ANGUS
Health & Social Care
Partnership

PHYSICAL DISABILITIES PRIORITY IMPROVEMENT PLAN

2021 – 2024



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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.

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. The actions reflect local and national priorities detailed in Appendix 1.

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).

The SheS also said that 32% of adults (and 10% of children) had long-term conditions that are life limiting. This means that the illness will shorten a person's life, though they may continue to live active lives for many years. In this context, 32% of the adult population would be considered 'disabled', while 68% would be considered 'not disabled'.

The SHeS provides estimates of the distribution of limiting long-term conditions, for example, 15% of those with disabilities have disabilities related to the digestive system, while 41% have conditions relating to the musculoskeletal system.

The percentage of the population that is affected with a physical disability increases with age. The SHeS estimated that, in 2017, over half of the population over 75 years of age have a disability.

The percentage 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 percentage of women who were disabled increased from 28% to 34%

- Over the same period, the percentage of men who were disabled increased from 23% to 29%

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. WHERE ARE WE NOW?

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 has utilised this resource to secure additional expertise in the form of a seconded Senior Planning Officer with the required knowledge of physical disability practice and who also has experience of commissioning, project work and service improvements.

This physical disability improvement plan includes all internally and externally provided services within the adult physical disability team, this includes the care management service and the Glenloch centre.

Due to current and anticipated demographic demand and sustainability pressures, improvement work is required to ensure that the service is delivered as efficiently and effectively 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 following sections of this improvement plan.

4. DEMOGRAPHICS

Demographics are important to help us to understand the needs of our local people. Having an understanding of the number of people who may require support informs and shapes the services which are available and will be required in the future. 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 living longer with complex conditions such as acquired brain injuries, motor neurone disease, Multiple Sclerosis, Duchenne muscular dystrophy and spinal injuries. Demographic information has been gathered and analysed to inform this improvement plan and to identify local priorities. Demographic information can be viewed in Appendix 2.

Further data requirements will be identified to provide evidence of emerging demographic change. This will provide a clearer picture in relation to capacity and demand issues and identify the levels of complexity and/or enablement and trends related to demographic information. This will inform best use of resources. This is a priority as current data available to the physical disability service requires improvement.

5. 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.

The Strategic Commissioning Plan 2019-2022 sets out Angus Health and Social Care Partnership's vision and priorities. It is built on the belief that everyone has the right to live a long and healthy life and be supported to live at home when it is safe to do so. The Angus Care Model is about shifting the balance of care so that more people are supported in the community and can maintain their

independence for longer. In practice this means that communities have teams of health and social care professionals, working together, to make sure people get the support and care they need to stay at home.



There is limited 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.

6. CARERS AND RESPITE

Our Vision for Carers - Carers of all ages are recognised and valued as equal partners, are fully involved in shaping services in Angus and are supported to have fulfilling lives alongside caring.

The Carers (Scotland) Act 2016 (the Carers Act) places several duties in relation to support for unpaid carers on Angus Health and Social Care Partnership, Angus Council and NHS Tayside. National Health and Wellbeing Outcome 6 states that carers should be supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being. The Partnership is committed to recognising and valuing the contribution of carers and, working with Angus Carers Centre, wants to ensure that they know how to access support when they need it. Unpaid carers of adults with a physical disability, have helped to shape this improvement plan through a survey. Carers have told us what matters most to them and how they can be better supported in their caring role.

The Carers Act strengthened the commitment to the principle of carer involvement in how services for supported people and carers are planned and delivered, at both a strategic and individual level.

Angus Health and Social Care Partnership's vision is that "Carers of all ages are recognised and valued as equal partners, are fully involved in shaping services in Angus and are supported to have fulfilling

lives alongside caring". All services need to take account of how carers can be identified, supported and included in decision-making; and recognise their value as expert and equal partners. Feedback from carers who undertook the survey included a wide variety of suggested improvements to inform action planning including:

"Maximize use of technology"

"Just a bit more support for people and their main carer with physical disability"

"Importance of people keeping in touch"

"Lack of appropriate local residential respite for under 65s for planned or emergency use."

