



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 25 AUGUST 2021
PHYSICAL DISABILITY PRIORITY IMPROVEMENTS
REPORT BY GAIL SMITH, 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 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) Notes the current priorities and outcome of the public consultation.
- (ii) Approves the final version of the plan, (Appendix 1).
- (iii) Approves the action plan, (Appendix 2).
- (iv) Seeks an interim report in February 2022.
- (v) Approves continued funding for dedicated Senior Planning Officer resource.

2. BACKGROUND

It was agreed by the IJB in June 2020, (report IJB 23/20), that the second public consultation process could begin in order to gather feedback on the priorities identified in the plan. Following the completion of the consultation process, feedback received has been used to finalise the plan and inform the action plan.

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.

3. CURRENT POSITION

The scope of this improvement plan covers the Physical Disability (PD) Care Management Team and day services provided at the Glenloch Centre. At present there are approximately

220 cases open to the team, 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 (LD) Teams (coastal and inland). Unlike the LD service, the PD team is not integrated with health or Allied Health Professions colleagues.

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.

A dedicated Senior Planning Officer is now in post to progress the actions identified in the plan. This post is resourced on a temporary basis however it is proposed that funding is made available for the three duration of this plan to ensure delivery.

4. PROPOSALS

This report seeks approval of the finalised Physical Disability improvement plan and corresponding three-year action plan. This plan addresses the current challenges facing the service and aims to implement efficiency and sustainability actions in response to inflationary and demographic demands, thus delivering sustainable services into the future within available resources. An interim report will be provided to the IJB in 6 months.

5. ENGAGEMENT

In order to engage inclusively, copies of the improvement plans were required to be made available in both British Sign Language and Easy-Read. A longer timeframe was required to produce these materials which therefore extended the engagement period. The future pathway for document translation into British Sign Language and Easy-Read has been refined to ensure future requests can be completed timeously.

The engagement process was advertised online via the Angus Health and Social Care Partnership website and through social media. Key stakeholders were contacted directly to ensure they were aware of the process and had an opportunity to provide their views. Paper copies of both the plans and feedback form were made available on request for those who do not access online resources.

The finalised Physical Disability improvement plan has been informed by feedback from users of services, carers, local people and stakeholders. The plan and corresponding action plan are 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. The results of the engagement show that people welcome the plan and that the priority areas identified are of the utmost importance to service users, families, carers and staff.

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. 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 focussed working groups and updates via the Angus Health and Social Care Partnership website.

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

In addition, the very existence of a specialist team, with increased skills and knowledge, and a stronger profile for physical disability, attracts more referrals and creates higher expectations for skilled input.

Over the last three 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, however the Physical Disability service is experiencing growth.

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

Table 1 – Non-Residential Package Costs by Year

Financial Year	Number of non-residential packages as at July 21	Total weekly cost of non-residential packages as at July 21
2019/20	151	£45,326
2020/21	144	£45,136
2021/22	148	£60,447

As part of this improvement plan a review of high and low-cost packages will be carried out 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 2 illustrates the cost of non-residential and residential high cost care packages. A priority of this plan is 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	4	5
Over £1k	9	5
£650-£1k	14	10
Total	27	20

Table 3 illustrates the total personal care planned hours for physical disabilities in the last two financial years. The information available shows that there has been a significant increase in demand.

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 2019/20 - 2020/21
2019/20	44,064	8,747	0	0	52,811	-	-
2020/21	52,480	7,256	0	0	59,737	13%	13%

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 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, we need to establish if there is a requirement for step down care for under 65 years.

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. The only residential respite option currently available is in older peoples residential or nursing homes, which is viewed as inappropriate by service users. The result of this can lead to the following:

- The potential for higher cost care packages
- Earlier placement in a residential care home
- Crisis situations requiring intensive care management support
- Added pressure on unpaid carers.

Due to the challenges above, respite care is 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 expectations 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.

In Angus there are currently 20 physical disability service users who reside in care homes. There are currently 6 service users who reside out of area; 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 are currently 9 service users who 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 generally registered to take residents under 65 or are registered for only a limited number of younger people and can be reluctant to change their registration status.
- Due to the complexity of those with specialised nursing requirements, the level of care required may not be available in Nursing homes for older people. The staff may not have the necessary expertise, training or skills to meet the complexity of this client group.
- Older People's care homes may 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 May 2021.

