PHYSICAL DISABILITIES PRIORITY IMPROVEMENT PLAN

EXECUTIVE SUMMARY

2021 – 2024



TABLE OF CONTENTS PAGE NUMBER

Introduction and Purpose	3
Background	3-4
Local Priorities	4-11

1. Introduction and purpose

This is the first physical disability improvement plan which sets out those areas of the service that are a priority for development and further improvement. It talks about the challenges facing the service and what is causing these challenges such as:

- changes to the population
- more people needing support
- new areas of support emerging
- the cost of support and the amount of money available
- providing a quality service that can carry on into the future making the best use of the money we have

As this is the first improvement plan for the physical disability service, we don't have a lot of information and data to tell us what in the service needs to change. This is something we will focus on as one of the priority improvement areas of this plan.

The scope of this improvement plan is restricted to the Angus Health and Social Care Partnership physical disability service, which consists of a physical disability care management team and the Glenloch day centre. This improvement plan is limited to improving only these two areas and will include working collaboratively with the various specialist physical disability services and pathways across Tayside.

An action plan has been developed to accompany this improvement plan showing how we intend to progress identified improvements and address the current challenges facing the service.

2. BACKGROUND

In 2017, the Scottish Health Survey (SHeS) estimated that 45% of adults (and 17% of children) had a long-term condition or illness. A long-term condition is an **illness that cannot be cured but can usually be controlled with medicines or other treatments.** Examples of long-term conditions include arthritis, asthma, diabetes, epilepsy, angina, heart failure, and high blood pressure (hypertension).

Source: Scottish Health Survey 2018 (Last updated: September 2019)

SheS data suggests there are approximately 7,538 Angus residents living with a physical disability.

These percentages are likely to be greater within Angus because the number of people living in Angus over 75 years of age is increasing. This may mean there is an increase

in demand by disabled people in Angus requiring services and support. It is important we work with Allied Health professionals to promote enablement and independence.

The main drivers for this improvement plan are as follows:

- Making sure we do the duties that government legislation and policies say we must do
- The new areas of support that are emerging, including enablement
- The Angus HSCP Strategic Plan highlights the need for more proactive rather than reactive services to keep the population fitter and healthier for longer
- Making sure our service models are delivered in a way that means they can carry on into the future, providing a quality service and making the best use of the money we have, as well as ensuring that supported self-management and promoting independence are embedded
- The cost of services and the amount of money we have available
- The changes to the population
- More people needing support
- Advances in Technology Enabled Care. (The term technology enabled care (TEC) refers to technologies that have the potential to transform the way people engage in and control their own support and care)
- A focus on enablement and independence; linking with allied health professional (AHP) services in the Health and Social Care Partnership (HSCP)
- A focus on outcomes, new ideas and new ways of working
- Capacity demands – how much need there is and how much resource such as staff and money we have to meet it.

Within Angus, the physical disability service links in with the enablement and response team, who work with Occupational Therapists and Physiotherapists in the Partnership, in order to carry out assessments to determine a person's level of independence or any ongoing support that may be required.

We currently operate the Glenloch Centre in Forfar which focuses on rehabilitation. The Glenloch centre supports people with a physical disability through a range of activities to develop, regain or maintain skills so they can live more independently. Glenloch rehabilitation staff work closely with Allied Health Professionals.

It is vital that physical disability priority improvement actions are taken forward so that we can address the current challenges facing the service and deliver quality services to those who need them most with the resources available to us and do this in a way that they can continue into the future.

3. LOCAL PRIORITIES FOR ADULTS WITH PHYSICAL DISABILITIES IN ANGUS

The local priorities below have been identified from what you have told us.