"Dedicated short-stay unit which will allow service users and their carers much needed respite

"More flexible day care that covers weekends and evenings"

7. FINANCIAL CONTEXT

The physical disability priority improvement work intends to support the service and the IJB to manage pressures associated within physical disabilities.

Table 1

Physical Disabilities	Budget at year end £	Final Accounts Total Spend £
2018/2019	1,900,000	2,500,000
2019/2020	2,600,000	3,300,000
2020/2021	3,500,000	4,200,000

Table 1 illustrates that since the physical disability service became a standalone service back in 2018, the allocated budget has increased, however this is still some way off the actual costs incurred in the service currently which show a large overspend on actual budget allocation year on year. There are underlying weaknesses in our Physical Disability financial reporting that complicate matters and this will require additional finance input to resolve.

There are several explanations for the increased spend illustrated in Table 1:

- The physical disabilities service was previously part of the larger older people's service. The process to create a standalone service was gradual with cases moving over from older people to the physical disabilities team during both 2018/2019 and 2019/2020. Previously, any overspends would not have been visible due to them being part of the larger older people's budget.

- The introduction of free personal care for under 65's had an impact on the service with approximately £300k of extra costs attributed to that in 2019/2020 however this was funded.
- The population of ageing carers within the physical disability service.
- The continued progression to more personalised care and to living in the community with support.

8. GOVERNANCE & REPORTING MECHANISMS

The physical disability improvement programme reports monthly progress to the Improvement and Change Board of the Angus Health and Social Care Partnership and also reports directly into the Integration Joint Board (IJB) as required.

9. ENGAGEMENT

This plan and the main priorities for improvement for adults with physical disabilities in Angus 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.
Engagement will continue through a variety of activity to make sure that local improvements and priorities are informed by what is important to people and that the range of services delivered are focussed on meeting local need and priorities.

10. LOCAL PRIORITIES FOR ADULTS WITH PHYSICAL DISABILITIES IN ANGUS

The local priorities identified through engagement activity and informed by analysis of demographic and workforce data have informed the action plan that accompanies this improvement plan and specifies what actions will be taken to address these priority areas

