

APPENDIX 3

BIRMINGHAM'S COMMISSIONING STRATEGY FOR SERVICES FOR PEOPLE WITH PHYSICAL DISABILITIES (Aged 18-64) 2006 - 2011

1. INTRODUCTION

This strategy outlines the vision and associated commissioning intentions for Birmingham City Council in addressing the needs of people with physical disabilities aged 18-64. It is part of a set of strategies covering all areas of adult social care services which are being developed during the financial year 2005/2006. Some of these are being produced as joint strategies with health service partners. It is our intention in due course to integrate this strategy into a joint commissioning partnership for people with physical disabilities.

This strategy:

- Considers the needs of the citizens of Birmingham with physical disabilities aged 18-64.
- Describes a vision for service provision
- Identifies the responsibilities of Birmingham City Council Social Care and Health Directorate (SCH) (soon to be established as the Adults and Communities Directorate) to provide services for adults with physical disabilities aged 18-64
- Based on all of the above, proposes a set of commissioning intentions which outline what services SCH will address between 2006 and 2011.

Scope of the strategy

This strategy is underpinned by the City Council's intention to further develop its relationship with strategic partners in the statutory, voluntary and independent sectors.

The aims of the strategy are:

- to promote the well being of the all citizens of Birmingham with physical disabilities.
- to enable people with physical disabilities to live as full and equal citizens of Birmingham and their local communities recognising their rights to independence and self determination.
- to respond to expressed wishes of people with physical disabilities and their Carers.
- to satisfy the requirements of national policy and local priorities including the White Paper 'Our Health, Our Care, Our Say: a new direction for community services'.

- to provide a framework to enable engagement with a range of strategic partners to develop new service solutions to meet local needs.
- to commission appropriate services to respond to the express wishes of people with Physical Disabilities and their carers meeting changing needs and expectations.
- to comply with the expectation of the Commission for Social Care Inspection (CSCI) that service developments fit within a comprehensive commissioning strategy.

2. BACKGROUND

2.1 For the purposes of this report 'people with a physical disability' refers to those aged 18-64 who have one or more physical disabilities which may be congenital acquired at any age, be temporary or longer term, stable or fluctuating. Physical disability is unique for each individual in the way it impacts on their life. Services therefore need to be person centred and recognise an individual's rights to independence and self-determination, dignity and respect.

2.2 Historically services for people with physical disabilities have been developed both by the statutory and voluntary sector. The former have developed on more traditional lines with, or, alongside services for other client groups. The latter have often been linked to specific medical conditions. Building on the government's modernising agenda, Birmingham City Council has adopted the social model of disability, challenging discrimination to disabled people and promoting independence and access to universal services.

2.3 In consultation with people with physical disabilities and statutory and voluntary agencies, the City Council is addressing the inclusive living agenda in Birmingham to develop clearer pathways, access to information and available services at different levels, and appropriate support to offer choice and flexibility and promote independence rather than dependence on more traditional models of care.

2.4 The White Paper 'Our Health, Our Care, Our Say: a new direction for community services', issued by the Department of Health in January 2006, provides a steer on the future of wider adult social care services. The following are identified as outcomes which services should provide for those using them:

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

2.5 National Service Framework for Long-Term Conditions - issued by the

Department of Health March 2005 aims to raise standards of treatment, care and support across health and social care services for people with long-term neurological conditions.

2.6 The Disability Discrimination Act 2005 outlines the duties of local Authorities in promoting disability equality.

3. PROFILE OF BIRMINGHAM'S PEOPLE WITH PHYSICAL DISABILITIES

3.1 Of the city's working age population (men aged 16-64, women aged 16-59) 16% describe themselves as having a limiting long-term illness. There is a concentration in wards from east to west across the city - area characterised by poverty, deprivation, poor quality housing and larger numbers with a disability (2001 census). This is born out by the Health Survey for England 2001 with 18% city's population aged 18 – 64 having at least one disability and 5.0% having a serious disability.

3.2 Of the city's population 54,200 (5.4%) receive Disability Living Allowance. This is non-contributory; non-means tested and tax free contribution towards the disability-related extra costs of severely disabled people who claim help with those costs before the age of 65. Of these 29,400 receive higher rate of mobility component and 16,100 the lower rate. 13,000 receive higher rate of care component, 17,700 the middle rate and 15,700 the lower rate. (Department of Work and Pensions website May 2005)

3.3 The incidence of disabling conditions remains relatively stable though people with multiple and complex needs are living longer and there is a greater incidence of some conditions in specific black and ethnic minority communities.

