Brighton & Hove

NHS
Brighton and Hove

Choice, Independent Living and Personalised Care

A Strategy for

Physical Disability Services

2009-2012

Table of Contents

1 Acknowledgements

This strategy has been developed with contributions from:

- Service user and carers
- Representative of organisations of disabled people
- Members of a Strategy Steering Group
- Disability Equality Scheme steering group and service users group
- Integrated Service Improvement Programme (ISIP) workshop members
- Care Services Improvement Partnership (CSIP)

2 Executive Summary

The joint Physical Disability Commissioning Strategy sets out the future direction of physical disability services in Brighton and Hove from 2009 - 2012.

The purpose of this strategy is to extend choice, strengthen independent living, deliver personalised care and create greater citizenship opportunities for people with a physical disability.

The strategy supports a social model of disability which shifts the focus from impairment (the medical model) to the recognition of the impact of social and environmental barriers for people and how these can restrict and exclude people with a disability from mainstream society[1].

Relevant to a range of disabilities (cognitive, mobility, sensory, and communication) and health conditions a broad scope is required and responsiveness to a range of individual needs. The strategy whilst relevant to all age groups and people with other disabilities addresses focuses on the needs of adults (18-65yrs) with a physical disability and the associated care services. It is therefore important to cross-reference this strategy with other key areas of work[2] to ensure a comprehensive approach to the development of services, efficiency and best use of resources.

The development of the strategy has been informed by: national and local policy and guidance, a Joint Strategic Needs Assessment for Adults with Physical Disabilities, and listening to the views of disabled people and their carers.

Disabled people have told us that services must be planned and commissioned based upon a social model of disability. The social model recognises the need to address the environmental and attitudinal barriers which exist and prevent full equality for disabled people. Disabled people and their carers want more involvement and meaningful engagement in the process of planning for service improvement. Service users and carers have identified areas for improved access and support including: information services, during hospital admission and at point of hospital discharge, to support independent living and to access mainstream community activities.

As a result of the above the strategy has five overall strategic objectives outlined below:

[1] Social model of disability: Disability within the social model is defined as "the loss or limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers".

[2] Key areas of work are included at Appendix A

Five strategic objectives:

- To actively involve and engage physically disabled people and their carers in the future planning and development of services.
- To develop personalised and self directed care
- To promote independence and extend opportunities for independent living
- To improve support to those with complex and higher dependency care needs
- To increase opportunities for local citizenship and participation in communities

For each of the five objectives above the strategy identifies: relevant local priorities the key actions for delivery and the desired outcomes. The key actions of this strategy include:

To strengthen service user and carer engagement and involvement the key actions are:

- To ensure service user and carer involvement in the planning, development, monitoring and reviewing of future services through the development of inclusive engagement structures.

- To develop a service user led centre for independent living to provide a focal point for community information, independent living support and further opportunities for service users and carers.

To further develop personalised and self-directed care the key actions are:

- To ensure information services are highly visible and integrated thereby strengthening the one-stop shop approach to information, advice and advocacy services.

- To strengthen health promotion and well being initiatives through the introduction of designated health trainers and Expert Patient Programmes.

- To develop self care and management by increasing take up of self directed care including Direct Payments and individual budgets.

- To ensure care delivered is timely, responsive, accessible and person centred

To increase support to individuals and their families to maintain independence and independent living the key actions are:

- To strengthen the focus of services on reablement and rehabilitation to support independence and independent living.

- To improve management of disability during hospital stay and in discharge planning to facilitate a return to independent living

- To improve access to accessible and adapted housing

- To deliver primary and community services which support independence, are delivered as close to home as possible, with appropriate access and re-access to support as needs change

To improve support to those with complex and higher dependency care needs and their carers the key actions are:

- To develop a commissioning framework to broaden support options available locally this will include:

- Development of Extra Care Housing for adults aged 18-65 years

- Improving access to short term, transitional services for those in transition (e.g. those leaving hospital or specialist rehabilitation services or children's care services),

- Improving longer term support for those who wish to return to the city from out of area placements and those wishing to remain living independently within their own homes

- Exploring further integrated working for those with complex health and care needs to ensure appropriate and greater co-ordination of care

- Strengthening current procurement initiatives to ensure high quality and value for money care is purchased for the city's population

To increase opportunities for local citizenship and partnership the key actions are :

- To increase opportunities for employment, and training to include support for finding and retaining employment, accessing training and retraining opportunities.

- To ensure that people with a disability are able to access the city's wide range of mainstream community activities.

- To develop a centre for independent living model which will develop strong links with the wider community and develop further opportunities for community participation.

Delivering the Strategy

To successfully deliver this strategy a whole systems approach is required. A cross-representational Physical Disability Commissioning Strategy Steering Group will be established to steer and monitor implementation of the strategic action plan. Due to the wide-ranging scope of the strategy a project management approach will be taken to implement the key actions of the strategy.

3 Setting the scene

3.1 Introduction

Brighton and Hove City Primary Care Trust (B&H PCT) has, together with Brighton and Hove City Council, jointly developed a three-year strategy (2009 to 2012) to improve opportunities and support services to people with a physical disability.

The strategy encompasses the whole health and social economy of Brighton and Hove, and must be read in conjunction with local disability schemes[3], which provide the local plans for ensuring equality of opportunity for disabled people.

National and local policy sets out the direction for the delivery of health and social care and this strategy outlines how local services will develop to meet national policy whilst ensuring the most effective use of resources.

3.2 Scope

This strategy is based on the social model definition of disability, which shifts the focus from impairment (the medical model) to the recognition of the impact of social and environmental barriers for people and how these can restrict and exclude people with a disability from mainstream society[4].

The strategy's remit is broad, relevant to a range of disabilities (cognitive, mobility, sensory and communication) health and long term conditions. Specific focus is given to the needs of younger adults (18-65yrs) with a physical disability, and the related adult support services to ensure that work, family, social and personal life considerations for working age adults are addressed.

However whilst the principles and aims of the strategy will be relevant to all it is necessary to refer to the relevant individual plans for information on other detailed work programmes. To assist this other relevant strategies and areas of work are listed in Appendix A.

3.3 Key Strategic Objectives

The Government's vision for disabled people is set out in Improving The Life Chances of Disabled People[5] It states:

> "By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society"

[3] http://www.brightonhovecitypct.nhs.uk/pct/howwework/equalities/documents/DisabilityEqualitySchemeDraft17.pdf

[4] Social model of disability: Disability within the social model is defined as "the loss or limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers".

[5] Improving the Life Chances of Disabled People, Prime Minister's Strategy Unit 2005

To improve the life chances of people locally the following key objectives have been identified:

- To actively involve and engage physically disabled people and their carers in the future planning and development of services
- To develop personalised and self directed care[6]
- To promote independence and extend opportunities for independent living[7]
- To Improve support to those with complex and higher dependency care needs
- To increase opportunities for local citizenship and participation in communities by improving access to the city's services and facilities e.g. education, employment, leisure and other activities

*Throughout the strategy recognition and consideration of the support needs of carers: both carers of disabled people and disabled people as carers themselves will be evaluated.