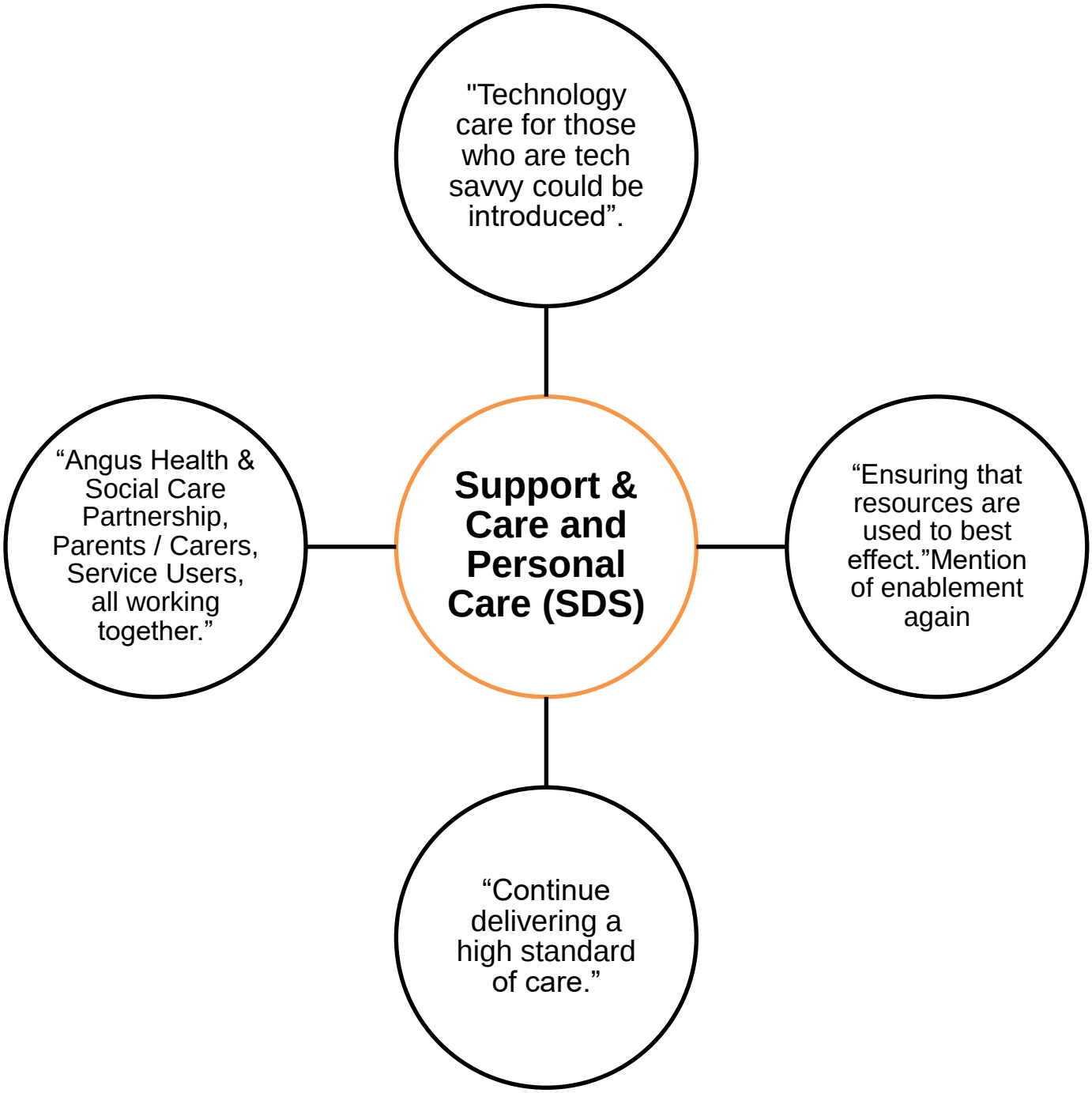
This plan will therefore focus on improvements in relation to the sections below with the following outcomes identified:

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.
Health 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.

