Joint Commissioning Plan

For

Health and Social Care Services

2008 – 2012

For Adults with Physical Disabilities aged 18 – 64 yrs

Herefordshire Council

HEREFORDSHIRE COUNCIL

Herefordshire Primary Care Trust

Herefordshire NHS
Primary Care Trust

CONTENTS

Executive Summary

1. This Commissioning Plan provides a framework for the joint commissioning of health and social care services for younger adults with physical disabilities between the ages of 18 – 64.

2. The contents of the plan have been informed by a Needs analysis undertaken in 2007 and two consultation events, one in 2007 another in April 2008.

3. The outcome of the Needs Analysis which included a comparison with three authorities and PCT's against whom Herefordshire has been bandmarked, shows important ways in which Herefordshire needs to improve its services for younger adults with physical disabilities.

4. The emphasis of the improvements to be made during the period of this plan is to ensure that people who use services experience greater independence, choice and control over the services they receive.

5. More specifically there will be a proactive approach taken to the implementation of self-directed support and an increase in the number of people accessing direct payments.

6. Day centres will change in their role, providing community support centres with a range of appropriate services available under one roof.

7. Support for carers will be enhanced and there will be an increased range of advocacy services available.

8. The number of people receiving care in their own homes will increase; including the number of people receiving intensive home care.

9. Proactive approaches to re-ablement will increase through enhanced provision of Occupational Therapy and Physiotherapy for example.

10. Fewer people will receive their care in residential settings as a range of new services develop including supported housing and housing with extra care.

11. Where a residential setting is the only setting in which an individuals needs can be appropriately met such as a nursing home for example, the setting will be age appropriate and as close to the community in which the person has lived as possible.

12. Additionally a range of strategic and infrastructure issues have been identified, these will require urgent attention from the joint commissioners if the plan is to be effectively implemented. This will be the subject of a separate action plan.

13. The action plan for the progression of the commissioning plan and that referred to above addressing strategic and infrastructure issues will be presented to the Adult Commissioning Board in July 2008

14. Monitoring of this plan will be undertaken by a separate 'Progressing the Plan Group' Terms of reference for this group and a Partnership Board to whom it will report, will be submitted to the Adult Commissioning Board in July 2008.

1. Introduction

1.1 **Definitions**

Commissioning

"Commissioning is the process of specifying, securing and monitoring services to meet peoples or organisational needs. This applies to all services, whether they are provided by the Local Authority, National Health Service, Private or Third Sector".
Jointly agreed single definition of commissioning – Herefordshire Public Services Trust Project. Planning, Commissioning, and Performance Management Working Group. Presented to the Public Services Trust Steering Group on 14th march 2007)

Physical Disability

'An impairment which has a substantial and long term adverse effect upon the ability to carry out normal day-to-day activities' (Disability Discrimination Act 2005)

1.2 **Purpose of the Plan**

This commissioning plan outlines a framework for the commissioning of services for younger adult people with a physical disability and the joint health and social care commissioning intentions of Herefordshire County Council and Hereford Primary Care Trust (the Joint Commissioners).

The Plan relates to those services provided for adults with a physical disability between the ages of 18 -64. However, there will be flexibility where continuity of care or assessed needs indicate, thus ensuring that age does not of itself become a barrier to accessing the most appropriate service.

The relevant period covered by the plan is 2008 – 2012. However, it also looks forward to the longer term, specifically to 2021.

The Plan is written within the wider context of both national and local strategic plans for health and well-being and is intended as an integrated plan. This enables the development of joint health and social care services for young adults with a physical disability. The population of Herefordshire will benefit from this integrated approach through the

achievement of better health and social care, modernised services and greater efficiency in the deployment of its joint resources.

1.3 Values Underpinning the Plan

The Community Strategy for Herefordshire defines five guiding principles;

Realise the potential of Herefordshire, its people and communities

Integrate sustainability into all our actions;

Ensure an equal and inclusive society;

Build on the achievements of partnership working

Ensure continual improvement

This plan endorses these five principles.

Additionally, Herefordshire Council and Herefordshire Primary Care Trust (the Joint Commissioners) are committed to ensuring that the services they jointly commission maximise the independence, well-being and choice of people with physical and sensory disabilities, and that individuals using services are able to exercise as much control over their lives as their individual circumstances allow.

Activities of the Joint Commissioners will be undertaken in partnership with their stakeholders wherever possible and appropriate.

1.4 Aims of the Plan

The strategic aims of this plan reflect those highlighted in the government's White Paper *Our Health, Our Care, Our Say: A New Direction for Community Services* – White Paper, January 2006.

The White Paper sets four main goals:

Better prevention and early intervention
More choice and a louder voice
Tackling inequalities and improving access
More Support for people with long term needs

These goals, which cover all service user groups, are developed in more detail for physical disability in other national policy and guidance documents, most notably:

Improving Life Chances for Disabled People - Prime Minister's Strategy Unit, 2005.

Long Term (Neurological) Conditions – National Service Framework, DoH 2005.

Supporting People with Long Term Conditions to Self Care – DoH 2006.

