway to maximise social integration and opportunities vocational strategy
1 Ensure transport arrangements are flexible and can support plan

Appendices

1– Details of services available to Brighton & Hove residents
2 – Stroke Pathway Map (March 2006; shortly to be revised with introduction of Rapid TIA Service

Appendix 1 – Details of services available to Brighton & Hove residents

Neuro-rehabilitation Services

A broad range of specialist neuro-rehabilitation services are delivered locally. These are provided by the Specialist Rehabilitation services at South Downs Health Trust (SDHT) and include an inpatient unit, an outpatient and mobility service, a community rehabilitation team and a vocational rehabilitation service.

Sussex Rehabilitation Centre, Shoreham (SRC,S) – post acute inpatient unit based at Southlands Hospital. Jointly commissioned by B&H PCT and West Sussex PCT. SRC-S provides post-acute neurological rehabilitation following Stroke and other Acquired Brain Injuries, amputation and chronic neurological disabilities.

Sussex Rehabilitation Centre, Brighton (SRC,B) - provides a neuro-rehabilitation outpatient and mobility service and delivers out patient neuro-rehabilitation, orthotics, prosthetics, specialist seating and wheelchair services.
The outpatient neuro-rehabilitation service provides follow up for patients discharged from the inpatient unit **(SRC,S).** Patients are seen by the Consultants in Rehabilitation Medicine under whose care they were at SRC-S. Patients can also be referred by other Consultants and by GPs in East Sussex.

Prosthetics – There is a regional, Sussex-wide service under a longstanding SLA covering many PCTs. The service offers specialist assessment and review, prescription, provision and maintenance of prosthetic limbs and also a rehabilitation facility for more complex cases. The multi-disciplinary team includes a Consultant in Rehabilitation Medicine, prosthetists, specialist therapists and nurses, clinical counsellors and engineering personnel.

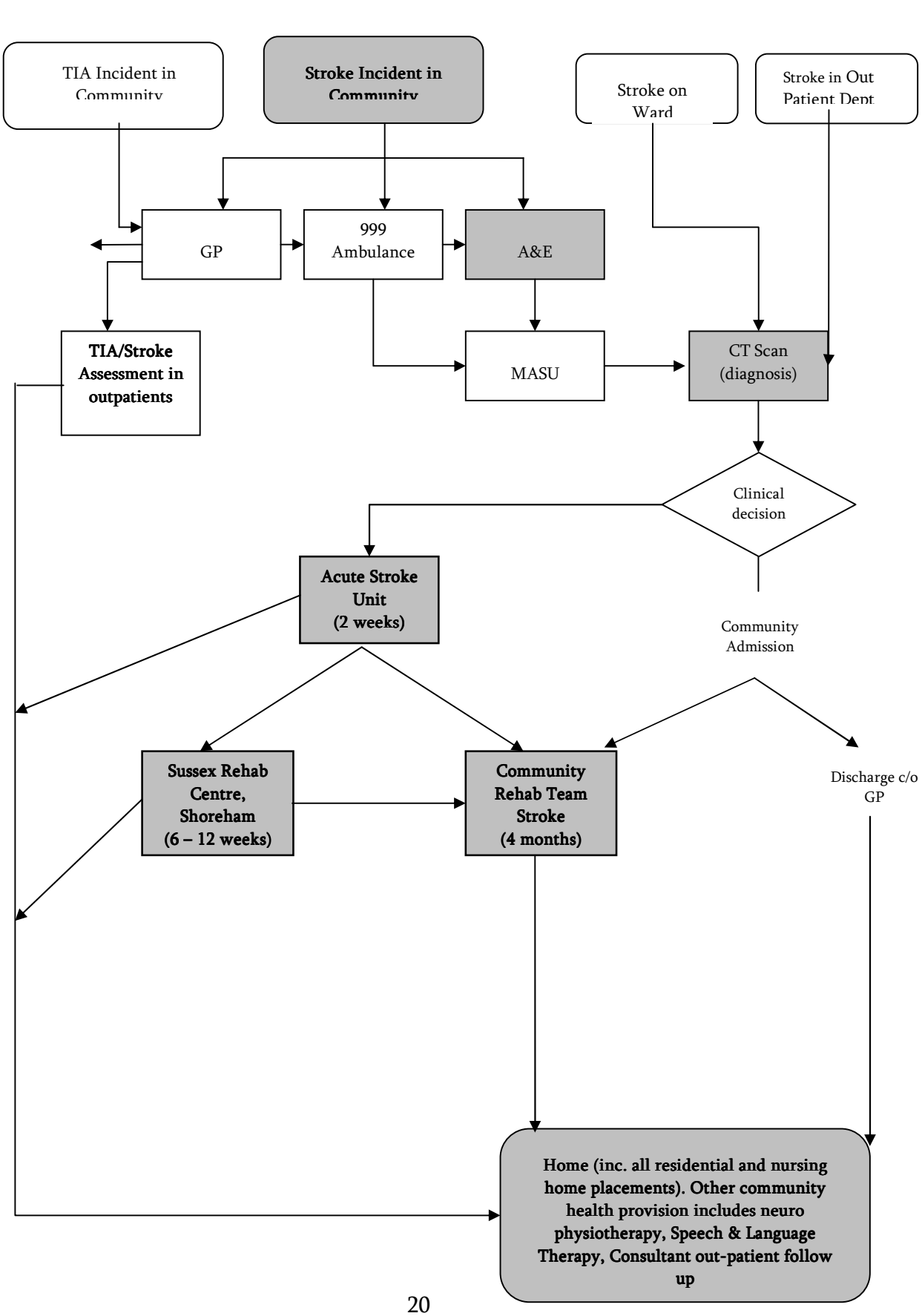
The **Orthotics Service SRC,S and SRC,B** is provided by SDHT for the inpatient and outpatient service.

The **Community Rehabilitation Team (CRT)** is multidisciplinary and therapist-led and is comprised of occupational therapists, physiotherapists, speech and language therapists, nurses and rehabilitation assistants. Referrals are accepted directly from the acute stroke unit, SRC-S, GPs and from rest homes (but not nursing homes). The team currently supports between 45-55 rehabilitation programmes at any one time.

Non-neurorehabilitation services

Currently there are limited opportunities for ongoing maintenance rehabilitation or re-access to rehabilitation for non-neurological conditions. The Intermediate Care Service provides short term (approximately six weeks) rehabilitation to facilitate discharge from hospital or to prevent admission. The transitional care services provide rehabilitation within a residential setting.

Appendix 2 – Stroke Pathway Map (March 2006; shortly to be revised with introduction of Rapid TIA Service)



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Shading shows 'significant' steps along the pathway