Table 4 – Residential costs

Residential Placement Type	Number of service users	Total Cost Per Week (£)	Total Annual Cost (£)
Out of area	6	£11,673	£607k
In area - PD specialist	5	£11,692	£608k
In area - Older People's care home	9	£7,192	£374k
Total	20	£30,558	£1,589k

In order to repatriate service users back to Angus and prevent others facing this situation, there is an aspiration to establish a 24-hour unit specifically for those under 65. This facility would be aimed at meeting the needs of those with the most complex physical disabilities. Working with existing providers, we will explore this. 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.

The accommodation database for the physical disability service has been updated to identify current and future demand for adapted and supported housing. The results of this have been 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). Working collaboratively with our housing colleagues through the Housing, Health and Social Care Strategic Planning Group, we provided data to inform this and to highlight the current and future housing needs of people with a physical disability.

6.5 Day Centres and Community Opportunities

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. The Glenloch centre also provides support to adults with a long-term condition in order to maintain functional ability. Centre and community sessions are chargeable.

A review of the Glenloch centre is required to determine the future requirements for rehabilitation day services. This may include the reprioritisation of services to better meet the needs of service users.

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.

There is no data available in relation to health inequalities and people living in Angus with a physical disability. Feedback from the survey identified that the public welcome the inclusion of actions around health inequalities and would like to see more co-ordinated and integrated working between health and social care going forward.

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 uses all available resources as effectively and efficiently as possible. Aside from the significant and recurring overspend within the service, the physical disability priority improvement plan is focussed on actions to mitigate the current and future challenges that the service is facing. Specific pressures include containing the effect of demographic changes and managing the increased costs of existing service delivery, (e.g. pay inflation).

An action plan has been developed which identifies potential areas where savings could be achieved. As work progresses on these actions, the financial impact of these changes will become clearer and will further inform the ongoing development of the financial table below.

Table 5 – PD financial plan

<u>Financial Commitments as at July 2021</u>	<u>2021/22</u>	<u>2022/23</u>	<u>2023/24</u>
	£k	£k	£k
Demographic Growth	100	100	100
Inflation	98	101	104
Total	198	201	204
<u>Financial Benefits</u>	<u>2021/22</u>	<u>2022/23</u>	<u>2023/24</u>
	£k	£k	£k
Review of high cost care packages	70	80	80
Review of low-cost care packages	10	20	20
Explore TEC options	TBC	TBC	TBC
Explore residential and respite options	TBC	TBC	TBC
Review of PD day services	TBC	TBC	TBC
Total	80	100	100
<u>Overall Financial Position</u>	<u>2021/22</u>	<u>2022/23</u>	<u>2023/24</u>
	£k	£k	£k
Annual Shortfall	118	101	104
Cumulative Shortfall	118	219	323

For the financial year 2020/21, the Partnership Physical Disability Service was £704k overspent on a baseline budget of £3,533k. This largely reflects increased growth in demand as the work of the care management team has expanded each year from its originally envisaged workload in 2018. There are underlying weaknesses in our Physical Disability financial reporting that complicate matters and this will require remedial financial work.

As noted in other IJB reports (e.g. report 04/21, Strategic Financial Plan), the savings target associated with the Physical Disabilities Improvement Plan has reduced to £80k for 21/22 to reflect the Government guidance due to COVID-19 and the impact of this on progressing planned improvements.

The table suggests a 3-year shortfall of £323k, suggesting the improvement programme will enable the service to absorb 46% of expected cost pressures in a 3-year period. Ultimately the shortfall in the table above and the services existing forecast overspend, c£1,552k, are constituent parts of the overall shortfall that the IJB is currently projecting for the duration of the Strategic Financial Plan as described in report 04/21.

8. RISK

- (i) Issues with the recruitment and retention of required workforce to deliver complex care, particularly for care providers.
- (ii) Ongoing financial risks in relation to demographic growth and the affordability of services.
- (iii) Lack of capacity within staff groups to progress actions.

9. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is required, see Appendix 3.

10. 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	

REPORT AUTHOR: George Bowie, Head of Community Health & Care Services
EMAIL DETAILS: tay.angushscp@nhs.scot

List of Appendices:

Appendix 1 Physical Disability Priority Improvement Plan 2021 – 2024
Appendix 2 Physical Disability Action Plan 2021-2024
Appendix 3 Equality Impact Assessment