



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 28 OCTOBER 2020

PHYSICAL DISABILITY PRIORITY IMPROVEMENTS

REPORT BY GAIL SMITH, INTERIM CHIEF OFFICER

ABSTRACT

This report provides an update to the Integration Joint Board (IJB) on the current position in relation to the implementation of Physical Disability priority improvements. These are intended to address current challenges facing the service and to implement efficiency and sustainability actions in response to inflationary, demographic, and capacity demands. Our aim is to deliver sustainable services into the future within available resources.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board: -

- (i) approves the new draft Physical Disability improvement plan for public consultation;
- (ii) notes the current priorities;
- (iii) requests a further progress report in February 2021, following public consultation and development of the action plan.

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. At an update (report no IJB 81/19) brought to the IJB on 11 December 2019 it was proposed that the IJB commissions a similar Physical Disability review. This would 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. This was agreed by the IJB board when an updated paper was brought to the IJB on 24 June 2020 (report no IJB 23/20).

It was agreed that an initial plan would be devised for August 2020 that would commence the process of setting out the current pressures associated with this sector of the population, newly emerging priorities, our current position and early actions to achieve efficiencies. This would 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. Due to the impact of COVID 19 on management capacity, it was not possible to submit this plan for August IJB and the initial draft plan is now presented for approval at today's meeting.

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 and improving integrated pathways. 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

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.

This improvement plan approach will focus on allowing existing resources to be used for areas of most need and enable the service to respond to increased need through the management of change and the disinvestment in some areas to allow investment in others. It is vital that physical disability priority improvement actions are progressed in order to address current challenges facing the service and to implement efficiency and sustainability actions in response to inflationary and demographic challenges, thus delivering sustainable services into the future within available resources. The physical disability improvement plan includes all internally and externally provided services within the adult physical disability team, as well as current processes, procedures, pathways and functions relating to the provision of health and social care across the physical disability service.

Funding has been made available to adult services to assist with project work relating to these improvements and ensure that the pace of change can be accelerated. The physical disability service intends to utilise this resource to secure additional expertise in the form of a seconded Development Officer with the required knowledge of physical disability practice and who also has experience of commissioning, project work and service improvements.

Due to insufficient management capacity as a result of the COVID 19 pandemic, recruitment to this post has been delayed but this is now currently being progressed.

Due to current and anticipated demographic demand and sustainability pressures, 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 requirements. The main pressures are outlined in the priority areas of this report.

For the financial year 2019/20, the Partnership Physical Disability Service was £705k (27%) overspent on a baseline budget of £2612k and at August 2020, a year end overspend of £979k (34%) is forecast on a budget of £2848k. There are underlying weaknesses in our Physical Disability financial reporting that complicate matters and this will require additional finance input to resolve.

4. PROPOSALS

This report seeks approval for the new draft Physical Disability improvement plan to go out for public consultation on the priority improvement areas identified for the service, which are intended to address current challenges it experiences, and which aim to implement efficiency actions, thus delivering sustainable services into the future within available resources. The plan will then be finalised, and an action plan developed. 6 monthly progress reports will be provided to the IJB.

5. ENGAGEMENT

The Physical Disability improvement plan, and the main priorities for improvement for adults with Physical Disabilities in Angus contained within the plan, has been informed by feedback from users of services, carers, local people and stakeholders. This plan is based on what people have said about how things could be improved and what would make a difference. People have told us what is important to them through a variety of engagement activities including focus groups and a survey monkey. Approval is sought to engage with the public on the updated improvement plan and the priorities it contains, as informed by initial feedback.

Engagement will continue through a variety of activities to make sure that local improvements and priorities continue to be informed by what is important to people and that the range of services

delivered are focussed on meeting local need and priorities. The impact of COVID 19 means that we will need to engage differently with people and, in doing so, it is important that individuals and families can be engaged in a way that is meaningful and accessible to them. This may include online workshops and focus groups, telephone conversations and other, more direct and personalised approaches.

