

COMMITTED TO QUALITY – THE BUCKINGHAMSHIRE APPROACH TO BEST VALUE

Service Plans 2001-2002

Name of Service Plan Area: **Physical Disability**

Service Plan Ref: **SS3**

Part 1 Description of service

Purpose of service

To promote the independence of people within Bucks who have a physical disability through services that are responsive to their needs and maintain their quality of life. Developments to achieve this aim will be undertaken in partnership with the users of the County Council's services and their carers.

(Physical disabilities includes people with sensory impairments, brain injury or living with HIV)
The Council will organise services aimed at maintaining or restoring peoples' capacity to live safely in the setting of their choice, with necessary support. The services will be shaped by what the law says and the money the Council is able to provide. They are provided on the basis of an individual assessment of need involving the potential service user, their carers and appropriate professionals.

What are the statutory parameters that regulate how the service operates?

Community Care service is covered by a number of statutes and is increasingly is augmented by case law. This is supported by Department of Health guidance and, most recently, by the Government's modernising agenda together with guidance on the conditions governing the allocation of the Partnership, Prevention and Carers Grants.

NHS & Community Care Act 1990, National Health Service Act 1977, National Assistance Act 1948, Carers (Recognition & Services) Act 1995, CSDPA 1970, DPA 1986, DDA 1995, DPA 1996, Human Rights Act.

County Council Policy Steer(s) relevant to the service

- The Council must live within its means next year and over the medium term.
- All budget managers to deliver 2% efficiency savings
- Social Services spend to not increase above the current 20.6% spending above SSA
- Service plan options to be developed which:
 - show how core services can be delivered within the resources available
 - indicate how best to respond to the developing partnership expectations within the NHS

Supporting Policies

We will:

- 6c) Encourage independence and maintain a reasonable quality of life for our physical disability clients e.g. increased use of direct payments.
- 6e) Devise improvement plans that achieve service quality and efficiency targets.
- 6f) Proactively establish partnership arrangements with Health, Primary Care Groups and Primary Care Trusts, the voluntary sector and other key partners, to provide seamless "one stop" services for: Learning and Physical Disability, Mental Health and Older People clients.
- 6g) Work with the Health Authority to meet its responsibilities under the NHS plan and discuss

its policies and performance in Buckinghamshire on a periodic basis.

- 6h) Evaluate unit costs to achieve best value and where feasible reduce costs to those of similar authorities.
- 6i) Put in place the necessary management information to enable the service to be managed as efficiently and effectively as possible.
- 6j) Develop policies that take into account the ability to pay and which support clients to claim all relevant state benefits, protecting the provision of care to those most in need.
- 6k) Develop and implement service strategies that reflect the resources allocated to Adult Care Services

Show how required savings or growth for next year will be delivered

	£m
Current net budget	5,378
Spending pressures	940
Other growth items (specify)	
.....	
Total	6,318
Cash Allocation	6,156
Gap (or Available Growth) - See Appendix 1	-162

SOCIAL SERVICES	GROSS EXPENDITURE	INCOME	BUDGET FOR 2001/02
SERVICE – PEOPLE WITH PHYSICAL DISABILITIES	£'000	£'000	£'000
Support Costs	654		654
Residential Care	1,846	-874	973
Nursing Care	1,889	-935	953
Day Care	364	-12	352
Support at Home – Home Care	3,047	-928	2,119
Support at Home – Other	1,230	-153	1,076
Joint Finance Funded Schemes	65	-37	27
SERVICE – PEOPLE WITH PHYSICAL DISABILITIES	9,095	-2,940	6,155

Volume of service (2001/2)

Number of customers/users 377 (RAP)*

Number and location of sites**

3 Resource Centres day & community support services

- Burnham
- Princes Risborough
- High Wycombe (West End Hall)

5 Home Care Bases

- Aylesbury (The Chestnuts)
- Buckingham (Buckingham)
- Chiltern (The Croft)
- Wycombe (Holmers House)
- Chiltern/Wycombe Home Care (Katharine Knapp)

4 Locations for Community Teams

- Amersham Office
- Wycombe
- Aylesbury
- Amersham Hospital (Brain Injury Trust)

Number of staff (FTE) **2000/01 = 32.7 2001/02 changes = 0 2001/02 Total = 32.77**

*RAP: Data only counts those clients in receipt of service in July 2000.

