

Physical Disability Commissioning Plan

2016/17- 2018/19

The West Lothian Strategic Commissioning Plans for Adults with a Physical Disability sets out our strategic ambitions, priorities and next steps required to deliver integrated health and social care support and services for people with a physical disability, their families and carers in West Lothian for the next three years.

STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

FOREWORD

The West Lothian Strategic Commissioning Plan for Adults with a Physical Disability (the **PD Plan**) sets out our strategic ambitions, priorities and next steps required to deliver integrated health and social care support and services for people with a physical disability, their families and carers in West Lothian for the three year period to 2018/19.

The Disability Discrimination Acts (1995/2005) and the Equality Act (2010) define physical disability as: **‘a physical or mental impairment which has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities’**. Long term in this context means a year or longer.

The PD Plan has been developed within the context of national and local policy direction taking into account the key principles and values which underpin the planning, commissioning and provision of services and support for people with a disability, and has been informed through consultation with key partners, service users and carers.

The PD Plan should be read in conjunction with:-

- West Lothian Integration Joint Board Strategic Plan 2016-26 (**Strategic Plan**)
- West Lothian Physical Disability, Sensory Loss and Acquired Brain Injury Needs Assessment (**PD Needs Assessment**)

It is acknowledged that it is difficult to view services and commissioning for care groups as distinct or isolated from one another. Consequently the PD Plan acknowledges the crossover with other health and social care groups:

- Adults with learning disabilities
- Adults’ Mental health
- Older people
- People affected by substance misuse issues

Ensuring our services are well positioned to meet the needs of residents in West Lothian is key to achieving the outcomes we have identified, and I will be reviewing progress against this PD plan on an annual basis refining where necessary as the Integration Board matures in our local ownership of the resources we have to spend on health and social care services.

COUNCILLOR FRANK TONER

CHAIR OF THE WEST LOTIAN INTEGRATION JOINT BOARD

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SECTION 1: OVERVIEW

Who we are

The Public Bodies (Joint Working) (Scotland) Act 2014 requires arrangements to be put in place for the delivery of integrated health and social care. Local and joint commissioning of health and social care services will be built around the needs of patients and service users and managed through the West Lothian Integration Joint Board (IJB) who will in turn direct West Lothian Council and NHS Lothian to deliver services on its behalf.

Vision, values, aims and outcomes

The vision of the IJB Strategic Plan 2016-26 for West Lothian (Strategic Plan) is “to increase wellbeing and reduce health inequalities across all communities in West Lothian”. The plan describes the values and aims and commits the IJB to deliver the nine national and wellbeing outcomes for health and social care as required by the Scottish Government (See Appendix 1).

The strategic plan covers the geographical area of West Lothian and in accordance with the legislation defines two localities across which health and social care services will be planned and delivered, the East and the West. The localities will provide a key mechanism for strong local, clinical, professional and community leadership, ensuring that services and support are planned and led locally in a way that is engaged with the community and contributing to effective strategic commissioning.

The case for change

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- It is recognised both nationally and locally that whilst the health and care needs of individuals are closely intertwined, the services put in place to meet these needs can be disjointed and not as co-ordinated as they could be.
- West Lothian has a faster than average population growth, an aging population and growing numbers of people living longer with disabilities, long term conditions and complex needs, all of which require us to ensure we have commissioned our health and social care services to meet our duty of Best Value but also to ensure our resources are targeted to achieve the greatest impact on those most in need.
- Combining the resources of both agencies within the integrated partnership will allow for greater exploration of efficiencies to ensure we can meet the main health and wellbeing challenges at a time when we also need to reduce costs.

OUR APPROACH

The IJB has committed to develop strategic commissioning plans for all adult care groups. These plans will aim over time to incorporate the important role of informal, community capacity building and asset based approaches, to deliver more effective preventative and anticipatory interventions, in order to optimise wellbeing and the potential to reduce unnecessary demand at the 'front door' of the formal health and social care system. Each commissioning plan will confirm the total resources available across health and social care and relate this information to the needs of the care group population as determined by a local needs assessment and other relevant local or national strategies.