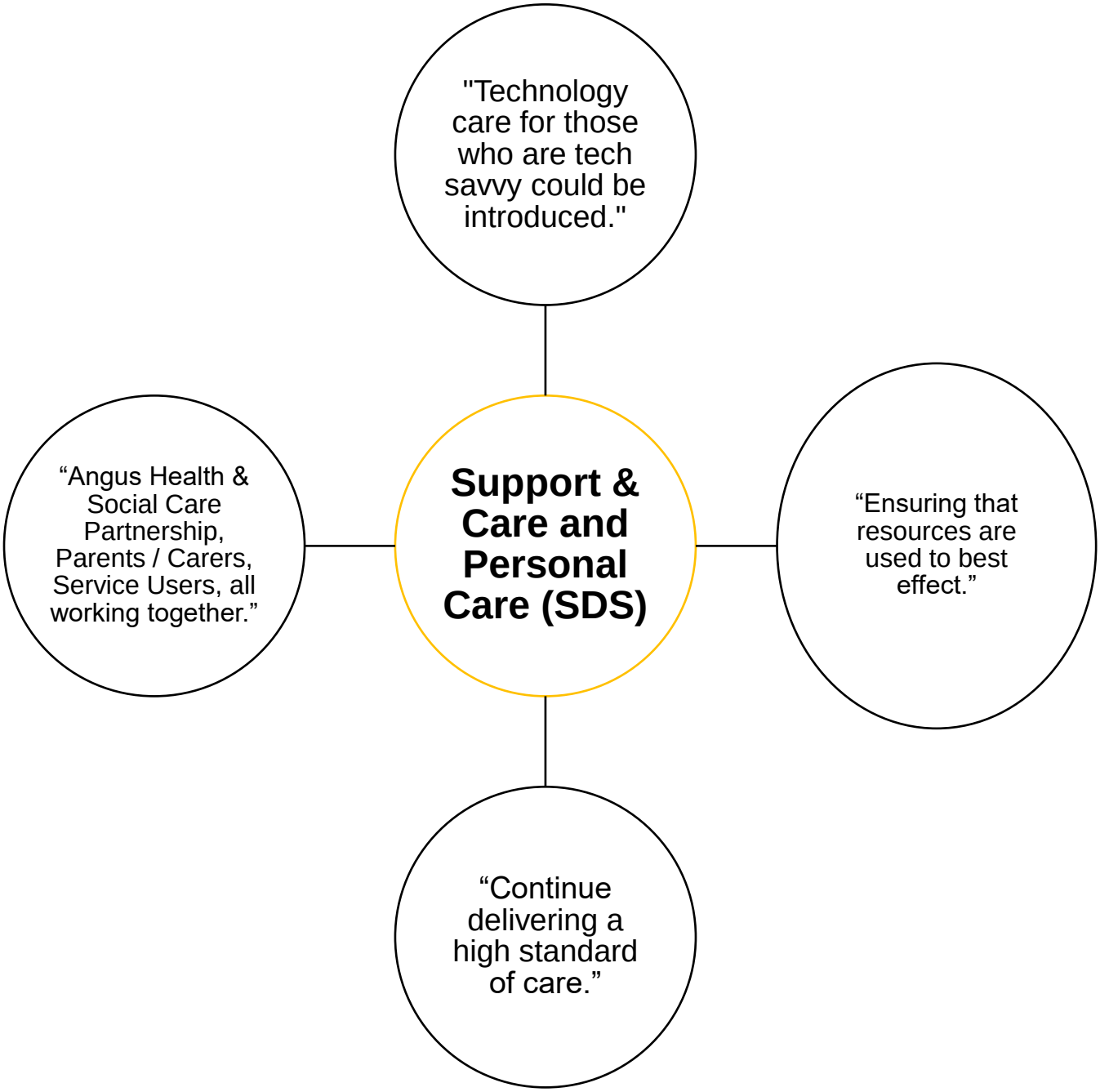
	Improvement Area	Outcome
	**Demographic Pressures and Data Collection**	Manage future demand within existing resources. Establish clear data requirements. to inform service.
	**Support and Care (SDS)**	(all care packages including non-residential) Ongoing review of all care packages to ensure we are delivering an efficient and effective service.
	**Personal Care (SDS)**	Ongoing review of all care packages to ensure we are delivering an efficient and effective service.
	**Carers and Respite**	Further development of respite model to ensure accessibility for those with a physical disability.
	**Accommodation**	(including residential and out of area) Ensure suitable accommodation is available in Angus to reduce the likelihood of out of area placements, enable the repatriation of those already out of area and reduce the likelihood of any delayed discharges.
	**Day Centres and Community Opportunities**	Ensure future demand for day centre placements can be met by addressing building, capacity issues and delivery models.
	Heath Inequalities	(including support models e.g., step down) Develop a health promotion plan within Angus to ensure that both local and national health inequalities issues are addressed.

