

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 65

Brighton & Hove City Council

Subject:	Choice, Independent Living and Personalised Care: A Strategy for Physical Disability Services 2009-2012		
Date of Meeting:	6th March 2009		
Report of:	Director Adult Social Care & Housing		
Contact Officer:	Name:	Karin Divall	Tel: 29-4478
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Key Decision:	Yes	Forward Plan No: ASC 7792	
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT

- 1.1 This is the first Physical disability Commissioning Strategy for the City. It is a joint strategy across Brighton & Hove PCT and Brighton & Hove City Council and outlines the development of services for adults with physical disability over the next three years 2009-2012
- 1.2 A strategy framework was presented to the Cabinet Member Meeting in December 2008 and the Cabinet Member agreed to the further development of the strategy informed by the 2009 Joint Strategic Needs Assessment and completion of an Equalities Impact Assessment.

2. RECOMMENDATIONS:

- 2.1 That the Cabinet Member note and endorse the attached strategy.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The PCT, as lead commissioner for services in the City for adults with physical disabilities, has been working with the local authority, and a wider representative stakeholder group, to develop this strategy. The strategy which identifies demand and need for services and provides the opportunity to develop better commissioning and improved management of limited resources across the health and social care sector.

The strategy identifies the local and national drivers for change. An assessment of need based on demographic information, local activity and trends. It then maps out the future direction including:

- Involvement and engagement
- Person centred care and self directed support

- Promotion of independence and extended living opportunities
 - Improved support to those with complex and higher dependency care needs through the commissioning of alternatives to high cost residential, nursing home care
 - Increased opportunities for local; citizenship and community participation
- 3.2 In order to implement the strategy, an action plan has been developed which will be taken forward by a new Physical Disability Strategy Steering Group. This group will have representation from across the statutory and voluntary sector and will report progress for all key projects to the relevant boards including the Brighton & Hove PCT Board and Adult Social Care Cabinet Meetings. This implementation action plan is attached at appendix C.
- 3.3 The Strategy has been informed by the Joint Strategic Needs assessment 2009 which has been developed for Adults aged 18 to 64 with physical disability to support budget and service planning. The JSNA is attached at appendix B.

4. CONSULTATION

- 4.1 The strategy has been developed by a steering group with representation from the statutory and voluntary sectors. A period of engagement and consultation was led by the PCT and took place from October until end of January 2009 with key stakeholders including voluntary sector and communities of interest, Disability Equality Scheme steering group and service users groups, relevant clinical groups and networks. Further consultation has been carried out since December in the development of an Equalities Impact Assessment.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 The strategy is expected to be delivered within health and social care budgets however elements of the action plan may require further investment and will be subject to detailed business cases and a value for money approach. The strategy sets out objectives and where a changed approach is proposed. The expectation is that through service modernisation efficiency savings will be generated which will fund the new approaches

The PCT currently spends £435m in providing health care across Brighton and Hove. A significant proportion of this health care is provided to the working age population with physical disabilities. A key part of the Physical Disability Action Plan will be to establish baseline funding streams for physical disabilities and to ensure that these can be clearly linked with appropriate healthcare outcomes.

Expenditure across social care on physical disabilities (adults under 65) is approximately £9m. A proportion of the City Council's capital budgets on adaptations and Disabled Facilities Grants is applied to physical disabilities.

Finance Officer Consulted: Anne SilleyJonathan Reid

Date: 25/11/08

Legal Implications:

- 5.2 The Physical Disability Strategy has been developed in accordance with national and local policy and follows a comprehensive analysis of assessed need within Brighton and Hove, taking into account the outcome of consultation with relevant stakeholders.

The Strategy should therefore ensure that the Council continues to be able to meet its statutory duties to service users, in accordance with individual need, and in compliance with the Human Rights Act.

Lawyer Consulted: Hilary Priestly

Date: 11/11/08

Equalities Implications:

- 5.3 An Equalities Impact Assessment has been completed on the strategy and will be supported by an EIA on the associated action plan. The full Equality Impact Assessment panel was scheduled for 16th Feb however due to the inability of stakeholders to meet on the 16th the panel will now meet on the 23rd February to complete the full EIA. It is important that the strategy is considered by Cabinet in March, as recommended by members in December 08, so that this area of work can be included within the CSCI review scheduled in March.

Therefore it is recommended that a verbal update on the outcome of the assessment panel will be given at the Adult Social Care Cabinet meeting on the 6th March.

Sustainability Implications:

- 5.4 The strategy aims to improve access to and quality of services for disabled people without additional impact upon the environment.

Crime & Disorder Implications:

- 5.5 A higher proportion of disabled people are subject to abuse and hate crime than for the City population as a whole and this strategy aims to support disabled people to access support, advice and services that will address this inequality.

Risk and Opportunity Management Implications:

- 5.6 Demand for, expenditure on and unit costs of services for adults with physical disabilities has been increasing year on year and future growth is a financial risk. This strategy provides an opportunity to work across health and social care to strengthen commissioning and deliver improved value for money and reduce the financial risk and to meet the council priority of better use of public money.

Corporate / Citywide Implications:

- 5.7 This strategy meets the council corporate priority of reducing inequality by increasing opportunity. It is relevant to disabled people who live, work and use services from across the council and this strategy will apply equally to disabled people from across the City.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 The strategy has been developed to address the financial risk and to develop improved demand planning, the alternative would be no strategy which would present a financial risk.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 The strategy, JSNA, and three year implementation Action Plan have been developed by the Primary Care Trust in partnership with the local authority. The Cabinet Member is now asked to agree the strategy on behalf of the local authority, prior to presentation to the Joint Commissioning Board.

SUPPORTING DOCUMENTATION

Appendices:

1. Choice, Independent Living and Personalised Care: A Strategy for Physical Disability Services 2009-2012
2. Appendix A: Relevant Policy Strategy and Legislation
3. Appendix B: Joint Strategic Needs Assessment: Adults Aged 18 to 64 years with Physical Disabilities
4. Appendix C: Three year Action Plan for Physical Disability Services 2009-2012
5. Appendix D: Glossary
6. Appendix E: Summary report of consultation and engagement activity

Documents In Members' Rooms

1. Physical Disability Strategy

Background Documents

1. None