The PD Plan aims to address the current and potential needs of people from 18 to 65 years of age living in West Lothian who have physical and complex disability and includes sensory loss and/or acquired brain injury

As a first stage in the development of this commissioning plan, independent specialists in research and evaluation of the health and social care sector were commissioned to carry out a comprehensive local needs assessment. The needs assessment process involved:

- analysis of data based on the population, including demographic trends, health status and risk
- a wide consultation with service users, carers and their families which included surveys and focus groups
- consideration of the views of professionals or experts
- benchmarking with other areas in Scotland

The resultant commissioning plan for adults with physical disability will:

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- reflect needs and plans as articulated at a local level for West Lothian
- confirm the desired outcomes and link investment to them
- detail what services will be delivered against outcomes and the associated performance indicators
- prioritise investment and disinvestment in line with assessed needs
- ensure that resource deployment and performance is consistent with the duty of best value
- ensure that sound clinical and care governance is fully considered

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SECTION 2: NEEDS ASSESSMENT RECOMMENDATIONS

The Needs Assessment made nineteen recommendations with a key message for local commissioners and service planners are to learn from latest national surveys and research based on the social model of disability.

The recommendations have been mapped against the National Health and Wellbeing Outcomes (See Appendix 1) and then referenced against existing strategies and policies in order to evaluate whether the recommendation will be delivered through other routes or included for delivery as part of our commissioning cycle in this PD plan.

Ref	Recommendation	National Health and Wellbeing Outcomes									In scope of the PD plan	Out of scope of the PD plan	Existing strategies / policies						
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL TEC ¹ Project	WL Transport Strategy	WL Engagement Strategy	IJB Performance Framework	Data sharing protocols	IJB Workforce Plan
1	An integrated Health & Social Care Physical Disability Strategy for West Lothian should be developed with a broad range of stakeholders, considering and agreeing a set of joint principles for action to be addressed through the lifetime of the strategy				✓							✓	✓			✓			
2	In order to involve all relevant stakeholders as equal partners in developing an overarching strategy, it is recommended that commissioners consider resourcing a disability "change agent". A primary function of the "change agent" would be to ensure a full					✓				✓		✓	✓						

¹ Technology Enabled Care

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		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL TEC ¹ Project	WL Transport Strategy	WL Engagement Strategy	IJB Performance Framework	Data sharing protocols	IJB Workforce Plan
	communication strategy is developed and engaged with across all services and stakeholders																		
3	Commissioners need to work with providers, service users, carers and other stakeholders to consider how innovation and creativity can be encouraged within the physical disability sector					✓						✓						✓	
4	The development of an inclusive strategy which needs to address accessibility of services within West Lothian; must include a conversation around transport provision to and from services, as well as access to community activity and work					✓						✓			✓				

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		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL TEC ¹ Project	WL Transport Strategy	WL Engagement Strategy	IJB Performance Framework	Data sharing protocols	IJB Workforce Plan
5	Create a West Lothian commissioning strategy for physical disability services; and commission and manage transparent, needs led, good quality and integrated services to maximise opportunities in respect of service user outcomes.				✓	✓				✓	✓								
6	Encourage, identify, affirm and recognise good practice through commissioner engagement.				✓	✓				✓	✓	✓				✓			
7	Consideration needs to be given to conducting ongoing, consistent and equitable evaluation of all physical disability services across West Lothian.				✓	✓				✓	✓	✓							
8	Undertake regular needs assessment and specific, targeted research to address areas of unmet need and inequality				✓	✓				✓	✓	✓							

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		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL TEC ¹ Project	WL Transport Strategy	WL Engagement Strategy	IJB Performance Framework	Data sharing protocols	IJB Workforce Plan
9	Produce, maintain and coordinate West Lothian wide disability information from a single, central source, in order to ensure ready availability and accuracy.				✓	✓				✓	✓								
10	Implementation of an information sharing protocol								✓		✓					✓			
11	Construct an integrated working guide involving physical disability specialist services, learning disability services, housing, employability, GPs, other relevant services (e.g. criminal justice and alcohol/drug) and peer led networks.								✓	✓	✓								
12	Develop clear strategic approaches to reducing; and where possible, preventing dependency or deterioration of physical disabilities.				✓				✓	✓		✓	✓						

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13	Services need to be developed to be more responsive ensuring that: waiting time targets are consistently met, have clear access criteria, and are available for longer hours and that staff understand what services are available and how to appropriately refer.				✓	✓			✓	✓		✓	✓						
14	Commissioners need to work with providers to look at how IT can be more effectively used to enhance appropriate support.									✓		✓		✓					
15	Enhance the role and availability of the third sector and peer support services and networks to support integrated care and outcomes for people.				✓	✓				✓		✓			✓				
16	Consideration should be given to developing a clear framework for how service users and their families/carers could and should be involved in the commissioning, delivery, development, and commissioning of specialist physical				✓	✓				✓		✓	✓			✓			

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		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL TEC ¹ Project	WL Transport Strategy	WL Engagement Strategy	IJB Performance Framework	Data sharing protocols	IJB Workforce Plan
	disability services, and the wider system.																		
17	Devise a long-term programme of workforce development opportunities								✓			✓						✓	
18	Promote empowerment and personal independence; and celebrate achievement.	✓	✓		✓		✓					✓			✓				
19	Learn from experience and emerging evidence; and forge alliances to support networks and communities.				✓		✓		✓	✓		✓				✓			

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SECTION 3: COMMISSIONING PRIORITY ACTIVITIES

This section details the specific recommendations captured by the needs assessment relevant to this commissioning plan and provides information on the planned spend to meet these priorities. In addition to these recommendations, all other existing services and resources currently providing health and care for people with a physical disability will continue to be delivered. Universal health services available to residents of West Lothian are also provided to show the full picture of the resources available.

Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 /17 Spend (£)	Provider
West Lothian Physical Disabilities Needs Assessment (2015)							
Rec 5	Create a West Lothian commissioning strategy for physical disability services; and commission and manage transparent, needs led, good quality and integrated services to maximise opportunities in respect of service user outcomes.	1,2,3, & 4	PD Commissioning Plan	Included in the IJB Strategic Plan - each care group to produce a Commissioning Plan	3 & 4		Within internal resources
Rec 9	Produce, maintain and coordinate West Lothian wide disability information from a single, central source, in order to ensure ready availability and accuracy.	4	West Lothian Disability information and advice service	Dedicated WL service providing disability information and advice service and a Peer Counselling Service.	2, 3 & 5	103,113	Capability Scotland contract in place until 31 March 2018

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Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 /17 Spend (£)	Provider
Rec 11	Construct an integrated working guide involving physical disability specialist services, learning disability services, housing, employability, GPs, other relevant services (e.g. criminal justice and alcohol/drug) and peer led networks.	4	West Lothian Disability information and advice service	Prepare a joint H & SC Information Plan to coordinate activity •Map local PD landscape •Coordinate with other "information dissemination activities" e.g. Web page/publications •Align with WL Digital Inclusion Plan	2, 3 & 5	0	Within Capability Scotland contract in place until 31 March 2018 as above

West Lothian IJB Strategic Plan - Physical Disability Commissioning Priorities (CP)

CP 1	Increase delivery of 'B4 and On2 Work' employability advocacy and support.	2 & 4	Employability	B4 and On2 Work service is one of the services delivered as part of the provision at the Ability Centre, Carmondean.	2 & 7	556,386	Included in planned spend for Ability Centre
CP 2 & CP 3	Short Breaks from Caring (respite) and Day Support	3 & 4	Registered Care Home	Forrest Walk in Uphall is a registered care resource specifically designated for people with physical and complex disability it also provides residential placements, short breaks from caring and day support	2 & 7	397,724	Included in planned spend for Cornerstone Community Care. Contract in place until 31 March 2018
CP 4a	Information & Advice Service Peer Counselling Service	3 & 4	Information, advice and peer counselling service	See Recommendations 9 & 11 above			Capability Scotland contract in place until 31 March 2018

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Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 /17 Spend (£)	Provider
CP 4b	Independent Living support service	1 & 4	Maximise independence and promote independent living	A support service for people who have chosen to manage their own care and support via SDS Option 1 - this includes support to recruit Personal Assistant's, administration, employment support and payroll service	2 & 7	52,000	Lothian Centre for Inclusive Living (LCiL) – due to be reviewed 2016
CP 5	Commission the Community Rehabilitation and Brain Injury Service`	1 & 4	Community Rehabilitation and Brain Injury Service	CRABIS provides multi-disciplinary assessment and rehabilitation within the home or community setting to individuals who have a physical disability and/or acquired brain injury.	2, 4, 5 & 7	121,846	Integrated WLC and NHS team based within West Lothian
CP 6 and 7	Commission Services for the Deaf, Deafened and Hard of Hearing and for the Blind and People with Sight Loss	1 & 4	Sensory Support	Social care assessment and care management service for people with sensory loss	2, 4, 5 & 7	86,702	WLC internal resource
	Commission Services for the Deaf, Deafened and Hard of Hearing	1 & 4	Services for the Deaf, Deafened and Hard of Hearing	<ul style="list-style-type: none"> • Assessment and care management • Specialist assessment, installation and maintenance of environmental equipment • Communication support 	2, 4, 5 & 7	60,402	Deaf Action contract in place until 31 March 2018
	Commission Services for the Blind and People with Sight Loss	1 & 4	Services for the Blind and people with sight loss	<ul style="list-style-type: none"> • Rehabilitation and mobility service •A range of core environmental and support equipment 	2, 4, 5 & 7	31,678	Royal National Institute for the Blind (RNIB) contract in place until 31 March 2017