6. PRIORITY AREAS

The priority action areas to be addressed by the Physical Disability improvement plan have been informed by engagement feedback and are detailed below: -

6.1 Demographic Pressures

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 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

The physical disability service is experiencing growth due to the introduction of Free Personal Care for under 65’s and an increasing number of service users with complex conditions such as acquired brain injuries, motor neurone disease, Duchenne muscular dystrophy and spinal injuries.

Over the last two years a piece of work was undertaken to move the Physical Disabilities case load from within the Older People’s team to a stand-alone team. As a result of this change the demographic data available at this time is limited.

The table below shows the number of non-residential packages year on year and the associated weekly costs.

Table 1

<u>Financial Year</u>	<u>Number of non-residential packages as at July</u>	<u>Total weekly cost of non-residential packages as at July</u>
2018/19	68	£4,418
2019/20	151	£45,326
2020/21	144	£45,136

This 2018/19 to 2019/20 increase was due to recategorization of cases from the Older People’s service to the Physical Disabilities team however due to this period of change there may also be increased demand and complexity of cases which we are unable to evidence effectively in the statistics.

As part of this improvement plan a review of high and low-cost packages should take place to ensure that all packages are as efficient and effective as possible.

6.2 Support and Care and Personal Care

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.

Table 1 illustrates the cost of non-residential and residential high cost care packages. A priority of this plan will be to ensure that existing care packages are reviewed to ensure that they are as effective and efficient as possible. There is also a specific objective around the repatriation of service users currently in residential placements out of area with a view to establishing suitable accommodation in Angus.

Table 2 – Non-Residential & Residential Packages by Cost

Approx. Package Cost Per Week (£)	Non-Residential Packages 20/21	Residential Packages 20/21
Over £2k	1	2
Over £1k	6	8
£650-£1k	9	7
Total	16	17

Table 2 illustrates the total personal care planned hours for physical disabilities in the last two financial years. It is not possible to compare previous years due to team being part of the Older People's service prior to 2018. The information available shows that there has been a significant increase in demand as a result of the introduction of Free Personal Care for Under 65's so far with 82 new referrals over the last year.

Table 3 - Total personal care planned hours for physical disabilities in a financial year

	18 - 64	65 -74	75 - 84	85+	Total	% Year on Year change	% Cumulative Change between 2018/19 - 2019/20
2018/19	16,011	864	0	0	16,875	-	
2019/20	44,064	8,747	0	0	52,811	313%	313%

A significant proportion of the overall physical disability spend is on direct payments. Table 4 below shows that there has been a significant increase in costs from 2017/18 to 2018/19. Although there was a reduction in costs in 2019/20 this was temporary due to recategorization of cases from the Older People's service to the Physical Disabilities team and the fact that not all cases had been transferred over at this point. The projected costs for 2020/21 are in line with those in 2018/19.

Table 4 – Direct payments spend by financial year

Direct Payments	Total annual cost (£)
2017/18	736,039
2018/19	885,843
2019/20	435,964

Step Down Care in Angus - There is a commitment across Scotland to significantly reduce the number of people who are waiting to move from hospital wards to more appropriate settings. No one wants to remain in hospital any longer than they need to and a delay in discharge is severely detrimental on a person's health and wellbeing.

Delays are usually due to a lack of appropriate care or services available within the community. For example, there may not be a place available in a local care home, or a person's house may need altered before they can be discharged home.

Services like Intermediate Care have been proven to improve the discharge process by providing step-down care within people's homes, care homes or community hospitals. The intermediate care framework was published in 2012 and it encourages the development of a range of integrated services such as step-down care after a hospital admission with the aim of enabling independence after a hospital stay and reduce the need for admission to a care home

In Angus, intermediate care services are provided but are aimed at older people and reducing the number of delayed discharges in acute wards. This is facilitated using beds within Medicine for the

Elderly wards or within the Intermediate care Unit at Cairnie Lodge where there is a clear “step down” process. We know that intermediate care should provide a person centred, outcome focused package of care particularly important for those with long term conditions. However, these facilities are not available to this group of patients under 65 years. There is currently not a similar pathway available to younger adults with physical disabilities or long-term conditions. In Angus, a pathway is required between different areas of the health and social care system – hospital, community services, GP’s and social care to ensure that there is a similar process for all individuals who are awaiting discharge from hospital.