3.4 Key Principles

This strategy is underpinned by the following key principles:

- Services should be designed and developed in partnership with users and carers.
- The strategy must ensure that the needs of those more traditionally excluded[8] are fully considered.
- Services commissioned must provide high quality, evidence based care and represent value for money.
- The commissioning plan will seek to sustain a balanced financial position across the local health and social care economy.

3.5 Key Challenges

Key challenges for the strategy are:

- Ensuring that the plan is responsive and flexible in order to address a wide range of disabilities and individual needs.

[6] Personalised care: This is where the individual is central to the decision making and planning of care and has choice as to how their needs are met

[7] Increasing disabled people's opportunities to live independent lives at home, at work and in the community

[8] Including disabled people from black and minority ethnic communities, and disabled people who are lesbian gay, bisexual or transgender

- Achieving the necessary coordination and integration of commissioning plans and support systems to ensure a shared approach.

- Delivery of the plan and significant service improvements within a financially challenged local health economy.

3.6 Risks

3.6.1 Securing ongoing service user engagement and involvement

3.6.2 Stronger local service user engagement and involvement is required to ensure that services are responsive and flexible to meet local need. A robust and inclusive model is required to secure wider representation locally.

3.6.3 Financial Plan

Across the local care economy key services for physical disability experience a consistently high level of demand. As treatment and technology advances and more people with complex needs are supported to live at home the demand on services and existing budgets has increased. This has led to significant pressures within both health, housing and social care budgets.

In addition, the economic environment is more challenging than in previous years – health, housing and social care services will face increasing and competing demands for prioritisation within a tightening financial envelope. The key risk here is that, as identified in both this strategy and the Joint Strategic Needs Assessment, the funding streams for physical disability services are often less directly 'visible' and receive less direct focus than others as they are often located within other service pressures. This is because services for adults aged 18-65 years with a physical disability are often associated with other conditions (particularly within a healthcare context).

3.6.3 Management information

This strategy's assessment of need is largely based on national data applied to the local population. This has enabled an estimate of local incidence, and prevalence rates and expected type and level of disability locally. Improved record keeping across the local health economy is required to facilitate a more robust analysis of future needs.

3.7 Mitigating Factors

Development of a robust model for ongoing service user engagement and involvement is a key priority of the three year action plan (included at Appendix D) and will be taken forward in year one.

The Joint Strategic Needs Assessment (JSNA) and action plan highlights the key budget lines for physical disability services. To mitigate the recognised financial risks above, work will continue to further assess need and identify spend against physical disability. A Physical Disability Steering Group will be established to monitor implementation and financial impact of the proposed initiatives and to secure closer alignment of performance and financial reporting, budget planning and

commissioning. This group will help ensure that the profile of the needs of service users with a physical disability will be maintained within the prioritisation processes within health, housing and social care.

4 Drivers for Change

4.1 National context

This strategy is developed in the context of national legislation, policy and initiatives aimed at achieving full equality for disabled people by 2025[9] and a government drive to give a right to independent living.

It is also developed at a time of major reform within health and social care that will shape the way services are delivered in the future, giving renewed priority to:

- Good prevention services and early-targeted intervention;
- Supporting those with more long term needs;
- Equality of citizenship and reducing health, social and community inequalities;
- Improving access to community services, integrated and personalised care
- Greater integration and joined up working between health and social care services.

The main guiding legislation and national policy for the Physical Disability strategy include:

- The Disability Discrimination Act (1995)
- The Disability Equality Duty (2005)
- World Class Commissioning and the Darzi Review “Our NHS, Our Future” (2007)
- Our health, our care, our say: a new direction for community services' (DOH (2006)
- Putting People First: A shared vision and commitment to the transformation of Adult Social Care
- Improving the Life Chances of Disabled People, Prime Ministers Strategy Unit, 2005

It is also informed by clinical and best practice guidelines such as:

- Long-term conditions National Service Framework (DOH 2005)
- National Stroke Strategy (2007

[9] Equality 2025 - the UK Advisory Network on Disability Equality is a network of disabled people, who will act as a reference group for the government to ensure input from disabled people at the start of policy development. The intention is that policy changes across all government departments will be referenced by the network and therefore validated by disabled people.

- Standards for Services for people who are deafblind or have a dual sensory impairment in partnership with the Department of Health
- Stepping Away for the Edge, Improving Services for Deaf and Hard of hearing
- Transforming Community Equipment Services Project, (DOH 2006)

4.2 Local context

In addition to key national policy the strategy is developed in line with the city's overall strategic plan for local health and social care services. Several key documents set out the future direction for services across the city.

Brighton & Hove City Council Corporate and Directorate Priorities set the framework for this strategy and are to:

Corporate Priorities	Directorate Priorities
• Protect the environment while growing the economy • Better use of public money • Reduced inequality by increasing opportunity • Fair enforcement of the law • Open and effective city leadership	• Providing homes to meet the needs of the city • Improve housing quality in the City to ensure all have access to decent homes • Deliver Value for money services • Work in partnership to improve the commissioning and provision of services • Reduce inequality • Deliver excellent customer services

Brighton & Hove City Council (Adult Social Care) is taking forward an ambitious Personalisation Programme with the vision of creating an integrated range of effective services and opportunities and delivering timely and appropriate responses to individuals' needs and aspirations and which support people to lead fulfilled and healthy lives.

The city is committed to empowering people to make informed choices about the sort of support that suits them and to achieve the outcomes they want to maximise their independence and quality of life. This includes safeguarding those people whose independence and well being are at risk of abuse and neglect.

To deliver this vision, services are being re-designed to offer:

- clear advice and information through multi skilled contact points
- self assessment, easy access to simple services (e.g. equipment, community services, telecare)
- identification of and signposting to partnership solutions to improved quality of life
- self directed support options at all stages for all social care users
- an integrated approach to reablement for the majority of social care users
- a robust care management service for those who need it
- a professional and effective process to safeguard vulnerable adults

The new service will work to a set of key principles, including:

- a service that enables people to make decisions and choices wherever possible
- a service that facilitates independence whereby people can access the appropriate resource at the right time and move on
- a service that is flexible and designed to meets changing needs
- a service that listens to people's views and is open to change
- a fair service for all parts of the community that does not discriminate on the basis of income or background
- a service that represents good value for money for the community and the person using the service

