



**ANGUS HEALTH AND SOCIAL CARE  
INTEGRATION JOINT BOARD – 24 JUNE 2020  
PHYSICAL DISABILITY PRIORITY IMPROVEMENTS  
REPORT BY GAIL SMITH, CHIEF OFFICER**

**ABSTRACT**

This report provides an update to the Integration Joint Board (IJB) on the development of a Physical Disability improvement plan that will set out priority improvements for the Physical Disability Service over a 3 year period. These are intended to address current challenges facing the service and aim to implement efficiency and sustainability actions in response to inflationary and demographic changes and capacity demands, thus delivering sustainable services into the future within available resources.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

- (i) Approves the development of a Physical Disability improvement plan;
- (ii) Notes the current issues;
- (iii) Requests a draft Improvement Plan to be presented at the meeting of the IJB on 26 August 2020;
- (iv) Seeks further progress reports six monthly.

**2. BACKGROUND**

On 10 January 2018 the IJB approved a service-wide approach to current and future priorities for the Learning Disability Service until March 2021 (report no. IJB 16/18). Regular updates have been brought to the IJB throughout this time period. This approach has supported a continuous focus on service improvement, addressed current challenges facing the service and has resulted in a range of efficiencies being implemented. The latest update (report no IJB 81/19) was brought to the IJB on 11 December 2019. Due to the effectiveness of this approach, it is proposed that the IJB commissions a similar Physical Disability review. This will allow the IJB to holistically consider the status of the IJB's Physical Disability resources and budget, assist the service to move towards a planning framework and ensure that the IJB's resources deliver a fair allocation of care to all service users.

It is a challenging target to achieve a full improvement plan by August 2020 due to there being no planned strategic improvement approach within this service previously and a current lack of data to inform priorities. Therefore, an initial plan is being devised for August 2020 that will commence the process of setting out the pressures associated with this sector of the population, our current position and early actions to achieve efficiencies. This will enable existing resources to be used for areas of greatest need and support the service to respond to increased demand in a planned way, including disinvestment in some areas to allow investment

in others. It will consider The Angus 6Rs for Improvement and Transformation in Health and Social Care as specified in the Strategic Commissioning Plan for 2019 – 22:

**Rebalance** care, maximising support for people in their own homes.

**Reconfigure** access to services delivering a workable geographic model of care outside the home.

**Realise** a sustainable workforce delivering the right care in the right place.

**Respond** to early warning signs and risks in the delivery of care.

**Resource** care efficiently, making the best use of the resources available to us.

**Release** the potential of technology.

The Physical Disability Improvement plan will support the ambition within the Strategic Commissioning Plan of “shifting the balance of care to support more people in our communities and support people to greater independence for longer”. It will support all 4 of the strategic priorities within the Strategic Commissioning Plan, specifically in relation to strategic priority actions regarding housing solutions for those with varying needs, growing technology for the future, maximising support for promoting independence and promoting wellbeing approaches, reviewing day care, improving integrated pathways and developing more person centred transition processes. This will ensure we have an approach that helps mitigate overall demand and inflationary pressures, focussing available resources on those who need it most.

### 3. CURRENT POSITION

A number of years ago the Physical Disability (PD) team merged with the four older people’s teams. In August 2018 the PD care management team was reintroduced. The rationale for this was to provide a more focused service to people with physical disabilities and enable staff to develop expertise and knowledge working with this service user group. The criteria for referral into the team is that the referred person must be under 65 years old, where a physical disability or illness is a predominant feature and which impacts significantly on day to day functioning such that a care manager is required. The team is also responsible for working with individuals with an acquired brain injury. Rehabilitation services are also provided at the Glenloch Centre in Forfar.

At present there are approximately 220 cases open to the team and care managers currently hold around 40-50 cases each, with a small number of cases being held in a pending system. The single Angus-wide PD team is co-located with learning disability teams (coastal and inland). Unlike the LD service, the PD team is not integrated with health or Allied Health Professional colleagues. This highlights challenges in relation to accessing health resources which it is hoped can be addressed within the improvement plan.