Here is what you have said about each of these improvement areas.

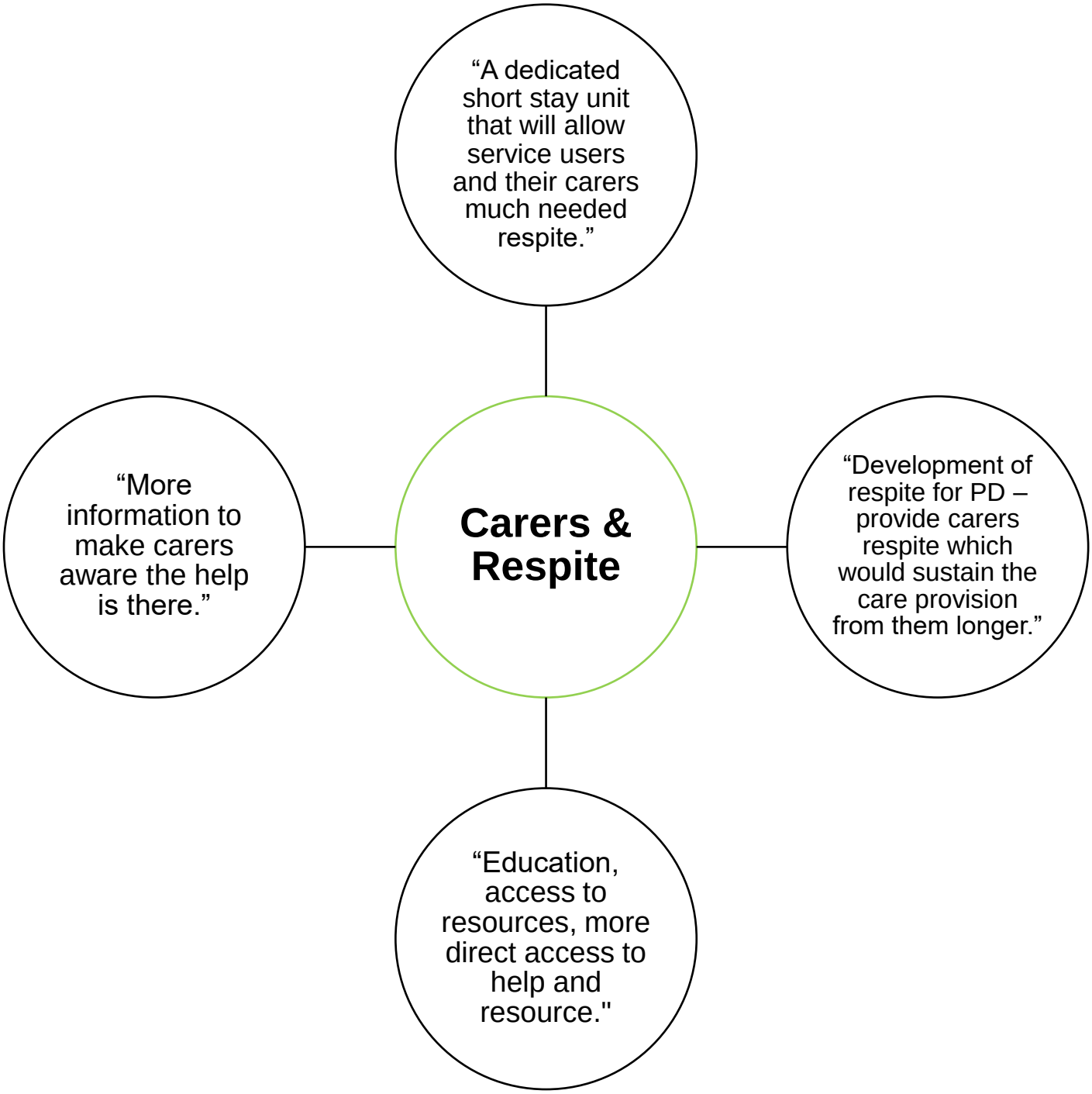
1. Demographic pressures and data collection