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Activity Name	Activity Description	Indicators (Appendix 2)	Planned 2016/ 17 spend £	Provider
Assessment and Care Management Services allocated to people with physical disability				
Social care assessment and care management	The Social Policy Physical Disability Assessment and Care Management Team is responsible for conducting needs-led outcomes based assessments for adults with physical disability and for developing appropriate care and support plans in response to identified eligible need. This includes assessment and care management in relation to palliative care.	2,3,4,5,7,& 8	281,634	WLC Social Work teams
Support for carers	Carers of West Lothian (CoWL) provides support, information, advice, training, consultation, representation to the HSCP for carers and young carers	8	118,000	Carers of West Lothian (COWL) Contract in place until 31 March 2018
	Minority Ethnic Carers of Older People (MECOPP) provides support, advice, information and training services for BME adults aged 25 plus	8	4,870	MECOPP contract in place until 31 March 2018
Residential and nursing care	If an individual's assessed care and support needs cannot be safely and appropriately met within their own home, then a long-term residential placement with 24 hour care services and support may be appropriate. Residential and Nursing Care Home placements are provided by the independent sector.	4,5,7 & 9	1,347,718	Various providers - mainly residential or nursing homes commissioned as individual placements following assessment
Direct payments	For people assessed as eligible for social care services and support and who have chosen SDS Option 1 (Cash payment as an alternative to direct service) provision	1,2,3,4,5,& 7	758,000	Individual service users received payment
Specialist care and support in the community	The aim of our specialist framework is for care and support to be delivered to adults with a disability in a way that promotes and maximises independence. The providers will provide specialist support to assist with personal care and support, with daily living, domestic tasks and activities to support social inclusion.	2,3,5 & 7	512,000	Various specialist providers as per the Specialist Care Framework. The contract is in place until 31 December 2018
Physical disability transport	Payment of transport costs enabling people to access services and support	2,4,5,7 & 9	120,000	Contribution towards WLC fleet and transport costs
External transport	Payment of transport costs enabling people to access services and support	2,4,5,7 & 9	142,844	Payment to taxi and bus hire companies

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Activity Name	Activity Description	Indicators (Appendix 2)	Planned 2016/ 17 spend £	Provider
Care at home framework	The Care at Home service is provided by independent sector agencies under a framework agreement which covers all aspects of care and support such as personal care, medication management and personal assistance	1,4, & 5	1,537,000	Various providers as per the Care at Home Framework. The contract is in place until 31 December 2018
DEDICATED BUDGET FOR PHYSICAL DISABILITIES			6,231,917	
Universal Health Services available (Total budget)				
Core Health Services	People with a physical disability have access to Core Health Services including Community Hospitals, District Nursing, Community AHP's and Prescribing	1,5,6,7,9	69,271,000	West Lothian GPs, District and Community nurses and Allied Health Professionals and Prescribing
Hosted Health Services	People with a physical disability have access to Hosted Health Services e.g. Sexual Health, Oral Health Services, and Public Health services	1,5	11,737,000	NHS Lothian on behalf of West Lothian IJB
Acute Services	People with a physical disability have access to Acute Services e.g. A & E, Cardiology, General Medicine, Rehabilitation and Respiratory Medicine		29,191,000	St John's Hospital

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SECTION 4: NEXT STEPS

The PD Commissioning Plan is designed to run for 3 years from 2016 /17 to 2018/19, at a time of considerable change in the commissioning environment within health and within social care.

The PD Commissioning Plan will be reviewed annually, and commissioning intentions developed each year in the form of an annual report which will summarise activity, progress and performance for the year.

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APPENDIX 1: NATIONAL HEALTH & WELLBEING OUTCOMES AND INTEGRATION OUTCOMES

Ref	Outcome
1	People are able to look after and improve their own health and wellbeing and live in good health for longer
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
7	People who use health and social care services are safe from harm
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9	Resources are used effectively and efficiently in the provision of health and social care Services

Integration Outcomes

Ref	Outcome
1	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
2	Resources are used effectively and efficiently in the provision of health and social care Services
3	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

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APPENDIX 2: PERFORMANCE INDICATORS

- 1** % of adults able to look after their health very well or quite well.
- 2** % of adults supported at home who agree that they are supported to live as independently as possible.
- 3** % of adults supported at home who agree that they had a say in how their help, care or support was provided.
- 4** % of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
- 5** % of adults receiving any care or support who rate it as excellent or good
- 6** % of people with positive experience of care at their GP practice.
- 7** % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
- 8** % of carers who feel supported to continue in their caring role.
- 9** % of adults supported at home who agree they felt safe
- 10** % of staff who say they would recommend their workplace as a good place to work.