### 4. ENGAGEMENT

Engagement is important to ensure that all stakeholders are effectively involved in the planning, development, delivery and continuous improvement of services. We have a duty to empower those receiving public services by involving them in the design and delivery of services and we know that good quality services should be designed with and for people and communities. By working with stakeholders, we aim to ensure that the range of services which are delivered reflects local needs and priorities. Engagement is therefore key to the development of our draft Physical Disability Improvement Plan and our approach to this has been informed by the National Standards for Community Engagement.

Throughout March and April 2020 we had planned to deliver 4 engagement events across Angus, one each in Forfar, Arbroath, Montrose and Carnoustie. These should have been open to all members of the public, as well as parents, carers, supported people, staff and a variety of stakeholders, in order to provide an opportunity for people to be engaged and involved, to be listened to and to have their views and opinions heard. The sessions were planned to encourage open, honest discussions and a range of materials, such as a presentation and an information and feedback sheet (available in user friendly formats), were developed to support these sessions. These events were publicised on the AHSCP website, facebook and intranet. Unfortunately due to the COVID 19 pandemic these events were cancelled.

Prior to the cancellation of the engagement events, several events were held for key staff. A survey was made available to all members of the public and staff on the AHSCP website. Supported people, carers and family members were also sent individual letters inviting them to the planned engagement events. The letter included a link to the survey which they were invited to use to provide their views. The survey was available for several weeks and 58 responses were received. Due to social restrictions caused by the COVID 19 pandemic, we are unable to reschedule face to face events. The survey has therefore been reopened and stakeholders have been encouraged to provide feedback to inform the draft improvement plan.

This approach has supported individuals and communities to be at the heart of service planning, delivery and review and to have the opportunity to be involved in the planning, development, delivery and continuous improvement of services.

Feedback from the engagement activities will be used to inform the draft Physical Disability Improvement Plan that will be brought to the IJB board in August 2020. In line with the national engagement standards, it is intended that the draft plan will then be available to the general public and all key stakeholders for further comment prior to being finalised.

## **5. SUGGESTED PRIORITY AREAS**

Some of the suggested priority action areas to be addressed by the Physical Disability improvement plan are detailed below. These are currently based on anecdotal evidence and may change as a result of engagement feedback.

### **5.1 Demographic Pressures and Data Collection**

The Strategic Commissioning Plan for 2019 – 2022 identifies a growing demand for care provision. People are living longer with multiple and complex care needs that require more support from health and social care services. Local people have told us that they want to access care closer to home, and care which helps to maintain their independence and the support of their own community. Some of the main pressures which we believe relate specifically to the Physical Disability Service are:

- People's needs are changing
- People are living longer
- More people are living with more complex disabilities
- More people are living with multiple disabilities or health needs
- Carers are living longer and may have increased health needs and/or reduced capacity to undertake caring responsibilities.
- People with disabilities have a different pattern of health conditions from the general population

Demographic demand and sustainability pressures within the Physical Disability Service are mainly anecdotal at the moment and further improvement work is required to ensure that the service is delivered as efficiently as possible, enabling resources to be directed to the areas of most urgent need and addressing current and future service delivery issues. Moving forward, we intend to improve the collation and analysis of demographic pressure data to inform this.

We know that nationally the proportion of adults with a long-term limiting mental or physical health condition or disability is increasing, as the population ages:

- Between 2008 and 2017, the proportion of women who were disabled increased from 28% to 34%
- Over the same period, the proportion of men who were disabled increased from 23% to 29% (Source: Scottish Health Survey 2018).

These effects are likely to be greater within Angus, which is projected to become an increasingly aged population. This may lead to an increase in demand by disabled people for services and support in the following ways:

- An increase in demand for community health and social care including general practice, community nursing and care at home services.
- An increase in the number of people with complex needs seeking support.
- Increasing pressure on hospital inpatient services from unscheduled admissions and delays in discharging to home.
- Requirement for more housing options, both with and without support.
- More flexible services to meet variable need across extended days and overnight.
- More personalised supports.
- Support for carers.

This picture will become clearer as we improve our local data collation and analysis and are informed by the results of the engagement undertaken to inform the disability improvement plan.