The Primary Care Trust (PCT) has developed its Strategic Commissioning Plan for 2008-2013 – this is the overall commissioning plan for the city's health care services. It sets out the plans for improving health care services to ensure "High Quality Care for All" in line with World Class Commissioning and the Darzi Review and the three key principles of: better health and well being, better care and better value for all, underpinned by the organizational competencies to deliver them. The PCT has identified six key overall commissioning goals for the next five years. The goals are for:

i) Average life expectancy to increase above expected trends with biggest gain in the most deprived areas

ii) Children grow to adulthood with maximum life chances and best possible health

iii) Improve quality and response for mental health, sexual health, alcohol and drugs services

iv) Improve quality and response in primary care services

v) Improve quality of life for people living with long term conditions

vi) To have a range of services nationally recognized as best practice

Healthier people excellent care for NHS South East Coast (2008) – sets out a shared vision and recommendations for health services in the South East Coast region over the next 10 years. The PCT has agreed and signed upto a number of pledges for the improvement of health services. Relevant to this strategy are pledges for staying healthy, acute and planned care and long term conditions. Key pledges for Long Term conditions are set out below:

No	Long Term Conditions - Pledge
1	By 2010 health and social care to be jointly planned and purchased for long term conditions where appropriate, so that people will receive co-ordinated and personalised care that is tailored to their needs.
2	By 2011 90% of patients with long-term conditions will have personal care plans
3	By 2012 all patients will receive ongoing support , education and training to help them better manage their own condition
4	Networks of clinicians will be developed to improve the quality of care for people with long-term conditions
5	We will work with the NHS and employers to rehabilitate people so that they return to work at the earliest opportunity

Other key local strategies with which the physical disability strategy is cross-referenced are summarised in Appendix A and include:

- Older Peoples Commissioning Strategy (2007-2010)
- Strategy for Self Care
- Housing Strategy
- Strategy for Self Directed Support
- Carers Strategy
- Extra care housing strategy

5 Local assessment of need

This strategy is informed by the city's Joint Strategic Needs Assessment for Adults (aged 18-64 years) with physical disabilities 2009 (included at Appendix B)

The JSNA provides an assessment of local need based on local demographic and activity information and national studies applied to the local data. The report does however recognise the challenge this presents due to a number of factors including:

- much of the available data relates to impairment rather than disability and therefore reflects the medical model of disability, which is less useful than the social model in guiding the planning of services to respond to users needs.
- local activity is often not broken down by age range, or level of individual need
- uncertainty over future trends, and the use of measures which give only a partial indication of levels of disability and dependency.

Due to these difficulties most forecasting models of future health and care are based on current levels of need[10].

Overview of Joint Strategic Needs Assessment:

- The social model of disability highlights that disabled people face social, environmental and attitudinal barriers which can restrict their activity and participation in society. Policies that increase independence and enablement are important in supporting good outcomes for people with physical disabilities.
- Evidence highlights that people with physical disabilities experience disadvantage in many aspects of daily life. They are more likely to live in poverty as well as experience problems with hate crime and harassment, housing and transport.
- The specific needs of people with physical disabilities who are members of groups that potentially experience additional barriers to participation, such as Lesbian, Gay, Bisexual and Transgender (LGBT) people, people from Black and Ethnic Minority (BME) groups, and Gypsies and Travellers, should be taken into account in service planning and delivery.
- It is estimated that approximately 14,000 Brighton and Hove residents aged 18 to 64 have a moderate physical disability, and 3,400 have a severe physical disability.
- In the 2001 census, a higher proportion of Brighton and Hove residents aged less than 65 reported having a limiting long term illness compared with the

[10] The Parliamentary Office of Science and Technology[10] acknowledges the difficulty in forecasting future demand;

England average, and a higher than average proportion of residents aged 16 to 74 reported that they were permanently unable to work.

- Approximately 6,700 local residents aged 18 to 64 are expected to have a moderate personal care disability, and 1,293 are expected to have a severe personal care disability.

- The number of people with a physical disability living in Brighton and Hove is expected to increase by between 3.5% to 5.0% between 2008 and 2015.

- Brighton and Hove has a young age distribution and a reduction in the number of older people living locally is projected. Therefore the proportion of all people with physical disabilities who are aged less than 64 years is likely to increase. The young age distribution of the local population means that for health conditions which are typically young onset, such as multiple sclerosis, there are likely to be a higher than average number of new diagnoses in the local population each year compared with other authorities with a similar sized population.

- One in twenty adults aged 18-64 in Brighton and Hove receive Disability Living Allowance, (DLA) however the rate varies by geographical area and in the electoral wards of East Brighton and Queens Park one in twelve receive DLA.

- Residents with a physical disability were more likely to live in a home in disrepair and more likely to be fuel poor.

- Households with a disabled member are more than twice as likely to rent from a local authority or social landlord (37 per cent of all households with a disabled member live in social housing, compared with 15 per cent of all households living in social housing across the City). The City has a large privately rented sector, and there may be barriers to fitting adaptations for people with physical disabilities in these properties.

- Historically Brighton and Hove has had a relatively high number of people living in long stay residential and nursing care. Since 2003 the number has fallen considerably. However the unit cost of this care is rapidly increasing and is high compared to other local authorities.

- During the same period the number of people with physical disabilities helped to live at home by Brighton and Hove City Council has increased considerably, and local performance is higher than the England average.

- In 2006/07 the rate of Brighton and Hove residents with physical disabilities aged 18 to 64 receiving direct payments was low compared to the national average, however since this data was published the actual number receiving payments locally has increased from 39 in 2006/07 to 65 in 2008/09

- The proportion of homelessness acceptances with physical disability as the priority need in Brighton & Hove is consistently two to three times higher than the England average, indicating a high level of need locally.

- More than 200 applicants on the housing register require a property that is partially or fully adapted for wheelchair use. Of the 88 requiring a fully adapted property, 76% are aged less than 60 years.

In summary the JSNA makes the following recommendations:

- Ensure that service planning takes into account the projected increase in the size of the population aged under 65 with physical disabilities
- Ensure local people with physical disabilities are involved in planning and development of services
- Ensure that services provide high quality information at the initial point of access to promote independence and enablement
- Ensure those involved in service planning and delivery consider and respond to the needs of specific groups including as BME groups, LGBT people and gypsies and travellers,
- Improve access to accessible and adapted housing
- Ensure the needs of carers of people with physical disabilities are considered in service planning and delivery
- Increase the number of local people in receipt of self directed care
- Consider how knowledge of the needs of local people with physical disabilities can be improved, including improved data collection, and include this information in the revised version of this Joint Strategic Needs Assessment.

6 Overview of Performance and finance

Performance: Services are measured against a number of national and local standards. Overall the city has a varied picture of performance with some services performing highly and showing real strength and others requiring further improvement.

The Health Care Commission assesses the overall health performance of the city. Health targets include condition specific and cross cutting performance targets. The most relevant performance measures for physical disability are a combination of performance targets and quality standards. The new Care Quality Commission will continue to monitor performance across specified targets and quality standards, and will reflect the significant shift in emphasis across all health services towards commissioning for quality. Funding for service providers is increasingly dependent on meeting specified, and challenging, quality targets.