6.3 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. A needs assessment will be undertaken to identify the respite requirements for people with a physical disability, to inform the range of respite options that may be developed.

6.4 Accommodation

In Angus, most service users under 65 years and living with a physical disability live in mainstream accommodation, either in their own homes or in the family home with or without paid organised support. This is in line with Scottish Government publications that people, including those with disabilities or long-term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

The following tables contain information to help identify priorities in relation to future mainstream accommodation requirements:

Housing: Applications for housing in 2018/ 19 are detailed below:

Table 5

Locality	998 Applications by under 55s	355 Applications by Over 55s
North West	227 (23% of Angus total) 21 (24%) had medical needs 45 (26%) lived in inadequate housing	91 (26% of Angus total) 32 (25%) had medical needs 12 (18%) lived in inadequate housing
North East	218 (22% of Angus total) 18 (20%) had medical needs 37 (21%) lived in inadequate housing	76 (21% of Angus total) 38 (31%) had medical needs 13 (20%) lived in inadequate housing
South West	99 (10% of Angus total) 12 (13%) had medical needs 11 (6%) lived in inadequate housing	72 (20% of Angus total) 15 (12%) had medical needs 16 (24%) lived in inadequate housing
South East	454 (45% of Angus total) 38 (43%) had medical needs 81 (47%) lived in inadequate housing	116 (33% of Angus total) 40 (32%) had medical needs 25 (38%) lived in inadequate housing

Table A shows total specialist housing provision requirement for age, medical, disability and support reasons.

Table B shows specialist housing provision requirement for those under 65 with medical, disability or support reasons.

Table 6

A	North East Locality	South East Locality	South West Locality	North West Locality	TOTAL
Over 65	103	198	135	201	<u>637</u>
Medical	71	183	59	154	<u>467</u>
Disability	54	109	43	88	<u>294</u>
Support	5	6	8	7	<u>26</u>
Total Specialist Need	<u>233</u>	<u>496</u>	<u>245</u>	<u>450</u>	<u>1424</u>
B					
UNDER 65s					
Medical	42	116	35	102	<u>295</u>
Disability	39	69	25	56	<u>189</u>
Support	5	6	4	7	<u>22</u>
Total (Under 65) Specialist Need	<u>86</u>	<u>191</u>	<u>64</u>	<u>165</u>	<u>506</u>

The residents of Angus identified through the survey, the need for housing that was “affordable, adaptable and readily available”. This will help to inform the future priorities for people with a physical disability.

However, this is not the case for everyone and within the physical disabilities service in Angus there are currently 16 service users who reside in Nursing Home establishments. Of this number, 5 service users who previously lived in Angus up until 2019, now reside out with the area. This is due to the complexity of their needs and the lack of an appropriate resource in Angus. Several factors have influenced these out of area placements including the recent closure of a specialist care home in Angus, the need for 24 hour care in a nursing facility and the lack of available beds in an Angus facility that would have been able to meet their specialised needs.

There is currently only one nursing home in Angus specially for younger adults. Four service users reside in this specialist care home facility where their needs can be met but capacity is limited by other local authorities looking for this type of specialist care and it is not solely an Angus resource.

The remaining 7 service users reside throughout Angus in Older People’s care homes. This can be an issue due to several factors.

- Older People’s care homes are not registered to take residents under 65 or are registered for only a limited number of younger people and are reluctant to change their registration status.
- Due to the complexity of those with specialised nursing requirements, the level of care required is not available in Nursing homes for older people. The staff do not have the necessary expertise, training or skills to meet the complexity of this client group.
- Older People’s care homes do not have the staffing levels or facilities to meet the social or educational needs of younger people.

The below table highlights the current costs of residential care both in and out of area as at July 2020.