Commission for Social Care Inspection Regulations. These regulations set seven outcomes:

Improved health and emotional well-being
Improved quality of life
Making a positive contribution
Exercise of choice and control
Freedom from discrimination and harassment
Economic well-being
Personal dignity and respect

Additionally, *'Putting People First: A shared vision and commitment to the transformation of Adult Social care'* published by HM Government in December 2007 with its clear commitment to independent living for all adults within an integrated health and social care system, is of great relevance to this plan

The *Community Strategy for Herefordshire* has as one of its four themes *Healthier Communities and Older People*. This theme is particularly relevant in relation to physical disability. The overall outcome sought is:

> *'To improve the health and well-being of all our citizens aged 18-64, reducing health inequalities and promoting the maximum possible control and independence for disadvantaged groups'*

Within the context of Adult Services the *Adult Social Care Service Plan* expresses its overall aim as:

> *'To enhance quality of life, health, social and economic well-being for people in Herefordshire through the co-ordinated provision of health, social care, housing and community services'*

Adult Social Care Service Plan details six priorities for transformation across all service user groups. This is in line with LAC (DH) (2008) 1 "Transforming Social Care". The local priorities are:

Effective Leadership and Management
Strengthening Joint Commissioning
Strengthening user and Carer Engagement
Personalisation
Increasing Options to Support Independence

Specific consultation in regard to physical disability has taken place with our stakeholders, and has evidenced support for national and local strategic aims.

1.5 Background and Context

The Herefordshire Strategy for People with Physical Disabilities 2001/2004; Joint Review; and Best Value Review, have been taken into account in the development of this plan.

In order to reach a considered view regarding the Joint commissioners intentions over the period 2001-2004, a comprehensive Needs Analysis and benchmarking exercise was undertaken during 2007.This exercise compared Herefordshire with high performing comparable authorities. These authorities were North Somerset, Somerset and Shropshire.

Comparisons were drawn against the following:

Financial costs`
Service delivery
Staffing ratios
Staffing costs

The outcome of this comparison was to highlight important ways in which Herefordshire needs to improve its performance. A summary of the benchmarking exercise can be seen at Appendix 3.

A report *'Future Care Needs and Services for 18-64 year-olds in Herefordshire with Physical Disabilities'* and based on the needs Analysis, was presented to Cabinet and Adult Commissioning Board in November 2007 where it was accepted as providing the steer for development of this commissioning plan.

2. Consultation Process

2.1 A service user representative was a standing member of the Commissioning Plan Development Group throughout the development of this plan.

2.2 A consultation event based on the outcome of the Needs Analysis was undertaken in July 2007.

2.3 A further independently facilitated consultation event for service users took place on April 29th 2008. The feedback from this consultation can be seen at Appendix 2.

3. Local Demographic Information and Assessment of Current Need

3.1 In order to effectively plan for the future, it is important to have both information about the current prevalence of physical disability within Herefordshire, the extent to which current needs are being adequately met and reasonable projections of future needs in the county.

The data available regarding younger adult people with a physical disability requires improvement. However the information currently available, and taken from the Needs Analysis, is sufficient to indicate the direction in which services should develop.

3.2 **The Demography of Herefordshire**

3.2.1 Herefordshire's current estimated population of 18-64 year-olds is 105,600 and makes up 59% of the total population. The county's overall age profile is older than both the West Midlands region and England and Wales.

3.2.2 According to the Office for National Statistics, numbers of 18-64 year-olds may increase by 2.0% by 2012 However, local forecasts which take into account housing provision, suggest this increase will only be 0.1% by 2011.

3.2.3 It is further anticipated that the 18-64 year-old population could be 107,000 in 2021, an increase of just 1.3% from 2005.

3.2.4 Recent years have seen a more rapid growth in numbers in older age groups (55-64s) and a more rapid decline in those of younger ones (18-34s) than is the case nationally. This ageing profile is expected to continue, with the 55-64 year-old age-groups showing the most rapid growth (7% in the short-term and 21% by 2021).

3.2.5 The county has a smaller proportion of people from 'Black and Minority Ethnic' (BME) backgrounds than the national average (3.5% compared to 14.7%).However this population increased by 40.9% between 2001 and 2004 – a much more rapid growth than the overall population of 1.7%. It is anticipated that numbers have increased further since the expansion of the EU in May 2004: between 2,500 and 3,000 workers from new member states were cleared to work in Herefordshire in 2005 It is not known how many remain in the county. The county also experiences an annual influx of around 3,000 temporary seasonal agricultural workers – mainly over the summer months.

3.2.6 In 2004, 3.8% of 18-64 year-olds in Herefordshire were estimated to be from a BME background; just under half of these were non-white.

3.3 Estimating Numbers of Physically Disabled People.

3.3.1 The number of household residents aged 18-64 in Herefordshire with disabilities has been estimated and projected using national prevalence rates for 2000-01:

3.3.2 Currently an estimated 13,200 people have a disability of any type, 3,200 of whom have a 'serious' disability. The largest increase in both 'serious' and 'moderate' categories of disability is expected by 2012:

3.3.3 There are an estimated 950 household residents with a 'serious' personal care disability, and most pertinent to social care service planning. This number is expected to increase by a maximum of 5% (50 people) by 2012. No further change is expected in the longer term. If all who need such a service have already come to the attention of assessors and care managers, and are receiving care, it can be anticipated that there will not be any notable change in demand over the short or longer term.

3.3.4 The number of people with a 'moderate' personal care disability (4,600) is expected to increase by a maximum of 5% (250 people) in the short-term, and 8% (350) by 2021.

3.3.5 Locomotor Disability

Restriction in mobility is the most common type of disability. Nationally most people with a personal care disability also have a locomotor disability. An estimated 9,200 people have a locomotor disability; 2,050 are classified as 'serious', this is expected to increase by a maximum 7% (150) in the short-term and 10% (200) by 2021.

3.3.6 Sight Disability

1,450 household residents are estimated to have a sight disability, 250 of them 'serious'. It is expected that this latter figure will remain more or less constant in the short-term, and increase by around 50 people by

2021. It is not anticipated that there will be growth in the numbers of those people who have a moderate disability over the same period.