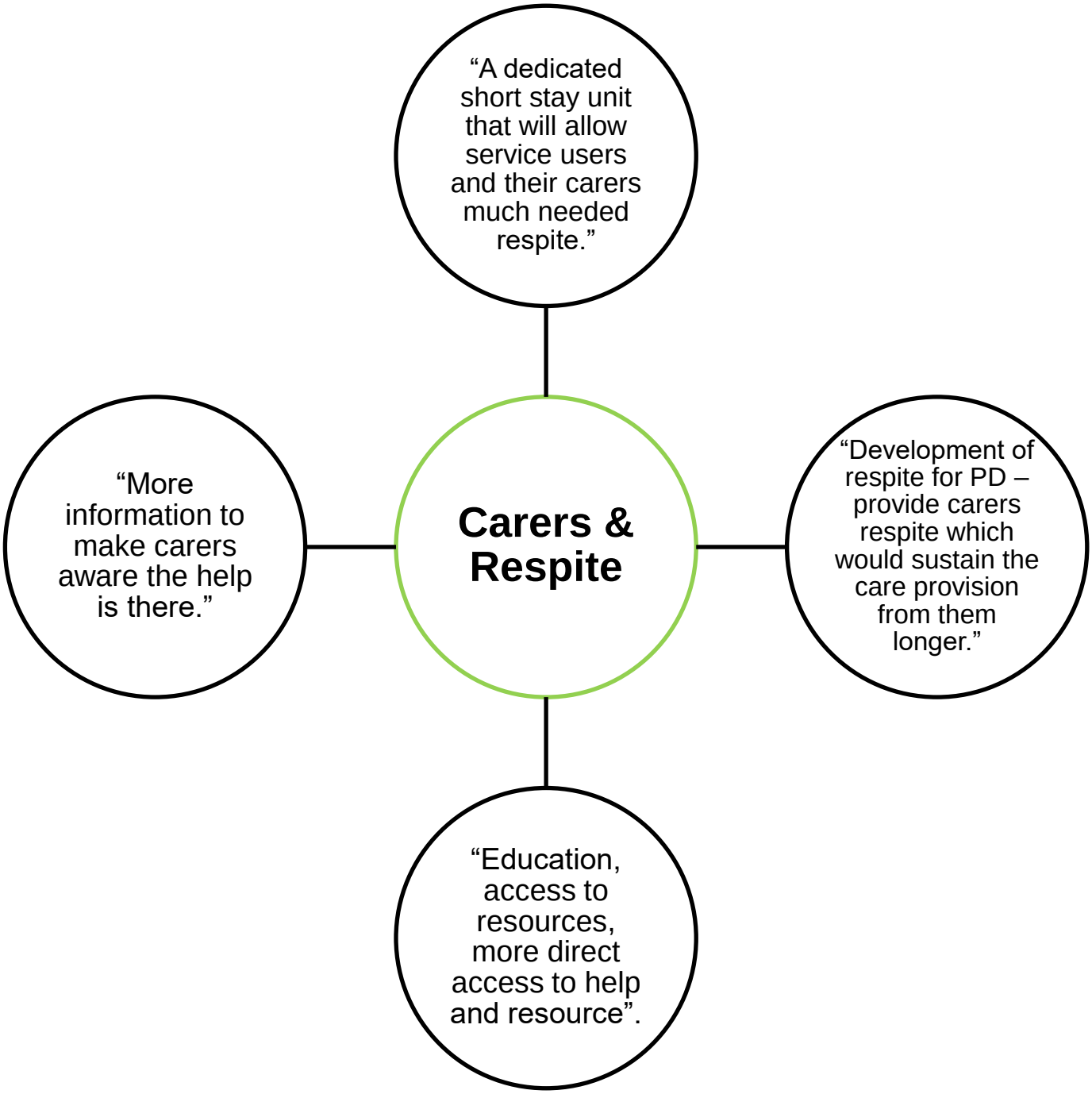
1. Demographic pressures and data collection