Table 7

Residential Placement Type	Number of service users	Total Annual Cost (£)
Out of area	6	561
In area - PD specialist	4	401
In area - Older People's care home	7	285
Total	17	1,247

In order to repatriate service users back to Angus and prevent others facing this situation, there is a need to establish a 24-hour unit specifically for those under 65 with specialist nursing care in Angus. This facility would be aimed at meeting the needs of those with the most complex physical disabilities. A review of all out of area placements will be undertaken alongside a review of those service users currently placed in care homes across Angus to determine the level of current need and resource requirements.

At present there are no specific respite facilities for the under 65 age group in Angus. Therefore, this is not a service routinely available or offered to this group of service users. If respite is required, a vacancy is sourced in a care home within Angus. This will be one of the local authority care homes in the first instance. If this is neither suitable nor available a bed would be sourced in the private sector. As stated above, most care homes cater for those over 65 years and are not registered with the Care Inspectorate to take younger service users. In addition, private care homes do not generally hold a bed specifically for respite purposes, therefore it is chance if they have a vacancy at the required time. This makes it impossible to either plan a rolling programme of respite or facilitate an emergency respite placement at time of crisis.

Following public engagement, the results highlighted that respite provision in Angus is required and that there are not enough respite/ care home beds in the locality for people under 65. It was stated that a dedicated short stay unit would allow service users and carers much needed respite. A review of current need and projected demand for respite for people under 65 is currently underway and respite options dedicated to people under 65 are being explored.

The document A fairer Scotland for Disabled People - progress report 2019 reiterates the aim to ensure that disabled people can live life to the full in homes and communities across Scotland. Moreover, disabled people should benefit from increased availability of affordable and accessible housing to support people to live independent lives.

The results of the engagement exercise indicate that this is an area that needs developed. The residents of Angus identified the need for housing that was "affordable, adaptable and readily available". It was recognised that housing adaptations and telecare can enable service users to remain in their homes avoiding the need for institutional admission. Many of the respondents also had a clear understanding of what housing adaptations are available to support them at home. One of the concerns in this area was funding for this and the recognition that there are limits to how much can be achieved within a home.

Mainstream housing is often not suitable to house the size and type of equipment that is generally required for people with a disability such as ground level accommodation, spacious rooms and doorways to facilitate wheelchairs and hoisting equipment. This was identified in the public engagement survey where "adapted housing for the wheelchair bound" was highlighted as a need.

Due to increased need and the requirement for many properties to be adapted to meet the needs of those with complex physical disabilities, there is limited availability of mainstream accommodation. As highlighted by a respondent in the engagement exercise, there are supported accommodation complexes available across Angus and "these work well for individuals with more complex need". Looking at alternative models of care, supported accommodation has proved to be successful in this younger age group where 24-hour support is required. Individuals living in supported accommodation have been able to use their budgets creatively to enable them to remain in their own home and have the level of care they need at the times it is required. It has also enabled them to access and participate in their local community.

The accommodation database for the physical disability service is currently being updated to identify current and future demand for adapted and supported housing. The results of this will be fed into the Health, Housing and Social Care strategy group to ensure this information is reflected in the Strategic Housing Investment Plan. Housing are currently undertaking a Housing Need & Demand Assessment (HNDA). The purpose of this is to provide a robust assessment of the total requirements of housing, by size and type, across Angus to assist in developing an appropriate housing investment programme to meet future housing needs. There will also be a detailed section on need & demand for particular needs housing. We have provided our housing colleagues with data to inform this and highlight the current and future housing needs of people with a physical disability.

6.5 Day Centres and Community Opportunities

The document (Improving the Life Chances of Disabled People) (Cabinet Office, 2005) recommended that by 2025, 'disabled people in Britain should have full opportunities and choices to improve their quality of life and be respected and included as equal members of society'.

It supported the development of direct payments, individual budgets and greater choice. Many service users who manage their care via a direct payment are achieving good outcomes. They have the flexibility to control their care and use their budgets creatively to achieve person centred outcomes. However, this is not the scenario for everyone, and some service users still prefer a more traditional delivery of their care services.