The position in Adult Social Care is currently under review. The Commission for Social Care Inspection (CSCI) is leading a national consultation to inform the future performance management of Adult Social Care. Early indications are that there will be a strengthened focus on evidence of local delivery of the White paper "Our Health, Our Care, Our Say" national outcomes. A National Indicator Set (NIS) will apply within which the thirty-five Local Area Agreement targets will be critical. In addition Councils will continue to collect the Performance Assessment Framework indicators during 08/09 until the consultation is concluded .

The NHS Operating Framework (2008) outlines the key priorities and "vital signs" on which local health and social care services will be monitored. Relevant targets include:

- Percentage of patients seen within 18 weeks for admitted and non-admitted pathways
- Patient experience of access to primary care
- Adults helped to live at home.
- Proportion of people with long term conditions supported to be independent and in control of their condition (NIS 124)
- Timeliness of social care assessment (NIS 132)
- Timeliness of social care packages (NIS 133)
- Adults and older people receiving direct payment and/or individual budgets per 100,000 population (aged 18 and over) NIS 130 and a LAA target

- Proportion of carers receiving a carers break or a specific carers service as a percentage of clients receiving community based services (NIS 135 and a LAA target)

- VSA14: Quality stroke care (outcome: Reduction in stroke related mortality and disability) Patients who spend at least 90% of their time on a stroke unit and higher risk TIA cases who are treated within 24 hrs

- Also in 2009 two additional service user experience indicators are planned: NIS 127 regarding satisfaction and NIS 128 regarding dignity and respect

The Primary Care Trust measures performance against all of these key targets on a monthly basis, and works across key partnership agreements to ensure that these targets are met.

6.1 Local Authority - Key performance indicators

The city performs well in terms of those helped to live at home; with over 90% helped to live at home. Table 1 shows a steady increase in the number of people helped to live at home and Table 2: shows a steady fall in the number of people supported in residential and nursing home care since 2003.

Table1: People with a Physical Disability helped to live at home (Rates per 10,000 population aged 18 to 64 years)

	2003/04	2004/05	2005/06	2006/07	2007/08
Brighton and Hove	4.2	3.9	6.1	6.7	7.6
England	4.2	4.2	4.5	4.5	4.7
SE England	3.9	3.7	4.3	4.6	5.0

Source: CSCI Performance Assessment Framework

Table 2: Long stay supported residents receiving residential and nursing home care (Rates per 10,000 population aged 18 to 64 years)

	2001	2002	2003	2004	2005	06	07	08
Brighton and Hove	3.5	3.7	4.5	3.8	3.6	3.0	2.5	2.4
IPF Comparator group	3.6	3.3	4.3	3.8	3.5			
England	2.9	2.9	3.4	3.2	3.0			

Source: Key Indicators Graphical System

However the city performs relatively less well with regard to unit cost. For both residential and nursing home care unit costs are shown to be above the unitary average and close to the outer London boroughs' average.

Table 3: Unit costs per week residential and nursing home care for Brighton and Hove 2004/05 to 2007/08

2004/05	2005/06	2006/07	2007/08
£734	£804	£893	£993 (provisional)

Improving local performance for self directed care is a key priority for the city; the number of people accessing direct payments in the city is improving with an increasing number of people receiving care via direct payment 36 (2006) 54 (2007) and 65 March (2008)

6.2 Health Performance

There are no specific physical disability performance indicators within health; indicators are condition specific or cross cutting targets. The PCT Strategic Commissioning Plan outlines local health priorities and associated targets. Targets of relevance to this strategy include:

- Vital Sign 14: Quality stroke care (outcome: Reduction in stroke related mortality and disability) Patients who spend at least 90% of their time on a stroke unit and higher risk TIA cases who are treated within 24 hrs. The reporting method for this indicator is currently under revision by the DoH and therefore performance against target will not be confirmed until later in 2009.

- Proportion of people with long term conditions supported to be independent and in control of their condition (NIS 124) and

- Healthier People, excellent care pledges one to five for Long term conditions

In addition to the above targets individual services are monitored against agreed outcome measures and include targets to support: better health outcomes improved functional independence and individual patients' experience of care, a reduction in wait times and delayed transfers of care and prevention of admissions.

The Physical Disability commissioning strategy must maintain performance where services are performing highly and support the delivery of new targets across the local health and social care economy. A further comprehensive needs analysis will inform work streams and monitoring of the associated action plan will ensure alignment of performance and financial reporting, budget planning and commissioning.

6.2.1 Financial context

Primary Care Trusts and Local Authorities receive budget allocations based on a weighted capitation formula, which includes population need, size and age structure and variation in the cost of providing care.

For both health and local authorities, the financial environment is impacting on the funds available for investment. This is driving an increased focus on efficiency and value for money, and means a renewed emphasis on prioritisation for new investment. As an example, the underlying funding formula for the NHS has now changed, and places a greater weighting on funding areas with an older population and a greater degree of rurality than was previously the case. The PCT has now moved from being broadly 'on target' in terms of funding, to being 7% 'above target.' While the allocations for the next two years are broadly secured, this will inevitably have implications for 2011/12 and future years.

However, both health and social services have invested significantly across the range of services for adults with physical disabilities in recent years, as can be seen below. More investment will be required in the future, but as outlined in more detail in the costed activity plan, much of this investment will be funded through improvements in productivity and efficiency. Some upstream new investment will be required – for example, in delivering the personalisation agenda – but this is anticipated, in due course, to deliver efficiencies which will be reinvested to focus on

targeted areas for improvements. Both health and adult social care have seen a renewed focus on commissioning for quality, with a strong emphasis on using system reform tools, such as better contracting, strengthened market management and procurement, and CQUIN (Commissioning for Quality Indicators, which incentivises improvements in targeted service areas) to deliver better outcomes within a narrowing financial envelope.

6.2.2 Expenditure on Health Services for adults with physical disabilities

The PCT currently spends £435m in providing health care across Brighton and Hove. A significant proportion of this health care is provided to the 18-65 yrs age group with physical disabilities. However capturing the relevant health expenditure is challenging because of the broad range of health specialities, care groups and diseases covered. As an example, primary care practitioners provide extensive support to service users as part of their broad package of care.

However, some areas of key health expenditure can be identified and utilised as drivers for change. This includes acute hospital services, specialist and general rehabilitation services, health continuing care spend, and specific primary and community services. As an example, combined expenditure on neurorehabilitation services is around £5m per annum, with around 33% of activity attributable to adults aged 18-65. The PCT has been working closely with both local health providers and the local authority to ensure that these services are fit for purpose and to establish the nature of investment required in future years. Further details on these areas of expenditure can be found in the Joint Strategic Needs Assessment which accompanies this strategy.