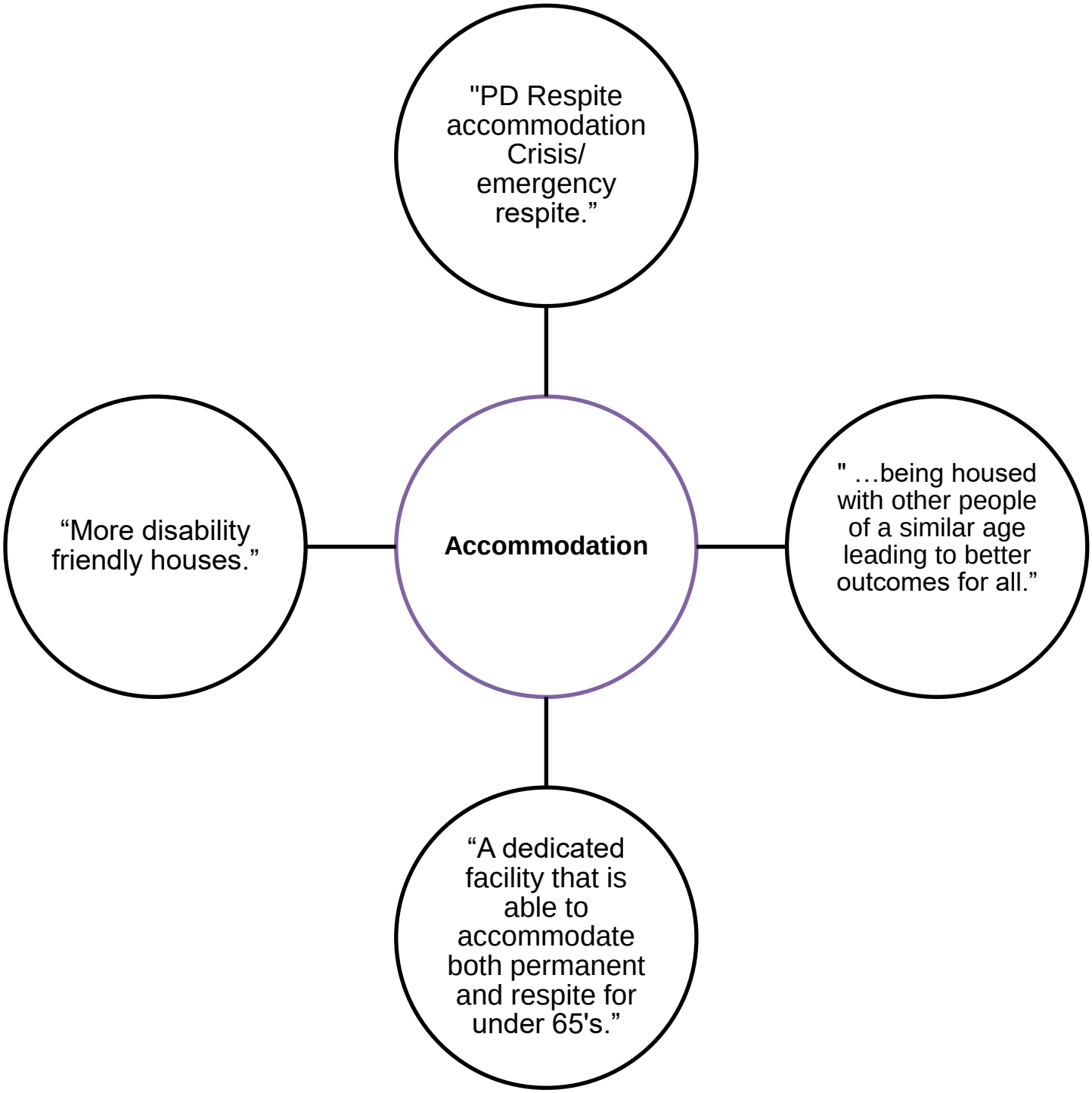
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