
**DRAFT JOINT COMMISSIONING STRATEGY – PHYSICALLY
DISABLED SERVICES**

Background

1. At its October 2005 meeting, this Committee considered the draft Health, Social Care & Wellbeing Strategy which was subsequently adopted by the Council in January 2005. The Strategy identifies as one of its priorities the wellbeing of physically disabled people in Cardiff and the draft strategy being considered at this meeting outlines how the Council and Local Health Board plans to meet the challenges outlined in the Wellbeing Strategy.
2. The draft strategy (attached as Appendix A) is due for consideration by the Executive in July 2005 and the Committee now have the opportunity to consider and comment on the document prior to this. At this meeting Alison Elliott (Operational Manager – Older People & Physical Disability) will give a presentation to Members on the key issues and challenges that the strategy aims to deal with and will be available for a question and answer session following the presentation.

Issues

3. Both Cardiff Council and Cardiff Local Health Board are commissioners of many types of social care services e.g. domiciliary care, residential care and nursing care and the draft strategy outlines the Council and Local Health Board's plans to drive the modernisation of services to meet the challenges of current and future demand.
4. The strategy outlines the needs that have been identified in the needs assessment carried out as part of the Health, Social Care & Wellbeing Strategy. As with all strategies it is essential that the broad statements of the main document are underpinned with key action points that can be monitored and measured. The service area have outlined the action points as an appendix to the strategy. Members may wish to consider these action points and comment on whether they feel the aims set out, adequately meet the needs outlined in the main document.
5. Each of the key action points of the various strategies in Adult Services are incorporated in the Annual Business Plan so that progress can be measured,

and this may be of interest to Members when agreeing a way forward for the future scrutiny of this topic.

Legal Implications

6. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers of behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances

Financial Implications

7. There are no direct financial implications arising from this report. However, financial implications may arise if and when the matters under review are implemented with or without any modifications

RECOMMENDATIONS

- (i) Members note the presentation by Alison Elliot.
- (ii) Agree a way forward for the future scrutiny of this topic.

MARTIN HAMILTON
Chief Scrutiny Officer
1 June 2005

APPENDIX A

CARDIFF PHYSICAL DISABILITY SERVICES COMMISSIONING STRATEGY 2005 - 2008

1. INTRODUCTION

The Cardiff Council and Cardiff Local Health Board Commissioning Strategy will demonstrate the Joint Commissioning Priorities for Physical Disability Services in Cardiff.

The document will outline the purpose of the strategy; provide a definition of disability; clarify the values and principles underpinning the strategy and provide a vision for the future. The document sets a local and national context and reflects consultation with users, carers and Stakeholders.

The document describes and evaluates current services in Cardiff and evidences current need and the current state of the market in Cardiff. The purpose of this is to demonstrate the rationale for the commissioning priorities identified in the strategy for the next three years.

2. PURPOSE OF STRATEGY

The overall well-being of people with physical disabilities and their carers is identified as one of Cardiff's priorities within its Health, Social Care and Well-being Strategy. This includes people who have a severe long term debilitating illness and people who are terminally ill. A Commissioning Strategy for People with a Sensory Impairment will be developed to add to this Strategy in April 2006 with an Action Plan specific to that service user group. This Strategy focuses on people with a physical disability aged between 18 and 64 years. The needs of children under 18 years and people aged 65 years and over are dealt with within specific age appropriate commissioning strategies elsewhere.

This strategy provides the framework of actions that Cardiff Council and Cardiff Local Health Board, as commissioners of services, will take to drive the modernisation of services to meet the challenges of current and future demand. There is a need to address both the immediate pressures on services and plan for long-term service models that match capacity with demand through increasing the use of preventative, early intervention and primary care and community based service models.

The actions identified in this Strategy are drawn from a considerable amount of consultation with stakeholder organisations and people with physical disabilities.

3. DEFINITION OF DISABILITY

This Strategy uses the Disability Discrimination Act 1995 definition of disability:

“A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities”.

This Strategy focuses on people with a physical disability aged 18 – 64 years, those people with a mental impairment have specific Commissioning Strategies to meet their needs as do those who are over 64 and under 18 years of age.

4. VALUES AND PRINCIPLES

Cardiff Council and Cardiff LHB will work in partnership with people with physical disabilities and their carers to access appropriate health and social care services based on assessed eligible need.