2011 census data suggests there were approximately 7,538 Angus residents living with a physical disability at that time which was 6.5% of the Angus population. The national average at that time was 6.7%.

In Scotland, disability is often measured in large-scale surveys using a two-part definition. The first part asks participants if they have a long-term illness or health condition that is expected to last more than 12 months. Second, participants are asked whether this condition limits their day to day activity, either by 'a lot' or 'a little'.

In 2017, the Scottish Health Survey (SHeS) estimated that 45% of adults (and 17% of children) had a long term condition or illness, and that 32% of adults (and 10% of children) had long-term conditions that were also limiting. In this context, 32% of the adult population would be considered 'disabled', while 68% would be considered 'not disabled'. The prevalence of disability increases with age. The SHeS estimated that, in 2017, over half of the population have a disability in the over 75 age group.

## **5.2 Support Packages**

Due to the effectiveness of the review of high cost residential placements within learning disability services, it is proposed that a similar approach is adopted within the physical disability service. This may include a review of high cost residential placements with a view to these becoming non-residential, or a review of existing high cost non-residential packages with the aim of reducing or remodelling these where feasible. We are also keen to explore the further use of technology enabled care as we have through the learning disabilities improvement plan. The more preventative work that is carried out within the physical disability service, the less likely it is that a high cost care package will be required. For example, more innovative, local solutions are being identified that can better meet the needs of the individual and potentially prevent admission to a distant residential setting. (It should be noted that there will always be a need for residential care in some instances, but our intention is to maximise the feasible alternatives). The high cost care package panel considers referrals of physical disability cases, as it does for learning disability.

## **5.3 Carers and Respite**

The implementation of Self-Directed Support has brought with it a duty to assess the needs of unpaid carers. Further to this, the Carers (Scotland) Act 2016 includes a package of provisions which are designed to support carers' health and wellbeing. These include, a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria. We aim to ensure that carers are more consistently supported and can continue to care (if they are willing and able to) but also to have a life alongside their caring role.

At present there are no specific respite facilities for the under 65 age group in Angus. If respite is required a vacancy needs to be sourced in one of the older people care homes in the area. Normal procedure would be to try local authority and private residential care homes for availability and sustainability although private residential homes may have a vacancy but are not always registered with the Care Inspectorate to take residents under age 65. In some instances, due to the level of need, nursing home care is required. There is currently only one

nursing home in Angus specifically for younger adults which is generally at capacity and unable to offer respite. Due to all of the challenges above, respite care will be a focus of the physical disability service improvements.

#### **5.4 Accommodation**

Ensuring that existing accommodation continues to be accessible to people with a physical disability will continue to be a focus of the physical disability service improvements. This will include reviewing our pathways with Housing to ensure a more collaborative approach to meeting the current and future housing needs of people with a physical disability in Angus.

#### **5.5 Day Service**

The Glenloch Centre is based at Whitehills Health and Community Care Centre in Forfar and provides rehabilitation support to adults who have a physical disability. Staff at the centre can support people aged 16 and over to learn, regain or adapt their skills and abilities to support them in achieving their own individual goals.

It is also suitable for people who have a long term condition and are actively involved in maintaining their abilities.

Transport is provided to all areas of Angus to collect supported people and escort them to and from the centre. The centre is open Tuesday to Friday and also provides an outreach service to work with individuals within their own home or community setting. The centre can accommodate up to 16 individuals but as work is usually undertaken on a 1:1 basis, there are only 4 or 5 service users in the centre at any given time. The engagement activity currently being undertaken for the disabilities services will inform the future focus of improvement activity in relation to the Glenloch Centre.

#### **5.6 Health Inequalities**

The National Institute for Health research, according to information released in February 2020, states that people with disabilities have poorer health and die earlier than the general population. Further work is needed to improve how health and social care services are organised and delivered to people with disabilities.

We are aware that people with disabilities have poorer health than the general population and are more likely to be admitted to hospitals as unnecessary emergency cases for conditions like urinary infections, dehydration, constipation and respiratory infections, which are preventable by better community and primary health care.