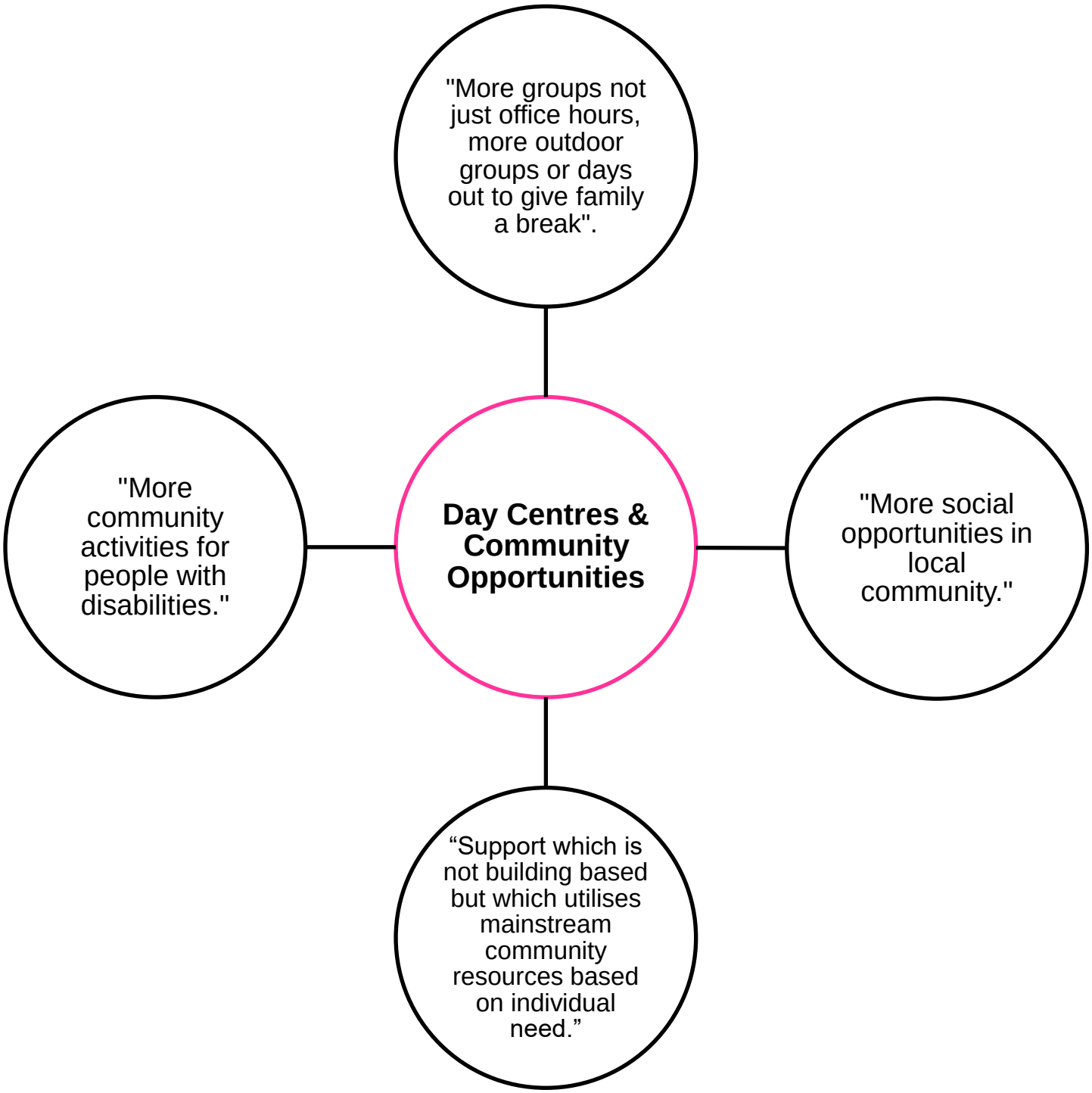
3. Carers & Respite