This strategy endorses the social model of disability. This model stresses that people are disabled not only by their impairment but also by the way that society responds to those impairments. Cardiff Council and Cardiff LHB are therefore committed to prevent people being excluded from mainstream activities merely because society takes little or no account of their impairments. Cardiff Council and Cardiff LHB will work with key partners to further develop this understanding of the social model of disability and to promote the social inclusion of physically disabled people in mainstream education, leisure and employment opportunities.

This strategy is underpinned by the following principles:

- people with physical disabilities should have the same access to an economic, social and cultural life as any other citizen;
- disabled people who have health and social care needs should be supported in being part of mainstream life rather than being diverted into 'specialist' services.
- to support people with physical disabilities to continue to live in their own homes wherever possible;
- to support people with physical disabilities and their carers to exercise their rights and fulfil their responsibilities.
- disabled people and their carers should be listened to, treated with respect and have access to the complaints procedure
- disabled people and their carers should have the opportunity to be fully involved in their own care, in the delivery of services and the future planning of services.
- a range of services that promote independence rather than creating dependence will be provided

(Health Social Care & Wellbeing Strategy 2005/8)

5. VISION FOR THE FUTURE

Cardiff Council and Cardiff Local Health Board recognise that currently there are very few age appropriate services for young people with a physical

disability. This Commissioning Strategy is designed to start the process of commissioning a range of more appropriate and flexible services. Individual service users and carers have informed the strategy by identifying their preferences for alternative service provision. There are ongoing discussions with Partner Organisations to identify gaps in service provision and the means for taking service delivery forward. The input from these consultation exercises have been used to shape the Strategy.

The priorities which have been identified are:-

- Developing services that support independence and autonomy rather than dependence.
- Age appropriate residential and nursing home provision
- Good access to information
- A range of respite care provision in and outside of a care home setting
- Domiciliary care with more independence focus
- A change in day service provision with a more independent, community focussed direction
- Although there are already have good examples of the use of Direct Payments for younger people with physical disabilities, the request is for this to be further expanded with increased capacity to support people in receipt of Direct Payments
- Work with young people with physical disabilities in the transition from Children to Adult Services is a high priority to develop a protocol for agencies working together and to develop a range of more appropriate services

The details within this Commissioning Strategy are a recognition of the current lack of services and they provide a framework to begin to develop a range of flexible services to better meet the needs of service users and their carers.

6. CONSULTATION

There has been wide spread consultation with service users, carers and the voluntary sector. Two Consultation Workshops and four Focus Groups have been held and the comments have informed the Strategy.

The Strategy was welcomed and the Commissioning Plan had wide agreement, with services users stressing the importance of local, age appropriate provision of respite care and residential and nursing home care. There was also keen interest in developing a range of housing opportunities including small group living.

Many people were in favour of more flexible, easily accessible day services and they wished to see better use of made of the Council Day Centre

People were keen to see the extension of Direct Payments, with many people feeling that access to Direct Payments had made a significant positive impact on their lives.

There were several concerns regarding complaints and reviews. Some people felt unable to make complaints as they thought that they would be marginalised as a result. For some people reviews were an anxious time as there was a concern that care would be withdrawn. These concerns reflect a service culture that is disempowering for some and it must be addressed via this Strategy and via other initiatives across the service.

Many of those people involved in the consultation were keen to have continued involvement and several expressed an interest in becoming part of the service user monitoring group.

7. NATIONAL CONTEXT

There is no single policy framework which provides the context for the local planning and provision of services to people with a physical disability. There is, however, a range of legislative initiatives and official guidance that have an impact on services for physically disabled adults. These include:

The National Assistance Act 1948

This act created duties and powers for authorities to provide care home and community care services.

Chronically Sick and Disabled Persons Act 1970

Section 1 of the Act imposes a duty on local authorities to identify the numbers of disabled people living in their area and publish information about the services available. For those who receive services, councils must provide details of those services or of benefits that they or any other organisation can provide. Section 2 of the Act places a duty on the local authority to meet the needs of a 'disabled person' by making specific arrangements to provide or arrange services.