For each of the next two years, the PCT has identified that it will be funding additional growth (varying from 3.25% to nil, dependent on the specific service area) and tariff uplifts of between 1 and 2.2% across local health services.

Looking to targeted investment to align with this strategy, a key priority of the PCT Strategic Commissioning Plan is to improve health outcomes and to reduce health inequalities. Financial investment has been allocated to ensure that the quality of service is improved across the board, and issues of access are addressed for all key service user groups – including those with physical disabilities and their carers. The PCT is also funding additional capacity to support carers, and to improve the quality and responsiveness of primary care. These broader programmes of investment will impact on adults with physical disabilities, and one of the objectives of the Strategy, and the supporting working groups, is that it enables a clearer focus on the specific investment needs in this area.

A key part of the Physical Disability three year Action Plan will be to continue work to identify and establish baseline funding streams for physical disabilities and to ensure that these can be clearly linked with appropriate healthcare outcomes. This is part of a wider increased emphasis within healthcare on the link between investment and outcomes.

6.2.3 Expenditure on Social Care Services for adults with physical disabilities

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 also applied to physical disabilities

The local authority community care budget currently supports 800 people with substantial and critical care needs with their care and accommodation needs. This budget has been under continuing year on year pressure as people with higher dependency care needs remain living in their own homes.

6.2.4 Joint Commissioning and Other Services

The PCT and the local authority have a number of key partnership arrangements, including formal joint commissioning agreements.

Two services relevant to this strategy are the integrated community equipment service and the intermediate care service, with a combined total investment across the two organisations of £4.7m. These services have seen considerable additional investment in recent years, reflected in improved service outcomes.

The PCT and the Local Authority also have a number of contracts with the third sector and independent providers and routinely work together to secure strengthened value for money.

The Joint Strategic Needs Assessment (Appendix B) captures the key budget lines for physical disability services.

7 Service profile and future priorities

This section profiles current service delivery and highlights the future direction for service development, identifying local priorities for service improvement, key actions for delivery and desired outcomes.

A three-year action plan (included at Appendix B) will steer implementation and monitor progress against the key actions. Each work programme of the action plan will incorporate an Equalities Impact Assessment (EIA).

Five overall strategic objectives:

- Strengthened involvement and engagement of disabled people and their carers in future service planning and development
- Strengthened personalised care and increased self directed support
- Promotion of independence and extended independent living opportunities
- Improving support to those with complex and higher dependency care needs
- Increased opportunities for local citizenship and participation in local communities

7.1 Objective 1: Strengthened Involvement and engagement of disabled people and their carers in future service planning and development

Future direction:

World Class Commissioning places service user engagement and involvement at the centre of commissioning plans. The involvement of people with a physical disability and their representatives is key to ensuring the delivery of appropriate and responsive services. It is important to provide opportunities for people to voice their views on the services they have received and to influence the way services are planned for and provided in the future.

Local Position:

Locally work is underway to strengthen the involvement and engagement of service users and carers through the development of Local Involvement Networks (LINks[11]), and partnership working with the voluntary sector to widen service user engagement and representation.

[11] LINkS Local Involvement Networks

Local priorities:

- To develop effective and inclusive structures to enable people with a disability, their carers and representatives to be fully involved in the planning and development of services, ensuring that those traditionally excluded are included and supported to fully participate

- To ensure user feedback is a central part of our planning and monitoring of services

- To secure appropriate user representation on key programmes of work

Key Actions:

- We will agree with service users and carers a model for future engagement to ensure full involvement in the implementation and monitoring of the physical disability strategy

- We will work in partnership with people with disability and carers regarding the future model for a service user led independent and healthy living centre

Desired Outcomes:

- Increased number of people engaged in the planning and development of services with representation and involvement from those traditionally excluded

- High quality, responsive services which reflect and meet individual need

- A reduction in health and care inequalities

7.2 Objective 2: Person centred care and self directed support

Future direction:

National policy[12] has been driving a reform of the way care is delivered with a strong emphasis on choice and personalised care, earlier intervention and prevention, streamlined assessment and the development of empowerment models of care and initiatives for consumer-directed care or self-directed support.

Local position:

Care navigation, coordination and management

To support this reform of care access to high quality information, care navigation and support services is required. Disabled people and their carers have told us that they were at times unaware of existing support and were unclear where to go for advice and help. Service users and their carers have asked for clear and easily accessible information[13] and for easier and faster access and re-access to services.

Locally a number of initiatives to improve signposting, care navigation and management have been introduced. The city has developed a number of models of care management including community matrons, a case management team and a number of specialist nurse posts. Integrated Care Pathways[14] (ICPs) have been developed across services to improve patient experience and ensure smooth transition between services and delivery of care[15.] Local protocols are in place for transitional care planning to ensure coordinated planning of care between children's and adult's services from the age of 14 years.

Self care and self directed support

The local authority social care transformation programme will transform the way care is delivered in the city, facilitating clearer and faster access to support and developing a stronger focus at assessment and review on reablement.

Currently personal care is purchased either through Direct Payments or the care management service. Uptake of Direct Payments in the past has been slow, but is now increasing. A detailed review of current systems was completed and nine recommendations are being followed to increase the local take up of Direct

---

[12] The NSF for LT conditions, Our health our care our say, Putting People First

[13] PCT DES , MS Stakeholder event

[14] A care pathway is the journey that individuals may expect to access the assessment and care interventions from the statutory and non-statutory agencies. The Chronic Disease Management strategy defines an ICP as a "multidisciplinary outline of anticipated care placed in an appropriate timeframe, to help a patient with a specific condition or set of symptoms move progressively through a clinical experience"

[15] Care pathways hare been developed for the following health conditions: stroke, chronic Obstructive Pulmonary Disease, Cellulitis, intravenous antibiotics, Management of infections, Heart failure, Falls, Urinary problems/catheters

Payments. This includes building further flexibility into the scheme and further investment in the Direct Payment support service.

The target for 07/08 was for 70 services users with physical disability to be in receipt of a direct payment and for 08/09 the target was increased to 140. Progress against targets is overseen and driven by a cross agency Direct Payment Implementation Group.

The current national piloting of Individual Budgets[16] extends individual choice and control further. Users of social care services will receive a single assessment the purpose of which is to assist people to identify their need for support, how they wish these to be met and to determine the resource allocation. People will be able to choose from a range of services such as equipment, home care, housing adaptations and low level preventative services. Currently a pilot for individual budgets is underway within Adult Learning Disability services.

A Self Directed Support strategy will be completed during 09/10, which will outline the city's plan for the future extension, and development of self directed support options.

Local priorities:

- To develop clearly visible and integrated information services, which are responsive and accessible to the needs of people with a physical disability and their carers.

- To strengthen focus on earlier interventions and prevention services and initiatives.

- To increase the use of self directed support options, with more people purchasing care through Direct Payments and the introduction of individual budgets for people with a physical disability with support, advice information and training for service users and carers.