3.3.7 **Hearing Disability**

An estimated 3,000 people have a hearing disability and 100 of these are classified as 'serious'. The latter number is expected to increase by 50 people by 2012, remaining at this level by 2021.

3.3.8 **Communication Disability**

It is estimated that there are 1,250 people with a communication disability, 300 of which are classified as 'serious'. The maximum expected change is an increase of 50 people with a 'moderate' communication disability by 2012, with no change in 'serious' in either the short or long-term.

3.4 Ethnicity of Adults with Physical Disabilities

3.4.1 Currently it is not possible locally to estimate the number of people within different ethnic groups who also have a physical disability.

3.4.2 The proportion of service users of an ethnic origin with a physical disability other than 'White British' in 2006/07 was less than half the proportion in the national population of 18-64 year-olds in 2004. This may have increased given anecdotal changes in the ethnicity of the national population since the expansion of the European Union in May 2004.

3.4.3 Currently little is known regarding the general health and social care needs of migrant and seasonal workers in Herefordshire.

3.5 Geographic Distribution of Adults with Physical Disabilities

3.5.1 Currently it is not possible to project the number of people in different parts of Herefordshire who will have a physical disability.

3.5.2 Further work is required to determine the distribution of adults with physical disabilities in Herefordshire, and whether current services are provided equitably across the county

3.6 Carers

3.6.1 If the prevalence of caring in Herefordshire has remained similar to that identified by the 2001 census, 14,100 people aged 18-64 are estimated to have been providing at least one hour of unpaid care a week in 2005.

3.6.2 At the same time, 1.3% of 18-64 year-olds in the county (1,340 people) were entitled to Carers' Allowance, i.e. were not in employment or full-time education and were caring for a severely disabled person for at

least 35 hours per week

3.6.3 Carers are more likely to be in 'not good' health than non-carers, and the disparity increases with the amount of time spent caring per week.

3.6.4 People who provide care over a long period of time are particularly at risk of poor health.

3.6.5 Carers' health is more likely to deteriorate over time than that of non-carers, with many of the detrimental changes attributable to the caring role. However, these risks are more likely to be in relation to carers' mental health. An ONS survey 8% of carers reported that caring responsibilities had a direct impact on their physical health.

3.7 **Housing**

3.7.1 Although little is currently known about the situation of adults with disabilities in Herefordshire, both national and local information suggests that it is reasonable to assume that people with physical disabilities are more likely to live in socially rented accommodation than people without a disability.

3.7.2 In November 2006, 6.5% of 18-64 year-olds registered with Home Point Were 'registered disabled', 'registered blind', were deaf or had partial hearing difficulties.

4. Current Services

Services Currently Available

A range of services are currently available that reflect a wide range of needs. These services support daily living such a Welfare Rights benefits advice; and the community alarm service. High intensity services such as Birmingham Head Injury Unit and Evesham Stroke Unit are at the other end of this spectrum.

4.2 **Cost of Current Services**

The table below demonstrates the current estimated level of spending by Herefordshire County Council and Hereford Primary Care Trust on the services for young adults with a physical disability.

Further work is required to refine understanding on this matter. Currently some budgets are of a generic nature and do not identify the people who are aged between 18-64

Service	Spend	Income	Net Expenditure
Social Care			
Assessment and Care Management	152,987	15,456	137,531
Nursing Home Care	337,235	105,545	231,691
Residential Home Care	1,507,150	292,283	1,214,867
Direct Payments	1,118,639	45,876	1,072,763
Domiciliary Care	1,413,843	447,987	965,855
Day Opportunities	440,063	19,899	420,163
Equipment and Adaptations	106,190	37,163	69,027
Carers	51,103		51,103
Sensory Impairment	146,274		146,274
Payments to Voluntary Organisations	77,210		77,210
Transport	5,648		5,648
Other Services	57,308		57,308
Community Health			
Parkinson's Disease Nurse Specialist	34,172		34,172
Speech and Language Therapy	69,953		69,953
Physiotherapy	368,577		368,577
Occupational Therapy	464,599		464,599
Head Injury Services	62,500		62,500
Wheelchairs	207,287		207,287
Pain Management	126,300		126,300

Other Health Services			
Stroke Rehabilitation Team/Rehab Centres	874,960		874,960
Cardiac Rehabilitation	2,334		2,334
Rheumatology	268		268
Continuing Care	196,898		196,898
Home Care	777,743		777,743
Special Placements	125,143		125,143
Multiple Sclerosis Nurse	4,136		4,136
Herefordshire Headway	63,596		63,596
Muscular Skeletal Clinic	89,378		89,378
Total Estimated Joint Investment	8,881,454	964,209	7,917,245

4.3 **Funding Services**

4.3.1 The costs referred to above are funded through the base budgets of the Joint Commissioners plus grants and generated income.

4.3.2 Prediction of income is a complex matter that requires further work.

4.3.3 Currently there is no information available regarding the financial status of young adults with disabilities. However it is known that earnings generally in Herefordshire are lower than the national average.