** This only counts those sites where we are the providers.

Special Factors

How the Council delivers services for people with physical disability will be influenced by the new expectations contained in the Disability Discrimination Act and the Welfare to Work policy. These will focus on the rights of people with disability to receive support to access services and to obtain work. These are likely to bring additional costs and to influence the priority given to younger people with physical disability.

There are significant costs incurred in providing appropriate care to meet the special needs of younger people with severe disability. New expectations within the Human Rights Act will give more rights to service users who consider that services are not appropriate.

Council services will also be affected by the proposals in the NHS plan for integrated Care Trusts and the changes within primary and secondary care

Part 2 Performance of Service

Current performance (in relation to 2000-01 Service Plan outcomes and targets)

Outcome 1 - Star Rating *

A more powerful voice for people with a physical disability in Buckinghamshire as the basis for developing and delivering services.

User group being developed through Physical Disabilities Resource Centre

Outcome 2 - Star Rating *

User participation in the development of an agreed joint strategy with other relevant statutory agencies as the basis for joint action to deliver a range of services.

Physical Disability strategy group formed, progress delayed by reconfiguration of Health and Social Services and personnel changes.

Outcome 3 - Star Rating *

Service users involved in regular reviews of their care to identify changing individual needs, provide access to appropriate services or identify gaps in service to inform planning.

Service users are receiving regular reviews. Systems to aggregate information being developed

Outcome 4 - Star Rating *

Improved range of services, day, respite and residential, that respond to user's expressed wishes and maximise their integration into the community.

Brain injury strategy group has met with user representatives to identify gaps in the strategy and to identify future stages of implementation relative to identified service need The supported employment scheme (BASE) will include people with physical disabilities among 150 people participating in the scheme each year.

Outcome 5 - Star Rating *

User needs better identified and updated through improved joint information, including a more comprehensive register, so that service needs are better predicted.

Number registered April – July 2000, Blind: 122, Deaf: 0, Disabled: 19.

Outcome 6 - Star Rating *

Increased responsiveness to requests from people with physical disabilities for early, preventative help, to maintain their independence.

Up to March 2000 Bucks. Association for the Blind (BAB) carried out 1626 telephone assessments of which 120 were referred for a Rehab. Officer to visit and 70 referred to a voluntary visitor.

Outcome 7 - Star Rating **

Increased use of new patterns of care that enable people with physical disabilities to regain their independence as far as possible through rapid and effective rehabilitation care. (i.e. people get high levels of care for short periods when they most need it, to recover ability and confidence, and then need less care in the long term.)

Intensive rehabilitation only relevant to traumatic disability e.g. road traffic accident.

Number of households receiving intensive care is increasing.

Outcome 8 - Star Rating *

Increased availability and flexibility of appropriate short term breaks for carers to help carers to continue caring in circumstances where clients would otherwise lose their independence.

New services for carers provided by Crossroads and through care management assessment are available for people with physical disability

Outcome 9 – Star rating **

Maintain the quality of services organised for clients.

Approximately 81% of packages for people with physical disabilities as at 31 July 2000 were

provided by a single provider. A higher proportion of people now requires 24-hour care, which cannot always be provided by one provider.

Outcome 10 – Star rating **

Prompt and professional assessments and reviews of care needs.

Monitoring systems currently being implemented. Increasing numbers of people receive a statement of their needs

Outcome 11 - Star rating *

Reduce residential and nursing placements as needs change.

Availability of care staff available to meet the complex needs of people with severe physical disability has reduced the capacity to maintain some people in the community.

RELEVANT PORTFOLIO FLAGSHIP PROJECTS

PROJECT OUTCOME (+ Links to Supporting Policies)	KEY STAGES	BY WHEN
3. The future development and delivery of services is jointly planned and delivered by the establishment of a Senior Partnership Board. (1c and 6f)	<ul style="list-style-type: none"> • Clarify service aims for client stream • Undertake review of spending pressures for client stream • Client stream representation on Senior Partnership Board established 	October 2001
4. The effective scrutiny of health services is undertaken by Bucks County Council through a detailed framework as required by the National Health Service Plan. (6g)	<ul style="list-style-type: none"> • Client group representation on scrutiny body 	March 2002
5. Performance management information requirements are understood and an IT Strategy has been agreed to deliver them.(6i)	<ul style="list-style-type: none"> • Performance management requirements for client stream are established 	October 2001
6. The joint review of Social Services produces a fair and balanced report because of the Council's professional preparations. (6e)	<ul style="list-style-type: none"> • Strengths and weaknesses of service performance are analysed • Strategies to address weaknesses are implemented 	August 2001
7. Service quality is maintained as a result of the measures taken to recruit and retain staff. (1b and 6e)	<ul style="list-style-type: none"> • Additional funding is secured to support a policy of recruitment and retention • Staff recruitment and retention improves 	June 2001