3.4 Based on national prevalence it is estimated:

Type	Prevalence per 10,000 population	Estimated incidence in Birmingham
Stroke	55	3183
Severe Head Injuries	15	868
Spinal Injuries	4	231
Multiple Sclerosis	8	463
Motor Neurone Disease	1	57
Muscular Dystrophy	1	57

Badley et al 1978: 'The Prevalence and Severity of Major Disabling Conditions', as taken from Bournemouth Borough Council Commissioning Strategy for Services for people with Physical Disabilities 2005-2008.

(578,865 aged 18-64 in Birmingham – Census 2001)

4. RE-FOCUSSING THE APPROACH

- 4.1 Birmingham City Council adopted the social model of disability challenging discrimination to disabled people and promoting independence and access to universal services in 1995. Specialist citywide strategies for people with physical disabilities need to be developed in line with identified resources to better meet the changing social care needs of people with physical disabilities in Birmingham. In developing services there will be increased focus on re-ablement and prevention to promote independence and inclusion, as well as a person-centred approach to care planning and provision.
- 4.2 Partnerships need to be further developed in line with strategic approach to achieve best use of resources based on differing inputs of the partners. Partnerships are needed with other directorates in the council such as Leisure, and Adult Education, statutory organisations such as Health and Job Centre, Voluntary Organisations - both those with specialist skills in working with people with physical disabilities and others. In addition there needs to be partnership with some regional and national organisations especially those working in the specialist field.

4.3 There are three levels of service required:

- 4.3.1 **Universal** services that are community based and open to all members of the general population e.g. leisure, lifelong learning and transport services. There is a need for increased disability awareness training, and access to information in accessible formats to overcome the barriers and promote social inclusion.
- 4.3.2 **Targeted** services for people with physical disabilities such as access to equipment. Some of these will be provided by partners in the voluntary sector.
- 4.3.3 **Personalised** services for individuals at risk based on assessment of need.

5. THE VISION FOR FUTURE SERVICE DELIVERY

The commissioning intentions in this strategy are consistent with the national policy direction set out in the white paper “our health, our care, our say” a new direction for community services and the National Service Framework for long term conditions.

The corporate challenge is to develop a policy framework that improves the lives of people with physical disabilities aged 18 – 64. This will include:

- 5.1 Commissioning of culturally sensitive services based on identified and changing needs of those with physical disabilities both for the individual and as the city population profile changes specifically around ethnicity.

- 5.2 Identifying strategic partners to work with us to develop and implement a pan Birmingham strategy making best use of resources.
- 5.3 Disability Discrimination Act 2005 outlines the duties of local authorities in promoting disability equality. Information, advice and advocacy being available in appropriate formats and community languages enabling people to make informed choices and be able to access facilities and services.
- 5.4 Promoting disability awareness and challenging barriers to people accessing community facilities, to enable social inclusion and promote independence in line with the social model of disability.
- 5.5 Developing a whole systems, multi agency approach with clear pathways and processes and pan Birmingham strategies so that access to care and support is made easier and quicker.
- 5.6 Care and support services which are more individualised to meet cultural needs and preferences with choice and flexibility in the way these are accessed and provided including direct payments.
- 5.7 Developing services which are focussed on re-ablement and prevention to promote independence thereby reduce dependency.
- 5.8 Developing specialist services to meet the needs of those with specific needs.
- 5.9 Access to a full range of mainstream community facilities such as leisure, educational and social facilities as a realistic alternative to traditional day care.
- 5.10 Developing supported housing options in preference to more institutional forms of care.
- 5.11 Providing access to specialist equipment and technology to promote and maintain independence, safety and enhance quality of life.
- 5.12 Developing of a range of services to support carers in their caring role including the provision of short breaks.
- 5.13 Addressing the needs of those aged 16-25 to enable a smooth transition from childhood to adulthood.
- 5.14 Increasing access to paid and voluntary employment.

6. FUTURE SERVICE PRIORITIES AND COMMISSIONING INTENTIONS

The strategy aims to commission appropriate services to respond to the express wishes of people with physical disabilities and their carers meeting changing needs and expectations in line with social model of disability.

This section gives key priorities for delivering the vision set out above and commissioning intentions for service provision.

The four month public consultation which ended 25th September 2006, invited comment on the nine key Priorities listed below. There was overwhelming agreement with these priorities and no others were suggested. The comments mainly endorsed the commissioning intentions some of which have been amended to reflect this.

Priority 1: Information, Advice, Assistance, and Advocacy Support

to ensure that people with physical disabilities have ready access to information and advice in appropriate formats and community languages to enable them to make informed choices and to have access to a full range of options/services

Priority 2: Service User Control of Care

To give people with physically disabilities the opportunity to take control of their own care and to influence wider service development

Priority 3: Rehabilitation

To enable people with physical disabilities to develop and maintain independence

Priority 4: Home Support

To expand the range of care and support services available, and give flexibility and choice in the way services are delivered in people's own homes. Where appropriate there will be an emphasis on enabling and prevention to promote independence.