- To deliver faster and more responsive assessment and review services with a strengthened focus on the promotion of independence and reablement.

Key Actions:

- We will develop a one-stop shop approach to information services through the centre for independent living. This will provide a focal point for support and advice to the wider community.

- We will review current delivery of advice and advocacy services to ensure that they are relevant and fully accessible to disabled people, and are supporting

[16] Our health, Our Care, Our Say

people to manage self-directed care and increase opportunities for independent living.

- We will introduce Expert Patient Programmes which are accessible and relevant to people with disability and/or long-term conditions and ensure that the wider expert patient programme is accessible, relevant and appropriate to people with a disability and peoples' cultural needs.[17]

- We will develop a self-care strategy to achieve optimum quality of life and health outcomes.

- We will recruit designated health trainers focused specifically on the health needs of those with disability and/or long term conditions to help people maintain health and remain living independently in their own homes.

- We will work with people to develop personalised care plans.

Desired Outcomes:

- Reduction and minimalisation of disability
- Increased number of people empowered to manage their health and care needs
- More streamlined interventions and improved co-ordination between services
- Improved access and reaccess to support
- Reduced number of unplanned hospital attendances and admissions and reliance on higher dependency care

7.3 Objective 3: Promotion of Independence and extended independent living opportunities

The Putting People First[18] vision and framework for a personalised adult care system supports independent living for all adults. To effectively promote independence and extend opportunities for independent living a whole systems approach to health and care is required with integrated care pathways and coordination of resources. A number of local services are key to the promotion of independence and independent living. These include specialist and general rehabilitation services, housing and primary and community services.

Rehabilitation

[17] Ensure balanced programme in terms of age, gender

[18] Putting People First a shared vision and commitment to the transformation of adult social care (2007)

Rehabilitation following injury or severe illness can help to prevent or reduce long term disability, increase personal independence and bring quality of life benefits.

Rehabilitation is a complex process involving a range of approaches: clinical, social, vocational and educational. Therefore care must be well coordinated with clear referral processes, strong partnership working and good communication and team working across care pathway.

Specialist neurorehabilitation[19] services

The National Service Framework (NSF) for Long Term Conditions provides clinical evidence of the effectiveness of rehabilitation and emphasises the importance of flexible and responsive services which allow re-access to care as needs change[20].

A Sussex wide review of specialist neurorehabilitation has been completed and a commissioning framework agreed to secure access to a comprehensive and integrated range of services for the adult population of Sussex.

Within the city of Brighton and Hove a broad range of specialist neurorehabilitation services are delivered. Services provided include a post acute inpatient service, an outpatient service and mobility service, a multi disciplinary community rehabilitation team and a vocational rehabilitation service.

In addition other specialist services are spot purchased from the independent and voluntary sector including slow stream rehabilitation and/or specialist placements and specialist community outreach and day care.

For Brighton and Hove the key priorities are to ensure early access to appropriate specialist services and timely, smooth transition between services ensuring that care is person centred and provided as close to home as possible. Key issues to be addressed within the strategic action plan will include management of transfer of care and hospital discharge, access and reaccess to specialist support, and longer-term rehabilitation.

Housing

Good housing is a key to independence for those with physical disabilities. Having independence in this context means having choice and control over the assistance and/or equipment needed to go about daily life and having equal access to housing opportunities.

---

[19] The British Society of Rehabilitation Medicine (BSRM) [19] provides a conceptual and service definition of rehabilitation:

Conceptual definition: A process of active change by which a person who has become disabled acquires the knowledge and skills needed for optimal physical, psychological and social function

Service definition: The use of all means to minimise the impact of disabling conditions and to assist disabled people to achieve their desired level of autonomy and participation in society

[20] Eleven evidence-based quality requirements (QRs) are established throughout the patient care pathway. QR 4-6 are concerned with rehabiltation, adjustment and social integration

Barriers to accessible housing for people with physical disability is compounded by much of the city being hilly preventing full wheelchair accessibility. Many homes were built in the 19th century and subsequently converted into flats, often with small rooms and narrow stairways making accessibility and adaptation difficult. Key areas of housing priority for the city are access to accessible and adapted properties; including temporary accommodation to prevent homelessness, and the provision of housing with care.

Homelessness As overall homelessness in the city has been reducing in the last few years there has also been a reduction in homelessness amongst those with physical disability as the main priority need. However, at least one household every week is accepted as homeless with physical disability as the main reason for priority need. The local authority has recognised that there is a shortage of adapted temporary accommodation in the city for homeless applicants, while they are waiting for suitable permanent accommodation and as a result the City Council is funding the adaptation of six self contained flats for this client group, with more to come following feasibility studies.

New Housing Development In 2001 the city council adopted the Lifetime Homes Standard to ensure that all new housing built in Brighton & Hove is accessible and adaptable to changing household needs. The city is also ensuring that 10% of all new affordable homes are built to the authority's new wheelchair standard Accessible Housing & Lifetime Homes, adopted in March 2008 which sets standards higher than national requirements.

Extra care housing - For those with more complex needs who are unable to live at home the development of extra care housing can offer people an alternative to residential or nursing home care. Extra care housing has the potential to provide greater opportunities for independent living and increased choice and control over the care and support received through the delivery of personally tailored services.

Existing extra care housing services are primarily aimed at older people, however a successful central application in 2008 will enable the development of ten extra care flats specifically designed for adults under 65yrs with a physical disability.

Access to accessible social housing

In 2007/8 32 fully adapted wheelchair accessible properties became available for letting, the majority of these owned by housing associations (24). Currently there are 88 applicants waiting for this type of accommodation, so demand far exceeds supply of this type of property. There is an almost equal need for one and two bedroom properties and a smaller demand for larger family homes.

For those waiting for accommodation that is partially adapted for wheelchair use (e.g. the property will have internal and external level or ramped access, but some parts of the property may not be fully wheelchair accessible) the level of demand in comparison to supply is more severe with 126 households waiting but only 24 properties becoming available a year. Of this group the largest need is for one bedroom properties.

Following a service review Choice Based Lettings now incorporates a mobility rating that indicates whether an available property is suitable for a wheelchair user or someone with limited mobility. All new affordable housing that meets the wheelchair standard is advertised before it is built in order to ensure that the features installed are designed around the specific needs of the future occupants. To ensure the best use of local housing stock, an Accessible Housing Register is being developed and an Accessible Housing Officer recruited to improve the way in which Accessible and Adapted properties are advertised and let in the city.

Adaptations to homes - Each year almost £2m is spent on adaptations to improve the accessibility of people's homes across the public and private sectors, helping around 500 households. Currently there is a long waiting list of those needing adaptations. The House Condition Survey estimates that 6,950 adaptations are currently needed by households with a disability.