Swallowing problems are common among people with disabilities and put them at risk of respiratory infections, including pneumonia, and can create an increased risk of emergency hospitalisation. Health checks and GPs assessing the need for meal-time support could reduce these risks.

Depression and anxiety are more common in people with disabilities than in the general population. People with a physical disability are prone to developing pressure wounds and the maintenance of skin integrity is vital. Immobility, poor nutrition, incontinence, medications, hydration, impaired mental status and loss of sensation are the main factors in causing skin breakdown. Quality, community support is therefore required in order to ensure that the appropriate level of care is provided to promote skin integrity.

General hospitals vary greatly in how well they identify and make adjustments for patients with disabilities. It is our intention that pathways require to be developed for safe and appropriate discharges for people with disabilities aged under 65. On discharge there is currently a lack of follow up care, rehabilitation and step down care for people under the age of 65 with disabilities. People over the age of 65 can utilise the community hospitals but there is not a similar facility for people under 65.

## 5.7 Transitions

Due to the effectiveness of the transitions pathway within learning disability services it is proposed that a similar approach is adopted within the physical disability service. This will ensure the good transition principles are embedded and enhance the experience that individuals in transition have within the physical disability service.

## 6. FINANCIAL IMPLICATIONS

The overall financial planning environment over the coming years is extremely challenging and it is vital that the Angus Health and Social Care Partnership use all available resources as effectively and efficiently as possible. The physical disability priority improvement plan will be focussed on actions to mitigate the current and future challenges that the service is facing to meet the growing pressures on a sustainable basis from limited resources. Specific pressures include containing the effect of demographic changes and managing the increased costs of existing service delivery (e.g. pay inflation).

<b>Physical Disabilities- Financial Plan</b>				
Year	2020/21	2021/22	2022/23	<b>Comments</b>
<b>Commitments</b>	£k	£k	£k	
Third Party Provider Inflation	69	69	69	Based on 3% annually
Staff Pay Inflation & Increments	16	16	16	Based on 21/22 pay inflation and increments
Demographic Growth	175	175	100	Updated assessment
<b>Total</b>	<b>260</b>	<b>260</b>	<b>185</b>	
<b>Cumulative</b>	<b>260</b>	<b>520</b>	<b>705</b>	
<b>Improvements</b>				
Estimate savings target	-50	-100	-100	Details of improvements to follow, currently undergoing engagement sessions and gathering feedback to inform future improvement areas.
<b>Total</b>	<b>-50</b>	<b>-100</b>	<b>-100</b>	
<b>Cumulative</b>	<b>-50</b>	<b>-150</b>	<b>-250</b>	
<b>Annual Shortfall</b>	<b>210</b>	<b>160</b>	<b>85</b>	
<b>Cumulative Shortfall</b>	<b>210</b>	<b>370</b>	<b>455</b>	

The table above highlights inflationary pressures within the PD budget which include third party inflation, staff pay inflation pressures and impact of demographic pressures. In relation to demographic growth, there are additional funding issues are still to be resolved with Angus Council equating to £150k over 2 years. It is hoped that the improvements that will be identified through the development of the physical disability improvement plan allow the service to at least contain the underlying demographic pressures so it is assumed the services will be able to

identify approximately £100k savings per annum. Due to the COVID 19 pandemic the savings target associated with the PD improvement plan have been reduced from £100k in 2020/21 to £50k to reflect the complexities of social distancing requirements and the impact of this on the timing of planned improvements.

The above table suggests a 3 year shortfall of £455k, suggesting the improvement programme will enable the service to absorb about 35% of expected cost pressures in a 3 year period. This will be updated in the next report to the Board. Ultimately the shortfall in the table above is a constituent part of the overall shortfalls that the IJB is currently projecting for the duration of the Strategic Financial Plan as described in report 15/20.

## **7. CONCLUSIONS**

This report has updated the IJB on the progress being made in the development of a Physical Disability Improvement Plan and the identification of suggested priority improvement areas for the service, which will be further informed by engagement activities. These are intended to address current challenges facing the service and aim to implement efficiency and sustainability actions in response to inflationary and demographic changes and capacity demands, thus delivering sustainable services into the future within available resources.

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