Priority 5: Reconfiguration of day services and access to mainstream community facilities

To ensure people with physical disabilities have a full range of options in meeting their leisure, educational and social needs along with the general population and have access to mainstream community activities. In addition specialist resources will be provided for those with more complex needs.

Priority 6: Equipment and Assistive Technology

To collaborate with Housing and Health in expanding the range and quality of technical support services in people's homes to enable people with physical disabilities to live independently.

Priority 7: Accommodation

To expand the range of accommodation options for people with physical disabilities to give greater choice.

Priority 8: Transition

To address the needs of those with physical disabilities aged 16-25 to enable smooth transition from childhood to adulthood.

Priority 9: Carers

To provide a range of services to support carers in their caring role.

The commissioning intentions have been amended in light of the public consultation and are shown below under the seven outcomes from the White Paper – Our Health, Our Care, Our Say: a new direction in community services, issued by the Department of Health 2006.

Summary of Changes made to, and confirmation of, specific Commissioning Intentions, as a result of Consultation:

1. The need to make information, advice and advocacy support available in appropriate formats for people with physical disabilities, and in community languages, was confirmed as a key priority by the comments received and as a result Commissioning Intention 6.4.1 has been strengthened to reflect this.
2. Commissioning Intention 6.4.3 has been extended to take account of the need for appropriate support those receiving a direct payment and acknowledges that a direct payment will not be the preferred choice of all service users.
3. Rehabilitation was confirmed as a key priority. The word 'rehabilitation' has been replaced by 're-ablement' (6.2.1) as a result of comments made at the stakeholder event.
4. Commissioning Intention 6.1.3 has been added to acknowledge the continuing partnership with Health to provide a more seamless service.
5. Commissioning Intention 6.2.6 already reflects the need for specialist day services for people with complex needs, including social activity outside the home.
6. The comments received confirm the need for Equipment and Assistive Technology in the commissioning intention 6.1.1 for the development of the integrated Community Equipment Stores (ICES) and significant investment in Assistive Technology.

6.1 Improved Health and emotional well-being

	Commissioning Intentions	Timescale
1.	The Directorate will take a corporate lead and work with Health to develop a strategy for significant investment in Assistive Technology (alarms and other safety measures, reminder and energy cut off systems). This will be integrated with the developing strategy for the Integrated Community Equipment Stores (ICES) for all adults with disabilities and with the Housing adaptations and Careline services.	By 2008-9
2.	The commissioning strategy in respect of the independent sector domiciliary providers will be revised to focus on longer term maintenance support where direct payments are not wanted or are inappropriate, but with opportunities to tender for more specialist support.	By 2007-8
3.	The directorate will continue to develop partnership with Health to provide a more seamless service	By 2008-9

6.2 Improved Quality of life

	Commissioning Intentions	Timescale
1.	The Directorate will continue to work in partnership with Health Partners to provide timely physical and social re-ablement for people with physical disabilities to promote independence in the home and in accessing the community to improve quality of life and reduce the need for longer term services.	ongoing
2.	The in-house care service will be concentrated more on Re-ablement programmes reducing the prevention of need for longer term domiciliary support.	By 2007-8
3.	The Directorate will collaborate with Housing in developing, in partnership with Registered Social Landlords, a comprehensive network of mixed tenure which will take account of the needs of people aged 18-64 with physical disabilities with more complex needs.	By 2011
4.	The Directorate will develop partnerships to deliver alternatives to residential care and traditional methods of service delivery through supporting people and direct payments.	By 2009-10
5.	A range of advice and information services for carers will be commissioned and support given through the One Stop Shop for Carers.	By 2006-7
6.	For those with complex needs specialist day services will be commissioned in-house or through specialist organisations with the aim of improving an individuals capacity for independent living, providing social activity outside the home, or providing short breaks for carers.	By 2007-8

6.3 Making a positive contribution

	Commissioning Intentions	Timescale
1.	The Directorate will reconfigure the traditional services on a citywide bases in line with the outcome of the Scrutiny Review to use existing resources more effectively and efficiently. This will include extending and diversifying the use of buildings with more clearly defined, flexible services.	By 2007-8
2.	The services will be re-designed to enable people with physical disabilities to explore a range of options of day and evening activities to give real alternatives and extensions to the traditional centre based model of day care. This will include challenging barriers to inclusion in line with the social model of disability.	By 2007-8