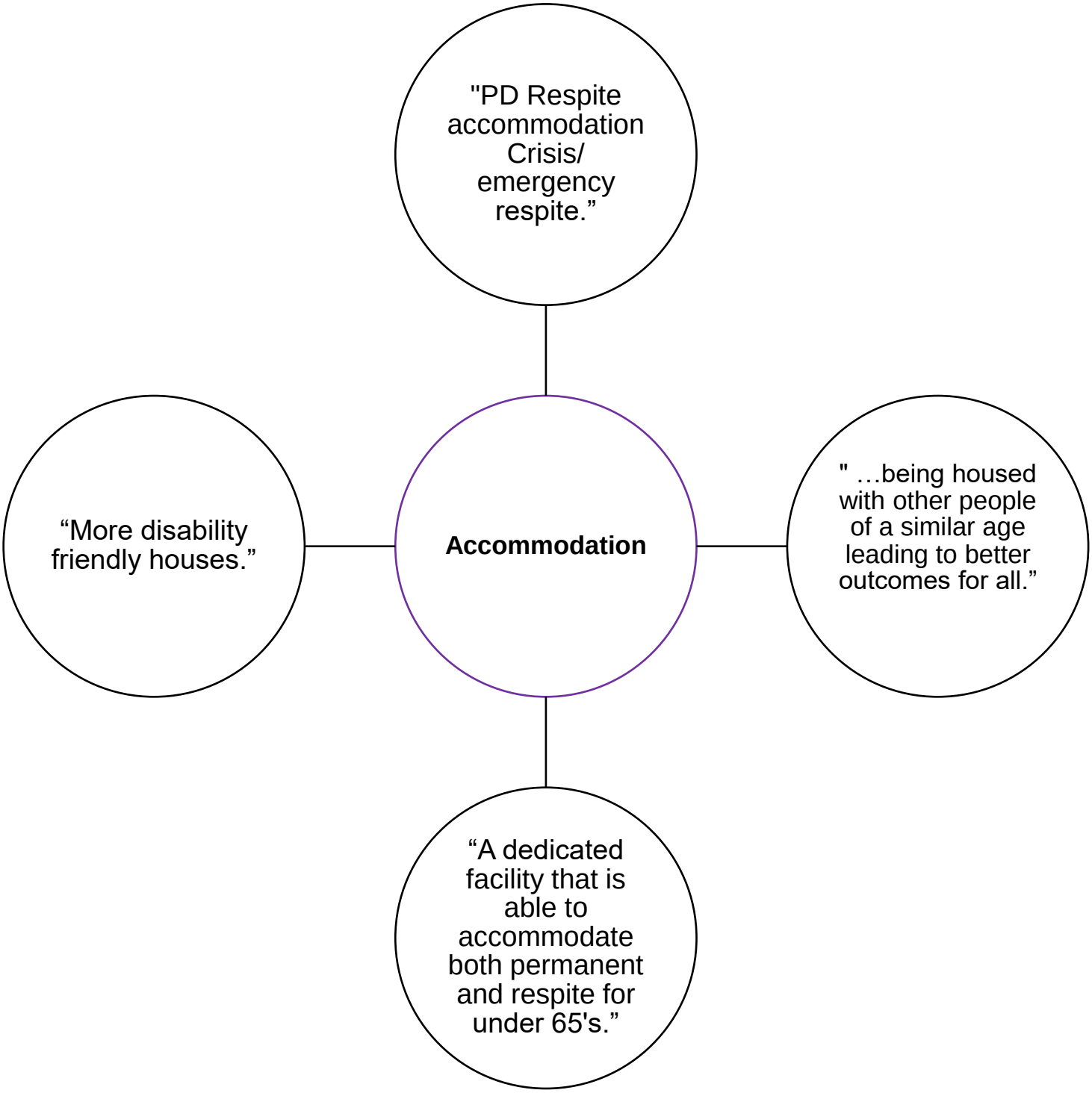
2. Support & Care and Personal Care (SDS)