National Health Service Act 1977

This Legislation governs the functions and duties of Cardiff Local Health Board to provide NHS services. The statutory functions conferred on Local Health Boards are set out in the Local Health Boards (Functions) (Wales) Regulations 2003

The Disabled Persons (Services, Consultation and Representation) Act 1986

The Disabled Persons Act 1986 strengthens the provisions of the Chronically Sick and Disabled Persons Act 1970 and requires Local Authorities to meet the various needs of disabled people. Services include:- Help in the home; recreational facilities outside the home; assistance with transport to such facilities; provision of aids and adaptations; holidays, meals, telephones etc. Local Authorities have a duty to assess needs but there is no duty to provide a service under this Act.

The NHS and Community Care Act 1990

This places a duty on the local authority to carry out an assessment of need. This is called a community care assessment, the results of which are used by the Local Authority to determine whether there is a need for the provision of services.

Disability Discrimination Act 1995

The Act makes it unlawful to discriminate against a disabled person in relation to employment and the provision of goods, facilities and services, buying or renting land or property.

Community Care (Direct Payments) Act (1996)

Local Authorities are now under a duty, to make available direct payments in lieu of services to meet assessed care needs.

Disability Rights Commission Act 1999

The Act establishes a Disability Rights Commission to work towards the elimination of discrimination against disabled persons; to promote the equalisation of opportunities for disabled persons; to take such steps as it considers appropriate with a view to encouraging good practice in the treatment of disabled persons; and to keep under review the working of the Disability Discrimination Act 1995.

Carers and Disabled Children's Act 2000

This Act enables Local Authorities to provide carers' services in response to an assessment of need, and also enables carers to receive direct payments in lieu of services.

The National Health Service Reform and Healthcare Professions Act 2002

Places a statutory duty on each Local Health Board and Local Authority in Wales to formulate and implement a Strategy for the health and well-being of the population in the area and to have regard to the Strategy in exercising their functions.

Housing Grants and Regeneration Act 1996

This Act makes provision for grants and other assistance for housing purposes and creates the 'disabled facilities grant'.

8. LOCAL CONTEXT

The Health Social Care and Well-being Strategy provides a framework for people with physical disabilities and key commissioning intentions identified within the Strategy are reflected within this Commissioning Strategy. The Adult Services Service Plan (Cardiff Council 2004/5) identifies the following priorities:

- Developing a Commissioning Strategy for People with a Physical Disability

- Developing partnerships within the area of Physical Disability
- Developing a framework for commissioning services for sensory impaired people in consultation with users

The area of physical disabilities services has not been a priority area for either the Council or the Local Health Board.

9. CARERS OF PHYSICALLY DISABLED PEOPLE.

A carer is someone who provides unpaid help and support on a regular basis to a relative, neighbour or friend to enable that person to continue to live at home.

Carers of people with a physical disability share common needs with other carers including, for example, the need for recognition, information, support services, and participation.

The majority of carers are of working age (over 61%). Almost 50% of carers work either full or part time and more than 45% of carers provide 20 or more hours of caring support each week.

Placing this into context of carers of physically disabled people, the majority are of working age and juggle employment, caring and wider family responsibilities (e.g. child care).

Consultation with Cardiff carers highlights the overwhelming concern carers of physically disabled people have about their ability to continue to care in the longer term and the fears they have about the adequacy of future care provision from health and social services for physically disabled people. This need divides into 3 key issues:

9.1. Information

Carers need good health and social services information about carer support and about the support for the person they care for. Carers need information about their right to an assessment and the outcome of assessments, both the carer's assessment and the assessment of the care for person (where this can be shared).

9.2. Support to carers

It is crucial for carers and carers' organisations to be involved in the planning and provision of services. Consultation is vital.

9.3. Care for carers

Carers have a right to have their own health and social needs met.

Carers need their caring responsibilities to be known and acknowledged by their GP.

Carers' assessments are needed to enable carers to access specialised information and support services.

Following assessments carefully planned and appropriately tailored services for themselves and the person they care for are required to enable carers to have a break from caring. These services need to include:

- Residential breaks (for some carers and their family, the option to accompany the cared for person is needed).
- Day service respite in age and occupationally appropriate ways for the cared for person including education, employment and social / leisure provisions, involving a 'going out' service as well as respite sitting services in the home.
- Timely responses regarding aids and adaptations to property
- Training to use equipment and aids e.g. hoists
- Transport
- Information about diagnosis and prognosis
- Hospital discharge planning – reassessment of support services can be needed quickly after discharge as the true caring situation is only clear after the cared for person has been home for a few days
- Flexible working practices to enable carers to balance their working life with home life

Carers from black and minority ethnic communities have specific needs:

- Information providing in accessible forms
- Awareness and understanding from professionals about cultural needs
- Respite services which meet religious, language and cultural needs

9.4. Conclusion

Carers need for respite care whether within a residential/nursing home or in the persons own home is recognised and provided for within the strategy as is the need for appropriately tailored services.