6.4 Exercise of Choice and Control

	Commissioning Intentions	Timescale
1.	To ensure that people with physical disabilities have ready access to information and advice to enable them to make informed choices and to have access to a full range of options/services the Directorate will make information, advice and advocacy support available using appropriate formats for people with physical disabilities, and in community languages. The directorate will work in partnership with other organisations to improve and disseminate information.	By 2007-9
2.	Arrangements will be made to promote further opportunities for user and carer involvement in developing and shaping services including specialist and generic services, taking account of cultural needs.	By 2007-8
3.	The Directorate will enhance the promotion of direct payments (and individual budgets). to enable all users and carers to have flexibility in the way services are delivered, and look to stimulate the market to give increased choice. Account will be taken of the need for appropriate support to those taking up direct payments. Users will continue to have the right to choice whether to have a direct payment or receive direct care services. It is acknowledged that a direct payment will not suit everyone.	By 2007-8
4.	There will be a more person centred approach to assessment of need and ways in which needs are met.	By 2007-8
5.	In partnership with other directorates of the Council, the Health Partners and other agencies the Directorate will identify needs, develop policies and process and commission services to ensure a planned transition from childhood to adulthood taking account of users and carers wishes an choices.	By 2008-9
6.	The Directorate will commission services for carers of people with physical disabilities aged 18-64 to support carers in their caring role and make available flexible and timely short breaks	By 2008 - 9

	through personalised and universal services. This will be made available directly, via direct payments and through a voucher scheme. Short breaks will be allocated in a fairer way within available resources.	
7.	The Directorate will enable more flexibility and choice in the way day services are provided through the direct payments (and individual budgets).	By 2008-9
8.	For people with physical disabilities to access mainstream community activities it is essential to have an accessible, reliable and flexible transport system. The Scrutiny committee will arrange a review of transport alongside the Scrutiny Review of adult day care.	By 2008-9

6.5 Freedom from discrimination and harassment

	Commissioning Intentions	Timescale
1.	The Directorate will continue to promote the needs for increased disability awareness through the Directorate, other directorates and agencies, to enhance access to universal services to promote well-being, choice and social inclusion in line with the social model of disability.	By 2008-9
2.	Access to community based activities such education, leisure, employment, retail and social activities for people with physical disabilities will be achieved by increased partnership working with other directorates and organisations.	By 2007-8

6.6 Economic well-being

	Commissioning Intentions	Timescale
1.	In partnership with Planning and Regeneration Directorate and other statutory and voluntary agencies, the Directorate will seek to identify opportunities for people to prepare for and access paid or voluntary employment.	By 2007-9

6.7 Personal Dignity

	Commissioning Intentions	Timescale
1.	Direct payments will continue to be positively offered to give users the flexibility and choice in the way their services are provided and who provides them.	ongoing

7. SHIFTING RESOURCES TO DELIVER THE NEW CARE PRIORITIES

- 7.1 The proposed strategy assumes that the overall funding for adult services for people with physical disabilities will be clearly identified and at least maintained for the next 5 years.

- 7.2 It is essential that all resources are used to their best effect. With the establishment of the (Adults and Communities Directorate), citywide resources and services for people with specific or complex needs relating to a physical disability will be clearly identified to enable better use of current resources to more appropriately meet specific need in line with the wishes of people with physical disabilities and their carers.
- 7.3 The most significant ways of shifting resources for additional care options will be through reconfiguring day services, increasing access to universal services and by continuing to provide supported living in the community and short breaks as preferable realistic alternative to entering long-term residential and nursing home care.

8. IMPLEMENTATION

- 8.1 More detailed work on these commissioning intentions will take place during the next year with the restructuring into Adults and Communities Directorate. A wide range of stakeholders will be engaged in this process with the aim of strengthening the strategy and building on partnership working which is vital to achieving improvements for people with physical disabilities aged 18-64.
- 8.2 The final strategy has been produced in light of comments from the consultation and presented to Cabinet for approval and thereafter taken to the new Joint Commissioning Board for people with physical disability to integrate it into a joint commissioning partnership for physical disabilities.
- 8.3 Identification of the changing needs of those with physical disabilities will be continually progressed in order to better inform the commissioning process, through existing and new forums and partnerships and in discussion with users and carers.
- 8.4 The strategy is designed to bring Birmingham, over the next 5 years up to the level of the best performing local authorities in the country. It will be developed in line with government legislation and local policies relating to people with physical disabilities aged 18-64.
- 8.5 The focus of staff, agencies and the use of resource will be kept on measurable outcomes, that are agreed with service users and their carers and set out in care plans and service contacts and subject to systematic review.
- 8.6 Performance returns will be supplemented by regular satisfaction survey of service users and carer, feedback from providers and consultation with service user and carer forums. This will make sure that the strategy and its implementation stays in tune with evolving needs and expectations