4.3.4 National evidence suggests it is reasonable to assume that people with physical disabilities are more likely to have a low income than those people who have no disability. This will impact upon the ability to pay for services and will impact upon the ability to generate income

4.4 **Performance of Services**

Key areas of concern within the Needs Analysis when comparing Herefordshire's performance with that of comparator authorities is as follows:

- slower to begin assessments (88% contact within 48 hrs compared to an average of 96%)
- slower to complete assessments (88.6% within 28 days compared to an average of 89%)
- slower to deliver care packages (76% within 28 days compared to an average of 92.5%)
- The proportion of Herefordshire's total net social care expenditure classified as an assessment and care management is the lowest at 6% with the average being 18% but substantially lower than Shropshire at 26%
- Is slower in carrying out major adaptations with waiting times being 39 weeks compared to 16.5 weeks in Somerset
- Provides less intensive home care for all adults 6.7 per 1000 population compared with an average of 5.5
- Despite the low levels of intensive home care, unit costs for home social care are higher at £295 per person compared to an average of £160
- Provides substantially more residential and nursing home care than two out of the three comparator areas (32 per 1000 population, compared with an average of 24 in North Somerset and Shropshire and 57 in Somerset); most dramatic is the comparison with Shropshire as 32% of Herefordshire Council's total expenditure is on these forms of care and Shropshire only spends 14%
- Most of Herefordshire's day care is building based and is reflected in the high cost per week at £102 per week compared to an average of £83

5. Areas for development and Improvement

5.1 Service user Feedback

A number of areas for improvement and development have been consistently identified by service users; these are:

Enablement and Self Directed Support
Extension of Direct Payments and Individual Budgets
More opportunity for self assessment
More local and flexible day opportunities
Improved access to housing
Improved access to employment

Communication
Improvement in communication between staff and people who use services
Improvement in communication between professionals
Better and clearer information about service

Performance
More consistent support from social workers, and occupational therapists and physiotherapists
Reduced waiting times for service

Specialist Services
Improved services for people with Acquired Brain Injury

When this service-user feedback is placed alongside the findings of the Needs Analysis, a gap is evident between what is currently available, what is needed to accommodate the aspirations of people who use services, and what will be needed in the future, within the context of both known information and policy development at both local and national level. It is the need to bridge this gap that forms the foundation for the development of this plan.

More specifically, development and improvement is needed in the areas described below.

5.2 Areas for Development and Improvement

5.2.1 Assessment and Care management

5.2.2 Access to Services
There is no single access point across the County for referrals into Adult Social Care which can result in delays from referral to first contact with the service user.

5.2.3 Professional Integration

There is currently limited integration of professions within health & social care with no access to triage as a consequence.

5.2.4 There is currently no specialist focus for physical disability and sensory impairment within assessment and care management services.

5.3 **Enablement and Self-Directed Support**

5.3.1 Day Opportunities

Herefordshire currently offers a traditional approach to day opportunities. These services are predominantly building based and do not adequately reflect the needs of the younger disabled adult.

There is currently work in progress to modernise day opportunities through the introduction of community support centres. A capital bid has been submitted to support a feasibility study on buildings in Hereford City, Ross-on-Wye, Bromyard and Leominster.

These support centres will become “one-stop shops”, providing a range of services which may include therapy based reablement/rehabilitation input; carers and service user support service; internet café access; complementary therapies; information relating to direct payments/individualised budgets and other services relating to Adult Social Care.

Work is also being undertaken through improvements to assessment and care management services to ensure that mainstream, non-specialist services are utilised wherever possible and that signposting services are enhanced as part of the modernisation of day opportunities. Reference is made to this in the adults Social Care Service plan

Access to paid employment may also be regarded as a day opportunity, and this is dealt with under a separate heading.

Modernisation of Day Opportunities will have an adult focus and not be lead by a specific disability. However, access to information and services specific to the service user’s need will be available. There is a cost implication to modernising day opportunities while at the same time supporting an existing service, while service re-design takes place.

5.3.2 Employment

The Council and PCT have a responsibility to facilitate employment opportunities and also have a wider responsibility as employers and community leaders to influence the uptake of employed disabled people within local businesses. Much work has already been undertaken to develop the learning disability workforce through social and micro enterprises. There is a need to develop similar initiatives to

ensure that the employment needs of younger people with a physical disability are also met.

This gap in employment opportunities requires further work to identify the size of the issue and the most appropriate options for development.

5.3.3 Accommodation

There is a need to improve the information available locally regarding the housing accommodation of people with a physical disability; however it is not unreasonable to assume that many will be accommodated in social rented housing.

Herefordshire has high numbers of service users in residential care and nursing home placements. Numbers of out of county placements are high and there are limited accommodation options for this service user group. This often results in younger adults being inappropriately placed in homes for older people.

There is currently no accommodation strategy for this service user group. There is a need to develop a spectrum of accommodation options to facilitate maximum independence. Uptake of support from supporting people requires improvement, as does the use of Third Sector organisations.

Work is currently in progress to develop a housing strategy for people with a physical disability.

There will be a resource implication while re-designing services to meet need.

5.3.4 Occupational Therapy

The demand upon occupational therapy services is extremely high. The current under-capacity of occupational therapy services leads to delays in contact and assessment. This in turn impacts upon performance indicators. The OT service has recently been restructured to reflect a single contact point where all referrals are centralised.

It is also anticipated that DFG waits will reduce with the integration of OT's and with the implementation of the housing strategy.

It is expected that contact and assessment waiting times will reduce, and a larger number of people will be enabled to remain in their own homes for a longer period of time.

5.3.5 Equipment

The Integrated Community Equipment Service is currently undergoing a market testing exercise. As part of this, the service is being reviewed with a view to possible re-design.