Continued consultation with and involvement by carers will be supported through the strategy and the Advisory Planning Group to ensure future service developments reflect carers needs.

10. CURRENT SERVICES

10.1. Council Services

A range of services are offered to people with physical disabilities and their carers.

10.1.1. Day Services

These are provided in house through Highfields Day Centre and a once a week drop in facility at Cord House in Fairwater. Highfields is not part of a continuum of service and has limited capacity to support people who wish to develop and move on.

10.1.2. Personal Care

This is provided via the in house home care service, and with private agencies on a block commissioning and spot purchasing basis. Often the service is not able to provide a flexible response and does not focus on reablement.

10.1.3. Direct Payments

Payments are made direct to people with a physical disability to purchase their own care via e.g. a personal assistant through the direct payment scheme. This enables people to have more flexibility and choice in the provision of their services. There are currently 52 people with physical disabilities in receipt of Direct Payments.

10.1.4. Reablement Service

This is a service provided for up to 6 weeks with a home carer and a Health therapy input. The service is aimed at maximising individuals' potential for independent living. This service provides an example of good practice and should be further developed.

10.1.5. The Disabled Facilities Service

It provides a one stop shop in enabling disabled service users and carers to receive a complete package of assistance, from an assessment of their need to the provision of equipment or adaptations to their home.

Disabled Facilities Services provide three main services:

- The Occupational Therapy Service works to prevent hospital admissions and maintain or increase daily living independence through the provision of equipment or adaptations.
- Grants Service
- Small works and community equipment loan service. A Joint Equipment Service is currently being developed with Cardiff & Vale NHS Trust.

10.1.6. 'Cardiff Accessible Homes Project'.

This is a project, funded through WAG and partners in social housing, which has developed systems and processes in partnership with Registered Social Landlords which enable them to identify accessible and adapted properties, and to match them with the needs and choices of disabled people. This service is closely linked with the Disabled Facilities Service.

10.1.7. Social Work Teams

Following a recent restructure that was informed by the Joint Review there is now:

- A Physical Disabilities Team covering the city based at Cord House.
- Three hospital social work teams covering physical disabilities and older people based at Rookwood, UHW, West Wing and Velindre Hospital.

- A Sensory Impairment Team covering the city based at Heol Don

10.1.8. Telephones

Cardiff Council pays for the installation of telephones and for the rental payments under The Chronically Sick and Disabled Persons Act 1970 for a limited number of people who meet the criteria for this service. This is a limited service and needs to be reviewed to ensure that the service continues to meet an appropriate need and achieves best value.

10.1.9. Sheltered Employment

Cardiff Council currently has a financial investment in a sheltered employment scheme. This is a limited scheme that does not have the facility to support people who wish to develop and move on. It currently supports 15 people.

10.1.10. Community Alarm

It provides an emergency response service 24 hours a day to vulnerable people in their homes. This is a very good service with good response rates. However, use of the Community Alarm Service by people under 64 years old is limited

10.2. Residential / Nursing Care

There is very limited age appropriate provision for people with a physical disability aged under 65 years.

10.3. Respite Care

There is no provision for respite beds for people with a physical disability aged under 65 currently in Cardiff. The John Groom Home in Porthcawl is currently used for respite by Cardiff residents.

10.4. Current Health Services

Cardiff Local Health Board commission general secondary, primary and community care services for the whole of the population of Cardiff including those individuals who have a physical disability.

A number of both community and inpatient services are also commissioned by either Cardiff LHB or Health Commission Wales to more specifically address the needs of people with Physical Disabilities. These include:

- Multiple Sclerosis Risk Sharing Scheme. This is a consultant led clinic model service and does not offer community services as inferred.
- Artificial Limb and Appliance Service (ALAS) - Providing wheelchairs, artificial limbs and eyes), environmental controls, orthotics and a communication aids assessment service.
- Heart Ely.
- Cardiac Rehabilitation. This is a secondary care service delivered in the community.
- Stroke Outreach.