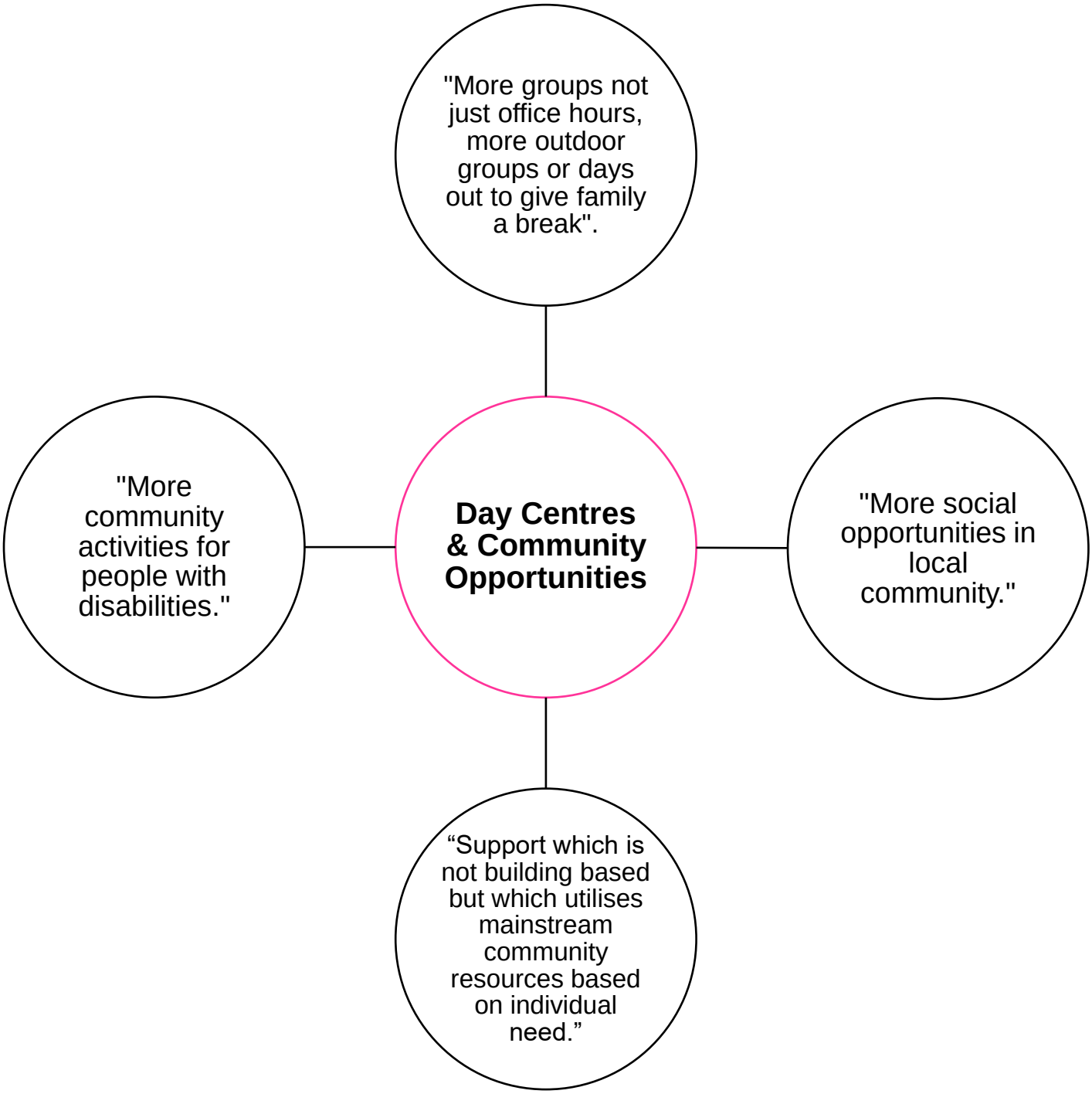
3. Carers & Respite



4. Accommodation



5. Day Centres & Community Opportunities



6. Health Inequalities