5.3.6 Long Term Conditions

There is a clear link with on-going primary care work related to long term conditions; and primary/secondary prevention services to prevent unnecessary admission to acute, residential, nursing or community hospital care. There will be a resource implication attached to these changes. New services will be required with additional intensive support in peoples own homes

5.3.7 Direct Payments and Individual Budgets

Uptake of Direct Payments and support to navigate service users through the system needs to improve. Herefordshire currently has less service users supported through direct payments than the comparator authorities used in the benchmarking exercise. This needs to be increased to supporting users with intensive needs.

5.3.8 Signposting Services

These services require considerable development since they are important in prevention and early intervention. They are also important in ensuring that maximum efficiency is gained from scarce resources, and that mainstream services are encouraged to undertake their full range of responsibilities

5.4 Specialist Services

Services for people who have Acquired Brain Injury (ABI) require specific development, particularly with reference to appropriate housing and day opportunities. Needs analysis has been undertaken and an action plan is being developed.

5.5 Communication

5.5.1 Service Users and Their Carers

Communication with service users and carers needs significant improvement. There is currently no formal mechanism for consultation regarding development within existing services, or the commissioning of new ones.

Herefordshire service users require a stronger voice if change is to be effected. A Service User Network (SUN) is currently being developed. It is anticipated that it will be fit for purpose by April 2008.

Herefordshire Carers is developing “Carers Hubs” within the City and Market Towns. It is also anticipated that carers involvement with the modernisation of day opportunities will be integral.

Access to a range of advocacy services needs to be enhanced if there is to be effective engagement with service users and/or their carers.

5.5.2 Communication between Professionals

There is a need to improve further the communication between professionals and organisations in order to avoid duplicated effort,

fragmentation and inconsistency. An integrated, multidisciplinary approach will facilitate this improvement.

5.6 Performance

5.6.1 Data Collection

The need for improved data collection across health and social care has resulted in major gaps in current data. Actions are required to remedy this. However, it is possible to be reasonably confident about the needs estimated for 2012: an increase of 5% of service users within this period. There will be an on-going need to ensure all data is captured relating to this service user group, making sure that demand for services is monitored, planned and met in a pro-active way

5.6.2 Transition

The quality of transition from children's services to adult services requires further improvement. There is need for a shared philosophy and approach across both areas of service if a smooth and successful transition for young people moving between them is to be achieved.

Protocols have been developed to support the transition period from school year 9. However, this is focused on learning disabilities and currently being piloted in 2 schools. Further work is required in rolling out the pilot to all schools and including children of all disabilities. There will be a resource implication to this.

5.6.3 Recognition of Service Overlaps

There are other areas of service provision that are related to physical disability such as Long Term Conditions, and work being undertaken to modernise the way in which equipment is provided for example. These areas of overlap must be identified and protocols established to ensure consistency and efficiency.

A needs analysis for Long Term Conditions has been undertaken in preparation for the development of a strategy. When completed, the Long Term Conditions Strategy will provide an important cross-reference to this plan.

6. Current Demand for Services

6.1 Information is recorded about people who receive a service from the Physical Disability Team within Social Care. Table 1 shows the number of physical disability service users in each age group for the last two financial years: both snapshot figures on the last day of the year, and the total number of people who used the service during the year

Table 1: Physical Disability service users aged 18-64, Herefordshire

Age-group	Service users at 31st March				All service users during year					
	Physical Disability service users*		Other vulnerable people		Physical Disability service users*		Other vulnerable people		Signposting service**	
	2006	2007	2006	2007	2005/06	2006/07	2005/06	2006/07	2005/06	2006/07
18-34	38	36	4	6	57	72	19	34	2	17
35-54	150	153	36	29	246	296	97	135	20	21
55-64	131	139	23	20	240	284	92	116	43	53
18-64	319	328	63	55	543	652	208	285	65	91

Source: Herefordshire Council Adult and Community Services Directorate
** Coded as either 'physical & sensory disability' or 'frail'; ** people who are referred by the council to other partner organisations, and are not coded.*

6.2 Due to the way data is collected, and the complexities involved in classifying service users, there is limited information about the nature of these people's disabilities.

6.3 Physical Disability service users are classified as either 'physical & sensory disability' or 'frail', but with no further definition.'

6.4 Other vulnerable people' fall under the remit of the Physical Disability Team, but may or may not have a physical disability; this group includes people who may have received welfare benefits advice from the council's Joint Working Team.

6.5 The people included in the annual count as 'signposting service' include those who contact the council for help but are subsequently referred to a partner organisation. An example of this would be someone who needs smoke alarms installed. This person's detail is added to the database, but then signposted to the Fire Service. If contact in such a case is by telephone, it is not possible to assign them a FACS code, and it is therefore not possible to know whether or not the person concerned has a physical disability.

6.6 The significant differences between the 'snapshot' counts on the 31st March and the count of all users over the course of a year are due to the turnover of people receiving short-term services such as welfare benefits and intermediate care.

6.7 A wider group of adults with physical disabilities are counted as being 'helped to live at home'. As well as the 328 people receiving 'traditional' social care services in March 2007, a further 293 were helped by less intensive services: the provision of information; Herefordshire ABLE; and Maintained Equipment.

6.8 An average of five young people with physical disabilities makes the transition from Children's Services to Adult Social Care per year.

6.9 From a health service perspective, 12 service users with an acquired brain injury inappropriately placed either in nursing or residential homes have been identified. These people need care closer to home in appropriate settings that will promote independence through re-ablement programmes.

6.10 The figures in table 1 generally show growth in demand, however work needs to be undertaken to improve the quality and clarity of the information upon which forward planning is based.

7. Future Shape of Services

7.1 In the future and as an outcome of this plan, the pattern of services will change over the period of the plan. The emphasis of this change will be to give people who use services greater choice, independence, and control in terms of the services they receive

7.2 A proactive approach will be taken to the implementation of self-directed support and there will be an increase in the numbers of people receiving a direct payment.