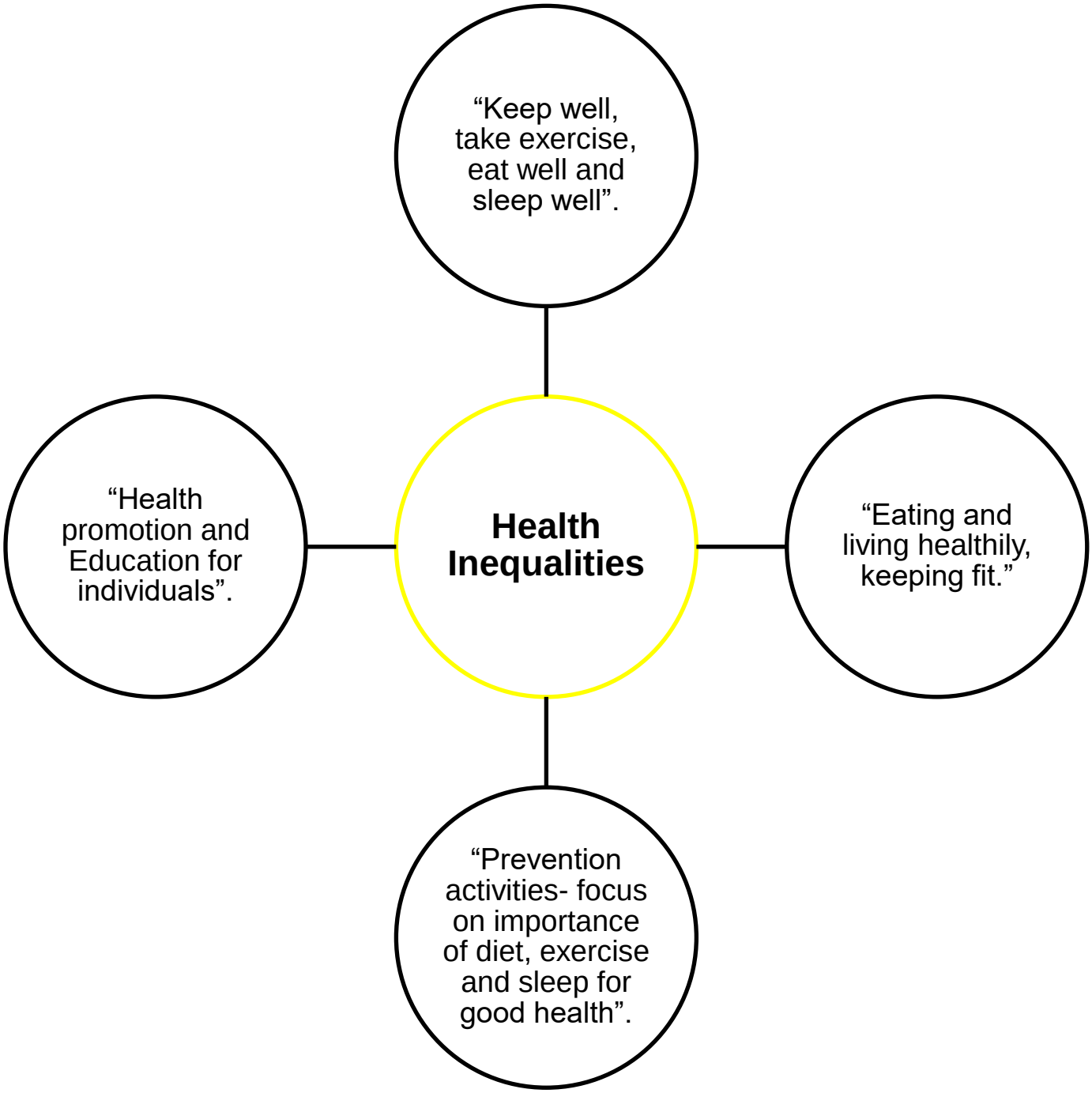
4. Accommodation



5. Day Centres & Community Opportunities



6. Health Inequalities



APPENDIX 1

NATIONAL AND LOCAL POLICY DRIVERS

- **A Fairer Scotland for Disabled People** - The Scottish Government recently published this document which has five ambitions:

1. Having health and social care services that meet disabled people's needs: services that promote independent living and enable a life of choices, opportunities and participation. This includes support for independent living for disabled people of all ages, with increased say over how that support will be managed and provided.

2. Decent incomes and fairer working lives: making sure disabled people can enjoy full participation with an adequate income to participate in learning, in education, voluntary work or paid employment and retirement. This includes benefits delivered in a way that is rights-based and helps meet the additional living and mobility costs of disabled people and treats them with dignity and respect throughout the process.

3. Places that are accessible to everyone: housing and transport and the wider environment are fully accessible to enable disabled people to participate as full and equal citizens: This includes increased availability of affordable and accessible housing to support people to continue to life independent lives and increased availability of accessible and inclusive transport and services.

4. Protected rights: The rights of disabled people are fully protected, and they receive fair treatment from justice systems at all times: This includes disabled people being treated as equal citizens within all elements of the justice and tribunal system, with full access to the physical environment, advocacy and support, information and advice, and communication support.

5. Active participation: Disabled people can participate as active citizens in all aspects of daily and public life in Scotland: this includes communication to be accessible to, and inclusive of, all and the barriers facing disabled people to be known, understood and addressed. https://www.gov.scot/publications/fairer-scotland-disabled-people-delivery-plan-2021-united-nations-convention/

- **Health and Social Care Integration (HSCI**) - New legislation, in the form of the Public Bodies (Joint Working) (Scotland) Act 2014, came into force on 1 April 2014. The Act requires all Health Boards and Local Authorities to integrate their health and social care services for adults. This integration will ensure that services are better coordinated for all patients and users. https://www.legislation.gov.uk/asp/2014/9/contents/enacted

Active and Independent Living Programme 2016-2020 - Framework for health professionals to work in partnership with people in Scotland to help them live healthy, active and independent lives.https://www.gov.scot/publications/allied-health-professions-co-creating-wellbeing-people-scotland-active-independent/#:~:text=The%20Active%20and%20Independent%20Living%20Programme%20%28%20AILP%29,achievements%20stemming%20from%20the%20AHP%20National%20Delivery%20Plan.