The Disabled Facilities Grant scheme (DFG) funds major adaptation within the private housing sector and are a mandatory requirement for local authorities to provide. Providing DFGs can be a lengthy process as they require a full tendering process for works. DFGs are subject to means testing and an assessment by an Occupational Therapist. The most needed adaptations are for the redesign of the bathroom, followed by grab/hand rails.

In 2007/08 the number of grants processed was 124 with a total expenditure of £930,000. The average payment per grant was around £8,000. The number of grants planned for 2008/09 is 159 with a planned expenditure of £1,273,000.

The Housing Adaptations Service is responsible for the completion of major and minor adaptations within public sector housing and major adaptations for the private housing sector[21]. This is an integrated case management service comprised of occupational therapists, technical and administrative staff. The integration was the result of evidence on the best way to manage an adaptations service, and recent Department of Health guidance commends this model. If adaptations are either not feasible, or not considered to be 'reasonable and practicable' then a dedicated officer from either Housing Options or the Under-Occupation Officer can work with the family to see what alternatives may be available to them.

If an adapted property is unable to be re-let to a Disabled applicant due to external steps or an other inaccessible feature, attempts will be made to recycle the adaptations with the and equipment resited to where a need has been identified.

Community equipment and assistive technology

The city's Integrated Community Equipment Store (ICES) is a jointly commissioned service within a Section 75 agreement for the provision of equipment. In recent years, both health and adult social care have invested in this service to ensure

[21] The Integrated Community Equipment Service currently provides all minor (i.e. <£1,000) adaptations in the private sector.

continued improvements in the quality of care. The Daily Living Centre (DLC) provides information and advice on equipment and is a demonstration centre for items of equipment. Telecare and assistive technology is provided as part of the Carelink service. Demand for community equipment has risen dramatically and a particular increase has been seen from the acute sector as more people are supported to live at home.

As of 2007 Telecare had received a total of 317 referrals for Telecare devices across all age ranges. The majority of requests were received directly from current CareLink users. Twenty-four installations had been completed including: smoke alarms, bed/chair occupancy sensors, property exit sensors, and temperature extremes sensors. Installs are scheduled for flood detectors, medication reminders, medication dispensers and bogus caller alerts.

Local priorities

- To improve access and reaccess to rehabilitation and reablement models of care including clinical, social, vocational and educational rehabilitation

- To ensure that care is well coordinated and delivered in the most appropriate setting, and as close to home as possible

- To implement housing initiatives to improve access to accessible and adapted accommodation, prevent homelessness and support people to remain living independently within their own homes.

Key Actions

- We will implement the agreed commissioning framework for neurorehabilitation services across Sussex incorporating acute, post acute and community services, supported by a clinical network and local commissioning plans. This will include development of the longer term plan for inpatient neurorehabilation, strengthening the earlier supported discharge model and providing more care closer to home.

- We will improve care pathways and multi agency management of hospital discharge for people under 65 years,

- We will improve access to accessible and adapted accommodation to prevent homelessness and to support independent living and develop housing with care to enable people to remain living independently within their own homes.

- We will increase use of assistive technologies telecare and telehealth to support independent living

- We will ensure carers of people with physical disability and/orlong term conditions have access to specialist carers assessment, advice information, training and support, (including care planning, flexible, planned and emergency

respite care) to support greater personalisation of care, and opportunities for independent living.

Desired Outcomes:

- Better health outcomes and improved well being
- Increased functional independence and reduced reliance on more higher dependency care models
- improved personal experience of care through greater choice and control improved wait times and more streamlined support

7.4 Objective 4 - Improved Support to those with complex and higher dependency care needs

For those with higher dependency care needs it is important to ensure that there is choice as to how needs are met, that the care received is of high quality and evidence based and that opportunities for independence and independent living are maximised.

A broad range of care options are required to meet the needs of individuals and to support independent living. Services must be person centred, responsive and flexible to changing needs.

Support to people in transition

Support maybe required to assist people when leaving hospital or specialist rehabilitation services or when moving from children's services to Adult Social Care.

Within the city two to three young people are referred from Children's services each year. Generally their needs are very complex and specialist and currently there are a limited range of options to support the needs of this age range. As a result young people may remain within the family home or often need to move to residential care outside of the city for their needs to be met.

For those leaving hospital or specialist services and returning to independent living a wider range of support options are required including short-term support services, and access to supported and adapted housing.

Care home placements

Whilst this strategy aims to reduce reliance on higher dependency care access to high quality 24 hr care within the city is required as part of a broad range of care services.

Currently care home placements are purchased by the Local Authority or Health (via continuing care) jointly or by individuals funding their own care. All placements are purchased through spot contracts and from a range of independent providers.

The number of people with a physical disability living out of the city in care home placements whilst small has remained constant for a number of years and accounts for about a quarter of the allocated funding in physical disability adult social care services.

Continuing Health Care funds an increasing number of placements for those with a physical disability. Over the past two years the costs of placement activity has increased significantly. The budget for 2008/2009 for continuing care, directly linked to physical disability, is around £950,000. The budget for neurorehabiliation support, through continuing care, is a further £500,000, but the actual expenditure is around £800,000. The PCT has recognised that the costs of continuing care (across all service areas) continues to grow and has set aside additional funding to address this challenge. At the same time, the PCT is exploring a number of options for delivering strengthened value for money, discussed in more detail below.

The framework for continuing care assessment has changed in recent years, and the PCT and the Local Authority have been explicit about their desire to work jointly in addressing the overall pattern of need, rather than simply moving costs around within the system. This approach does deliver better value for money, and an improved outcome for service users.

Intensive personal and live in care

The number of people living at home with intensive care packages is again very small but accounts for just under half of the allocated adult social care funding Personal care is provided by the independent sector and the local authority home care service. The local authority service focuses specifically on hospital discharge, complex needs, terminal care and prevention of admission.

Local Priorities:

- To develop local alternative models of care which enable people to remain or return to more independent living so reducing reliance on longer term care options and providing value for money for the city

- To ensure all providers endorse a strong ethos of independence and provide opportunities where possible for greater independence, moving on and a return to independent living

Key actions:

- We will agree a commissioning framework across social care, housing and health, which develops capacity within the city to support those with complex needs. This will include: improved access to short term services for those in transition (e.g. those leaving hospital or specialist rehabilitation services or children's care services) longer term support services for those who wish to return to the city from out of area placements and those wishing to remain living independently within their own homes

- We will explore models for further integrated working for those with complex health and care needs to ensure that people's needs are being met most appropriately and to facilitate a greater focus on independence and independent living.

- We will develop quality supported and adapted housing options as an alternative to higher dependency care options

- We will develop local slower stream rehabilitation opportunities for people leaving hospital following spinal injury, acquired brain injury and stroke to facilitate greater independence and a return to independent living.