7.3 The role of day centres will change to provide Community Support Centres for adults with physical disability or sensory impairment. These centres will provide a range of appropriate services under one roof including information and carer support

7.4 Support for carers will be enhanced and there will be an increased range of advocacy services available,

7.5 The number of people receiving care in their own homes will increase, as will the number of people receiving intensive home care. These services will be enhanced through improved joint working arrangements.

7.6 Proactive approaches to re-ablement will increase through enhanced provision of occupational therapy and physiotherapy for example

7.7 Fewer people will receive their care in residential settings as supported housing, housing with extra care and care provided in peoples own homes increases.

7.8 Where a residential setting is the only appropriate setting in which to care for any individual, in a nursing home for example, this setting will be provided as close to the community in which the person has lived, as possible.

7.9 The emphasis of all services commissioned will be that they appropriately meet assessed need including age appropriateness; maximise independence, offer choice and control; and appropriately manage risk

8. The Way Forward – Commissioning Intentions

8.1 Based upon the Needs Analysis, comparative information and analysis of service gaps, the commissioning intentions proposed by the Joint Commissioners are listed below. For each of these intentions the plan identifies:

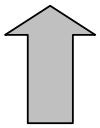
- The proposed approach to be used
- How the intention relates to the Transformation Priorities in the Adult Social Care Services Plan
- Who will be responsible
- The actions planned over the period of the strategy
- The resource implications where known
- What the change will mean in terms of outcome

Symbols are used to indicate whether the effect of the proposal is to increase or reduce investment in this type of service or whether a reshaping of services will take place without impacting on expenditure.

It needs to be understood that some of the actions being taken affect all service user groups and the commissioning process for health and social care as a whole

⇧	Increased Investment
⇩	Decreased Investment
⟳	Cost Neutral

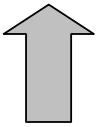
8.2 **Improving Assessment and Care Management Services**



Intention	Proactively develop self directed support A single access point for care, assessment, management and referrals
Transformation Priority: Adult Social Care Services Plan	1 Effective leadership and Management 4 Personalisation: 'Putting People' First 5 Increase Options to Support Independence
Approach to be used	• To embed Single Assessment process across all relevant organisations • To use the Target Operating Model (TOM) as a resource to support the development of integrated teams consisting of social workers, therapists, and assistants in order to triage service users to the most appropriate professional at point of referral • Ensure the development of a focus for physical disability within Assessment and Care Management Teams through the creation of a specialist post in each locality and the development of a 'virtual team'. • Agree appropriate resource allocation system • For the increased use of signposting to appropriate services for existing service users and new cases to reduced contact and waiting times in all disciplines • For OT's to be integral to the DFG process to reduce assessment waiting times for major adaptations
Responsible	Operational Services Manager/ Impact Officer

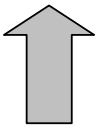
Planned Actions	2009/10 – • To work with the workforce development manager at HPCT to scope the current workforce against present and future need • To identify areas where re-allocation of the workforce needs to take place • To develop implementation plans and manage change process for staff affected • To have an operational team in place by the end of the financial year 2010/11 – • To continue programme of integrated case management and assessment through single access point
Resource Implications	It is anticipated the work in year one will be undertaken within existing staffing. The review in year one will identify any resource implications for services. Funding for 3 additional posts has been identified.
Outcome	Commissioning of services will be better informed Knowledge and expertise will be enhanced

8.3 **Transition to Adult Services**



Intention	To ensure a smooth transition from Children's into adult social care
Trnsformation Priority: Adult Social Care Services Plan	
Approach to be used	• To develop and implement protocols from school year 9 to ensure a seamless transition to adults services from children's services • To work with children's services and connexions to identify the number of children • To work with families prior to transfer to ensure they are clear re: eligibility criteria and what service they are likely to receive
Responsible	Operational Services Manager
Planned Actions	2008/09 – • To have developed these protocols and identified all the children 2010/11 – • For adult social care to be in contact with each family • To identify a key worker prior to the child's 18th birthday
Resource Implications	It is anticipated the work in year one will be undertaken within existing staffing and the review will not demonstrate a need for additional staffing.
Outcome	Experience of services for these children and their families will improve in quality Currently between 5-7 children per year who are assessed as being in need and who wish to receive adult services. This is not expected to change within the next 3-5 years

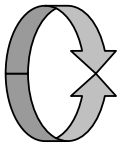
8.4 **Supporting Independence**



Intention	Proactively develop self directed support and enhance help to live at home and intensive home care packages
Transformation Priority: Adult Social Care Servcies Plan	1 Effective leadership and Management 2 Strengthen Joint Commissioning 3 Strengthen user and Carer Engagement 4. Personalisation: 'Putting People First' 5 Increase options to support independence
Approach to be used	• To review the current contractual arrangements with the partnership organisation and increase capacity to ensure all service users have access to direct payments • To explore the use of individualised budgets through the in-control model as piloted in LD • To ensure that all staff offer new service users direct payments as first line • To commission additional staffing support to facilitate staff and service users through this processes
Responsible	Operational Services Manager
Planned Actions	2008/09 – • To increase the number of people receiving direct payments by 28% a year for the next 3 years • Re-commission rehabilitation service for visually impaired people • Develop independent brokerage • Develop communication plan to inform current and potential service users and carers, including self-funders on personalisation • Develop support options for personalisation • Evaluate and enhance telecare services • Implement pilot Woodside rehabilitation flats • Contribute to review of OT services and enhance OT and physiotherapy role in promoting independence • Contribute to review of ICES service • Contribute to implementation of plan for self-management of Long term Conditions, linked to personalisation
Resource Implications	This intention links closely with work being undertaken across all service user groups e.g. review of ICES and development of self management for Long Term Conditions. An overall resource is committed to this intention across all service user groups. Support capacity Support officer at WTE salary

Outcome	People who use services will experience an increase in in choice and control. Numbers of people using Direct payments will increase and individual accounts will be established.