Adult day services could be regarded as an example of a more traditional service. Day centres provide supported people with opportunities to participate in a wide range of activities while supporting unpaid carers to have a break from their caring responsibilities. Through the results of the engagement survey, it was recognised that while centres assist supported people to achieve their outcomes it is very much an opportunity for carer respite and supports the health and wellbeing of both the carer and person using the service.

The Glenloch centre is based at Whitehills Health and Community Care Centre in Forfar. It is a rehabilitation service for adults (16 and above) who have physical, sensory or cognitive difficulties that affect how they live safely in the community. Rehabilitation is the process of supporting a person to restore lost skills and regain independence following a period of illness or injury. Rehabilitation can be a programme of treatments such as Physiotherapy, Occupational and speech therapy to facilitate the recovery progress in a person's physical, sensory and mental health. The Glenloch centre also provides support to adults with a long-term condition in order to maintain functional ability.

The centre currently provides half day sessions from Tuesday to Friday and can provide some outreach work, primarily on a Monday. Centre and community sessions are chargeable. The model at Glenloch, which is currently operating both a day care and a rehabilitation service requires to be reviewed.

From the results of the public engagement survey, it was identified by respondents that they would like more day care provision but also a more flexible type of service. It was suggested that a type of drop-in centre or hub that was easily accessible with access to resources would be welcomed. Respondents identified that they would like a:

"More flexible day service that covers weekends and evenings"

"To have clear outcomes established and timescales identified"

"An outreach service"

Moving forward it is vital that the way services are delivered should ensure that supported people experience a good quality of life, independence, the ability to achieve their potential and the opportunity to participate fully in their community. There may still be a function for building based centres, but the development of community-based facilities and outreach support would ensure that support is more personalised to an individual.

6.6 Health Inequalities

Health inequalities are preventable and unjust differences in people's health. This can be across a community or between specific groups within a community. They do not happen by chance. Health inequalities have a very real impact on people in Angus: for example, in the most deprived areas of the county, men can live approximately nine years less and women three years less, than those living in the least deprived areas. Research tells us that people with learning disabilities have poorer health than the general population.

There is no data available in relation to health inequalities and people living in Angus with a physical disability. The survey provided little feedback about this specific area. As part of this improvement plan, targeted community engagement will take place with people living in Angus who have a physical disability and relevant health professionals to ascertain the health inequality priorities.

Co-ordinated, consistent and effective access to health services for people with a physical disability will be one of the priority improvement areas to be progressed in order to remove barriers and inequality in people accessing the services they need.

7. 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. Aside from the significant existing recurring overspend within the service, 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).

Table 8

Physical Disabilities- Financial Plan				
Year	2021/22	2022/23	2023/24	Total
<u>Commitments</u>	£k	£k	£k	£k
Third Party Provider Inflation	69	69	69	207
Staff Pay Inflation & Increments	16	16	16	48
Demographic Growth	175	175	100	450
Total	260	260	185	705
Cumulative	260	520	705	705
<u>Improvements</u>				
Estimate savings target	-80	-100	-100	-280
Total	-80	-100	-100	-280
Cumulative	-80	-180	-280	-280
Annual Shortfall	180	160	85	425
Cumulative Shortfall	180	340	425	425

The table above highlights inflationary pressures within the PD budget which include third party inflation, staff pay inflation pressures and impact of demographic pressures. It is currently estimated that the service will be able to identify approximately £100k savings per annum however this will be reviewed following the development of the action plan. Due to the COVID 19 pandemic the savings target associated with the PD improvement plan have been reduced from £100k in 2021/22 to £80k 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 £425k, suggesting the improvement programme will enable the service to absorb 40% of expected cost pressures in a 3-year period. Ultimately the shortfall in the table above and the service existing forecast overspend (c£979k) are constituent

parts of the overall shortfalls that the IJB is currently projecting for the duration of the Strategic Financial Plan as described in report 15/20.

8. OTHER IMPLICATIONS

An equality impact assessment has been completed.

9. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	x
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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List of Appendices:

Appendix 1 Physical Disability Priority Improvement Plan 2021 - 2024
Appendix 2 Equality Impact Assessment