- We will strengthen current procurement initiatives to ensure high quality and value for money care is purchased for the city's population. Both the PCT and the local authority already engage in joint procurement to achieve optimum value for money, but there are further opportunities for market development and rationalisation. The PCT is working with the NHS South East Coast Collaborative Procurement Hub to deliver strengthened value for money across both health and social care.

Desired outcomes:

- Increased individual choice through a broader range of care options
- An increased number of people with complex needs supported locally within the city
- Improved service user experience of care through smoother transition between care services
- Improved quality and value for money services within the city

7.5 Objective 5: Increased opportunities for local citizenship and participation

The Disability Discrimination Act legislates that disabled people must enjoy the same rights and opportunities as other members of the community to participate in education, training, employment and leisure. Government policy is leading a welfare reform, demanding further action to support disabled people in the labour market e.g. The Pathways to Work[22] pilots introduced by the Department of Work and Pensions to encourage and assist people on Incapacity Benefit to return to work.

Access to mainstream activities and services is key to enabling people to participate in social, family and community life. People with a physical disability may need support to maximise opportunities and our services will need to address how best to achieve this.

Employment support, vocational rehabilitation and training opportunities

A number of services are provided locally to support people whilst in work and to help people start and return to work. Coordination and promotion of services and improving access to relevant services will ensure that people are supported and have increased working opportunities.

Transport

Disabled people and carers have requested increased flexible transport options to assist them in their every day lives. They have told of the difficulties they have in attending health appointments and of a loss of independence with inflexible transport arrangements. Carers have told of difficulties coordinating transport with care arrangements and in attending health appointments with the person they care

[22] Pathways to Work Dept of Works and Pensions - Pathways to Work provides a single gateway to financial, employment and health support for people claiming incapacity benefits.

for. The PCT will be strengthening its overall support arrangements for Carers over the next two years, in line with the Carers Strategy, including arrangements for advocacy and these views will be built into the new arrangements. In addition, the contracting arrangements for patient transport are changing – PCTs will be directly commissioning these services from 2010/2011, and this will provide a good opportunity to ensure that the new contract reflects the needs of carers more fully

Day Care

The local authority and independent providers currently provide Day care. The local authority day care service is at Montague House. The service has an average total of 73 service users with most people using the centre between two and three times a week. The majority of service users are aged between 56 and 65 years. The service facilitates external training courses selected by service users and hosts the low vision clinic. Specialist day care and outreach work is commissioned through the independent voluntary sector.

Local priorities:

- To increase access to mainstream employment, training and leisure opportunities

- To support carers in their caring role so that they are able continue to manage own health, everyday lives including work

Key Actions:

- We will develop a centre for independent living to deliver a one stop shop approach to independent living, improving access to information, advice and support for the city's disabled community and their carers. This will involve a multi agency review of current services to compliment and maximise resources.

- We will coordinate and promote existing support services to maximise opportunities for greater access to employment, training, community and leisure opportunities

- We will link with the Disability Equality Scheme review to scope existing accessibility to mainstream activities and include a review of our existing transport links.

Desired Outcomes:

- Improved health and wellbeing and a reduction in health and social inequalities

- Increased number of people and their carers participating in employment, training, other meaningful daily activities

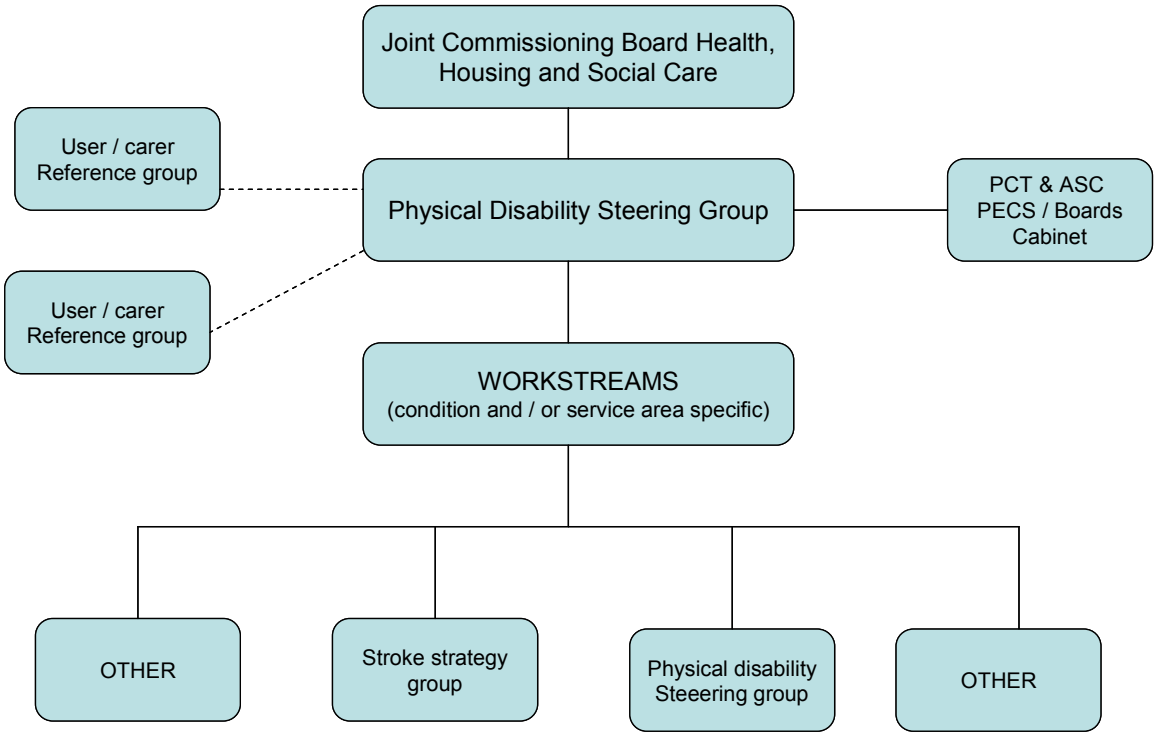
- Improved access to mainstream community resources and activities

8 Next Steps

Implementation and monitoring of the Joint Commissioning Strategy and associated three year Strategic Action Plan will be the responsibility of the Physical Disability Commissioning Strategy Steering Group.

The steering group will be responsible for the annual work plans and the monitoring of key projects. The group will have representation from across the local health economy and will secure appropriate public and provider engagement.

The steering group will be accountable to the Joint Commissioning Board and report on progress for all key projects to the Brighton and Hove City PCT Board and the Brighton and Hove Local Authority Adult Social Care Cabinet .



9 Appendices

9.1 Appendix A: Relevant policy, strategy and legislation

9.2 Appendix B: Joint Strategic Needs Assessment; Adults aged 18 to 65 years with Physical Disabilities (2009)

9.3 Appendix C: Three Year Action Plan - Physical Disability Services 2009-2012

9.4 Appendix D: Glossary

9.5 Appendix E: Summary of consultation and engagement activity