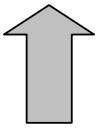
8.5 **Modernising Day Opportunities**



Intention	To develop new models for day opportunities that are needs led, community focused and enable early intervention, prevention and rehabilitation
Transformation Priority: Adult Social Care Services Plan	2 Strengthen Joint Commissioning 3 Strengthen user and Carer Engagement 4 Personalisation: 'Putting People First'
Approach to be used	• Contribute to the development and Implementation of a full day-care opportunities strategy linked to personalisation and individual budgets • Development of Community Support Centres providing a one-stop information shop for service users and carers as first point to accessing information about services • To use the money obtained from the capital bids process to conduct a feasibility study on 3 sites • To provide a wide range of reablement, therapy and social facilities • To ensure this links with the proposed one-stop information centre for service users, carers and potential service users • This is a key component of the TOM for adult social care • To maximise the involvement of partnership opportunities such as the carers hub and service user network •
Responsible	Operational Services Manager/ Impact Officer
Planned Actions	2008/09 – • Feasibility study complete and canal road fit for purpose • To scope existing need and existing services to identify the model, exploring how the Target Operating Model (TOM) fits with this • To scope current information services • To develop the link with community support centres in the potential development of centres of expertise • To develop a model for the delivery of this service and explore whether this should be a web, telephone or building based service • To work with all partner organisation but most especially increase the involvement of the third sector organisations

	• Increase use of public transport and access to mainstream community services • 2009/10 – • Feasibility studies to be completed in the other 2 areas 2010/11 - • All 3 community support centres to be fit for purpose • To develop further centre if need determines this 2008/09 - 2009/10 – • To have one information shop fit for purpose
Resource Implications	There is allocated funding through a successful capital bid to conduct feasibility studies on sites in Leominster, Bromyard and Hereford City £65 000 has been allocated for the next 3 years to complete this process
Outcome	Facilities will be fully utilised, service users will experience improved access to services and ???? will have enhanced support.

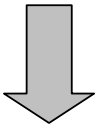
8.6 **Improvement for Service Users and their Carers**



Intention	Development and implementation of Service User and Carers Network To engage third sector services in providing schemes that will support advocacy for people fro physical and sensory disabilities
Transformation Priority: Adult Social Care Services Plan	Strengthen User and Carer Engagement
Approach to be used	• For both statutory organisations to continue to support the development of the identified Service User Network (SUN) until independence is achieved • To ensure the work of SUN fits with the LINKS project and the Host Organisation when appointed is aware of current work in progress • To maintain links with the Carers Network and establish a direct link once the carers hub has been established • To ensure both networks are integral to the community support centres • To ensure that there is an increase in the numbers of carers assessments undertaken • Increase the commissioning of specialist advocacy schemes from the third sector
Responsible	Operational Services Manager/ Impact Officer
Planned Actions	2008/09 – • To identify a support officer to help SUN with marketing and fund raising ensuring independence by the end of the financial year. • For this support worker to become part of the involving people team at the PCT • To review existing advocacy contract for this client group 2009/10 – • For statutory organisations to use this network as a consultation mechanism to effect service change and • To have a variety of advocacy schemes running • Set up 'Deaf Direct' consultation forum • Acquire information to reach 'Seldom Heard' groups • Award contract for Carers Hub and implement service • Enter three month consultation on delivery of short

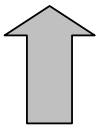
	breaks • Specification in place for short breaks • Develop and implement carers consultation forum
Resource Implications	1 year funding for support worker To speak with finance personnel at HPCT and HC To speak with PCT and HC finance colleagues
Outcome	User and carer representation will increase as a result of these developments. As awareness of services is increased this will have an effect on the number of people accessing information about services and possibility being eligible for services.

8.7 **Reshaping Residential Care**



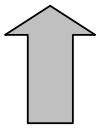
Intention	Reduce investment in long term residential care and enhance investment in based services. Ensure good quality and appropriate services for those people who require specialist and intensive forms of residential care, e,g, nursing home care.
Transformation Priority: Adult Social Care Service Plan	2 Strengthen Joint Commissioning 4 Personalisation: 'Putting People First 5 increase Options to Support Independence
Approach to be used	• To identify existing service users placed in residential and nursing homes • To assess each individual case and facilitate placement back into local community wherever possible. • To prevent new services users being placed unnecessarily in out of county care placements
Responsible	Operational Services Manager/ Impact Officer
Planned Actions	2008/09 – • To identify the number of existing service users in out of county care placements and assess ability to move. • Identify the most appropriate way of commissioning age appropriate nursing home care for those people who will continue to require this level of service. This includes the need to consider regional commissioning. 2010 - • for residential care placements to fall from 32 to 16 by • for intensive home care packages not supported by direct payments to fall from 34 to 18 by 2010 2010/11 – • for nursing care placement to fall from 10 to 3 by
Resource Implications	There will be a reduction in the spend on residential care. This saving will fund enhanced care at home services
Outcome	Community-based living options should minimise the need for residential care by 2012, but the current level of nursing home placements will need to continue and care at home will increase and achieve enhanced value for money.