THREE YEAR OUTCOME	MEASURE OR INDICATOR	PERFORMANCE 2000/1	TARGET 2001/2	TARGET 2004/5
<p>1. Consultation and Participation</p> <p>(a) A more powerful voice for people with a physical disability in Buckinghamshire as the basis for developing and delivering services.</p> <p>(b) User participation in the development of an agreed joint strategy with all the relevant statutory agencies as the basis for joint action to deliver a range of services.</p>	<p>% of main planning groups where service users actively participate.</p> <p>No. of service users involved.</p>		<p>Set up and hold two workshops with the following main aims.</p> <p>(1) Ensure local consultation process in place.</p> <p>(2) Produce and agree Joint Strategy.</p> <p>Identify planning groups pertinent to PD issues and use current level of representations as a baseline to set target for level of participation.</p>	<p>People with wide range of disabilities participating in service planning and mentoring.</p>
<p>2. Prompt and professional assessments and review of care needs involving service users to identify changing individual needs, provide access to appropriate services or identify gaps in service to inform planning.</p> <p>User needs better identified and updated.</p>	<p>Percentage of people receiving a statement of their needs and how they will be met. (D39)</p>	<p>Baseline for Physical Disability to be established.</p>	<p>10% increase in the number of reviews undertaken.</p> <p>Improve joint information and develop a more comprehensive register to collect data about unmet need and service deficits.</p>	<p>100% of users have an annual review.</p> <p>Data about unmet need/service deficits used to monitor and develop more appropriate services.</p>
<p>3. Improved range of services, day, respite and residential, that respond to users' expressed wishes to live in the community.</p>	<p>Adults with Physical Disabilities helped to live at home (C29)</p>	<p>Baseline for people with Physical Disability to be established.</p>		
<p>4. Increased use of new patterns of care that enable people with physical disabilities to regain their independence</p>	<p>No. of people accessing employment opportunities.</p> <p>No. of people on Direct Payments.</p>	<p>Baseline for people with Physical Disability to be established.</p>	<p>Full take up of places available for PD client group on the BASE scheme of supported employment.</p>	<p>Education and employment opportunities widely available for people with physical disabilities.</p> <p>100% of people assessed as able to manage Direct</p>

<p>5. Increased availability and flexibility of appropriate short-term breaks and other supports for carers, e.g. domiciliary care, Crossroads Care etc. to increase their life choices.</p>		<p>Baseline for carers of people with physical disability to be established.</p>	<p>10% increase in number of short-term breaks provided.</p>	<p>Payments are offered them.</p> <p>All carers will have access to support, following assessment.</p>

Part 3 For more information

<p>Associated County Council Business Plans, and links with other Service Plans or Statutory Plans Community Care plan Health Improvement programme Supported Housing plan (to be developed between November 2000 and March 2002)</p> <p>When is the service due for a Best Value Root and Branch Review? 2002/3</p>
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<p>Accountable Officer Beryl Ramsey</p>
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APPENDIX 1

The gap will be covered by the following actions:

Efficiency Savings

				£000
1.	Total of small savings identified over a large number of budgets	No impact	-48	
2.	ILF Budgets – reduce budget to reflect forecast outturn.	No impact	-32	
3.	No inflation on grants to Voluntary Organisations.	May lead to some providers being unable to continue to provide services to the same level.	- 6	
	Total Efficiency Savings			-86
	Income Generation			
4.	Review charges for non-residential care services.	Savings shown are based on an increase of 4%, includes all client groups.	-14	
	Total Income Generation			-14
5.	Savings to Fund NHS Plan			
	Aids and Adaptations. Additional spending contained in budget setting exercise.	Indications are that government grant will be available to fund additional spending in this area.	-62	
	Total Savings to Fund NHS Plan			-62
	Total (should match gap or available growth)			-162
	*e.g. 'efficiency gain', 'minor service reduction', or specify any major impact.			