- **National Health and Wellbeing Outcomes** - The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. The Scottish Government have set out nine national outcomes that are to be delivered through the integration of health and social care. Outcome 2 states 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. https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/

- **National Health and Wellbeing Indicators** – A core suite of indicators which will measure progress towards the National Health and Wellbeing Outcomes. https://www.gov.scot/publications/health-social-care-integration-core-suite-indicators/

- **Releasing Time to Care** – a national strategy within health designed to ensure efficiency and streamlined, organised and structured care and environments**.** https://www.bing.com/search?q=releasing+time+to+care+scotland&src=IE-SearchBox&FORM=IESR4A

- **The Social Care (Self-directed Support) (Scotland) Act 2013** - The Act came into force on 01 April 2014 and places a duty on local authority social work departments to offer people who are eligible for social care a range of choices over how they receive their social care and support. https://www.legislation.gov.uk/asp/2013/1/contents/enacted

- **20 20 Vision** – Sets out the vision for healthcare in Scotland is that, by 2020, everyone is able to live longer, healthier lives at home, or in a homely setting. Scottish Government, September 2011 www.gov.scot/Topics/Health/Policy/2020-Vision

- **Independent Living (2010)** -Disabled people's organisations identified independent living as the overarching priority for disability equality and the "Shared Vision for Independent Living" is the Scottish Government's headline policy for disabled equality and disabled people: https://www.webarchive.org.uk/wayback/archive/20170701074158/http://www.gov.scot/Publications/2010/03/29164308/1

- **The Carers (Scotland) Act** commenced on 1 April 2018. The package of provisions in the Act is designed to support carers' health and wellbeing. These include, amongst other things:
  - a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria. National matters which local authorities must have regard to when setting their local eligibility criteria will be set out in regulations.
  - a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; and
  - a requirement for each local authority to have its own information and advice service for carers which must provide information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights. https://www.legislation.gov.uk/asp/2016/9/contents/enacted

- **Overnight Support** The Angus Health and Social Care Partnership (AHSCP) have undertaken a review of overnight support focussing on enablement and person

centred response options. This was part of a national drive for all areas of Scotland to review overnight support, driven by the implementation of the Scottish Living Wage.

- **Staffing Structures-** The Angus Health and Social Care Partnership introduced a Social Care Worker post into their staffing structures where applicable in 2019 in order to address some issues currently being faced by the social care workforce. These included:

- A staffing structure more aligned to the Scottish Social Services Council staff registration categories.
- The opportunity to consolidate the current staffing structure resulting in a more effective workforce with a range of skills that should strengthen the workforce and provide more flexibility.
- A new structure that will improve staff recruitment and retention by providing posts with varying levels of responsibility, qualification and skills requirements.
- A structure that will address current issues in relation to post capability e.g. for those staff in SCO roles unable to obtain an SVQ level 3 and/or not competent in certain aspects of the current SCO job role.
- A structure and pay grading more aligned to those in the private and voluntary sector thus strengthening the external social care market in Angus.
- A more sustainable structure.

APPENDIX 2

DEMOGRAPHICS

There are currently 212 cases open to the Physical Disabilities team. 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.

In 2019/20 the Physical Disabilities team received 82 new referrals for Free Personal Care for Under 65's.

Table 2 shows the current number of PD service users living in residential accommodation both in area and out of area.

Table 2

Residential Accommodation	**Number of service users**
In area	11
Out of area	5
Total	**16**

Due to a lack of specialist residential accommodation within Angus it has been necessary to place residents in out of area care homes. The availability of specialist PD residential accommodation has been identified as one of the priorities in this improvement plan.

Table 3 shows the number of service users attending the Glenloch day care centre split by age group.

Table 3

Glenloch Day Centre	**Number of service users**
Under 65's	16
Over 65's	21
Total	**37**

The table above highlights that many of the referrals for Glenloch come from the Older People's team rather than the Physical Disabilities team. The 16 under 65's who currently attend make up only 7% of the overall PD cohort.