8.8 **Housing**



Intention	Increase the accommodation options available and floating support for people to live in the community.
Transformation Priority: Adult Social care Services Plan	2 Strengthen Joint Commissioning 4 Personalisation: Putting People First 5 Increase options for Independence
Approach to be used	• To conduct a needs analysis to ascertain the accommodation and support needs of current service users and future needs of people with a neurological long term condition and a physical disability • To use the Acquired Brain Injury client group as a pilot for the needs analysis and then roll out across other conditions • To visit comparator organisations as an identification of best practice • To develop a housing strategy between HPCT, Adult Social Care and other partner organisations
Responsible	Impact Officer / Head of Neuropsychology/Operational Services Manager
Planned Actions	2008/09 – • To complete the needs analysis of all client groups with neurological conditions • To identify all service users currently in residential and nursing accommodation and review cases 2009/10 – • To complete the Housing strategy • To reduce the number of residential care placements through intensive home care packages commissioned • Improve value for money from intensive homecare packages commissioned • To reduce the number of nursing care beds but recognise there will be some need. • Identify the number of step-up and step down beds required to facilitate early discharge and prevent admission. 2010/2011 – • To have successfully completed the tender process for accommodation suitable for rehabilitation and reablement purposes and homes for life
Resource Implications	To discuss with PCT and HC finance personnel
Outcome	Robust forward plan for people with neurological conditions. Appropriate accommodation for people who use services

8.9 **Employment**



Intention	Commission a range of services that will lead to useful occupation, supported employment and open employment
Transformation Priority: Adult Social Care Service Plan	5 Increase options to support independence
Approach to be used	• To identify current service user pathways • Commission a job coach/ work placement service from a specialist independent sector provider such as Workmatch and LSC
Responsible	Operational Services Manager/ Impact Officer
Planned Actions	• To link with the work already under taken in Learning disabilities as their pathways will have similarities to PD • To develop a multi-disciplinary approach to assessment, care management and referral to employment opportunities • To identify unpaid as well as paid employment opportunities • Engage providers to ensure opportunities for employment for Service users
Resource Implications	This is an intention that cuts across a number of service user groups. Resources will be identified and allocated on a generic basis
Outcome	That employment is routinely included in the ??? as options available to people. For a range of occupational opportunity to be available.

9. Strategic Considerations

9.1 Implementation of the plan will require that the Joint Commissioners take into account wide ranging considerations. Progress regarding these considerations will be imperative for effective implementation. The considerations are:

9.1.1 The inter-dependence of health and social care and the arrangements that need to be in place to ensure that this is both recognised and managed in terms of all processes and procedures that support the plan and its delivery through commissioned services. Any enhancement in a specific area of service is likely to a) increase demand and b) impact upon other closely related services.

9.1.3 An appropriate balance of investment in community services must be achieved between the Joint Commissioners;

9.1.4 The Joint Commissioners are committed to a holistic, social, non-medical model for the commissioning and provision of services for this service user group.

9.1.5 The holistic model referred to above, requires a matrix approach to all aspects of the commissioning process, and requires the input support and agreement of housing, employment services, education, culture and leisure, welfare benefits, as well as the support and agreement of social care and health services or any other stakeholders that are identified in the planning of specific services. This will require close cross- reference to the strategic planning process associated with all relevant stakeholders is critical for effective implementation of this plan;

9.1.6 Consistent and comprehensive engagement with service users, carers and advocates on an ongoing basis to ensure their inclusion in planning and development of appropriate, needs-led services. This will require development of an appropriate range of mechanisms, supports, and transparency of decision making and feedback to those who engage.

9.1.7 Consistent and comprehensive engagement with the Third Sector in order to ensure that its strength and expertise is fully utilised when commissioning services for younger adults with a physical disability

9.1.8 Effective and efficient management of challenging interfaces, most notably but not exclusively, the transition between children and adult services.

9.1.9 The development of a clear focus for physical disability services,

through the creation of a multidisciplinary and specialist 'virtual' team at assessment and care management level;

9.1.10 During a major process of change management, some change will require additional funding during the implementation phase. This needs to be understood within the context of 'investing to save'.

9.1.11 Where it is anticipated that new developments will be funded from existing resources, clear protocols are required to describe how developments are prioritised; from where resources will come; and what (if any)service is to be de-commissioned as part of a re-alignment of resources.

9.1.12 Although the focus of this plan is the commissioning of specific services the need for which has been identified through the Needs Analysis, commissioning is a complex cycle of activity that often requires improved performance or different performance from a range of stakeholder and provider services. This needs to be clearly signalled in the planning process and defined within supporting action plans, including those of Workforce Development

With the above in mind, development of a clear focus for the commissioning of services across Hereford Primary Care Trust and Herefordshire County Council will be imperative. Such development will also be in line with the Department of Health vision of World Class Commissioning.

10. Implementing the Plan

Each of the commissioning intentions is detailed in a separate Action Plan. These together form the project plan for the each of the commissioning intentions.

A Partnership Board will be established under its own terms of reference agreed by the Adult Commissioning Board. The Partnership Board Group will comprise a lead officer representing each of the commissioning intentions, service users and carers, and voluntary sector representation.

Additional members will be co-opted as and when necessary and appropriate.

Reporting to the Partnership Board will be a 'Progressing the Plan Group' whose job will be to ensure that actions defined within the Action Plan will be progressed. The group will be jointly chaired by two senior managers from

Herefordshire Council and Herefordshire PCT and report to the ACB on a six monthly basis.