A range of inpatient and community rehabilitation services also exist across Cardiff, providing acute intensive rehabilitation and 'slow stream' rehabilitation. Multi-professional therapy provision for people with physical disabilities includes:

- Occupational Therapy – the service works to prevent hospital admissions, facilitates hospital discharge and intermediate care, and supports rehabilitation.
- Physiotherapy.
- Podiatry.
- Speech and Language Therapy.
- Nutrition and Dietetics.

Specialist inpatient services to people with physical disabilities include the rehabilitation centre for neurological, spinal cord injury rehabilitation and rehabilitation following amputation at Rookwood Hospital and an acute Stroke Unit provided at West Wing.

Settings where these services are delivered include inpatient, day hospital, outpatient and community clinics, with joint work taking place with partners in the voluntary sector and Council. Specific gaps relevant to individual therapies include no dedicated community occupational therapy service, limited Speech and Language Therapy to certain client groups and no service to nursing homes for Speech and Language Therapy and Nutrition and Dietetics.

Continuing Health Care – Where an individual meets the eligibility criteria for Continuing NHS Health Care the LHB funds the entire package of their care either in the community, care home or inpatient setting including the funding and provision of specialist health equipment as required.

10.5. Other Health Services

- Disabled Living Centre – allows individuals to access equipment prior to purchase.
- Driving Assessment Centre - which offers assessment of individual with a physical disability's potential to develop driving skills.

At present both the NHS and Local Authority have their own independent equipment services. However, using the flexibilities encouraged by the NHS Act, which provided arrangements for joint working between health, local authorities and the voluntary sector, work is underway to develop an integrated equipment service for Cardiff.

10.6. Voluntary Sector Organisations

Many people with physical and sensory disabilities and their carers in Cardiff look to and benefit from the support offered by a broad range of voluntary organisations. The range of services provided by voluntary organisations reflects the diversity of the disabilities these individuals within this particular

client group may experience. Within Cardiff some voluntary organisations provide services relating to a specific disability, for example, Cardiff Institute for the Blind, RNIB, The Stroke Association.

Day activities with voluntary and other organisations include Headway Day Centre, Vision 21, MS Society and the use of provision such as the use of the gym at University College Cardiff, Cyncoed site.

Voluntary organisations also provide a range of services to meet the needs of people with physical and sensory disabilities and their carers in general. Services operating in Cardiff include:

Cardiff & the Vale Coalition of Disabled People
Voluntary Emergency Service Transport (VEST)

PHAB (Wales)

Cardiff Shopmobility

Care & Repair Cardiff

Red Cross Sitting Service (This is grant funded by Cardiff Council to provide respite for carers in the home).

10.7. Supporting People

The Supporting People Programme was introduced on 1st April 2003. The programme provides housing related support and 'offers vulnerable people the opportunity to improve their quality of life by providing stable environments which enable greater independence' and 'delivers high quality and strategically planned housing related services which are cost effective and reliable and complement existing care services'.

Supporting People aims to be needs led and the development and delivery of the Programme is 'a working partnership of local government, service users and support agencies'.

The principal issue for people with physical disability relates to the development of future supported accommodation/services through the Supporting People Operational Plan (SPOP) that links to the Local Housing Strategy and the Social Care and Well-Being Strategy. Identification of capital and revenue to support a range of options to accommodate people with physical disabilities with care/support is the responsibility of the Supporting People Planning Group (SPPG). The Social Housing development programme has developed adapted properties and the Welsh Quarterly Housing Standards require that new build are suitable for adapting however there is no historical register of existing adapted properties across the social housing sector.

10.8. Conclusion

Services currently provided demonstrate clear gaps in provision for people with physical disabilities. To address these gaps the strategy will facilitate a review of day services, access to employment, development of a range of

housing options, development of a more responsive domiciliary care service, expansion of Direct Payments, a review of Disabled Facilities Grants, a review of the provision of telephone rental and expansion of respite provision.

There is currently no Advocacy provision and service users remain concerned about making complaints and attending reviews (see section 6). The value of advocacy services is demonstrated throughout the UK. Advocacy gives service users a voice and drives up quality with statutory services. To address the anxieties expressed by service users an Independent Advocacy Project will be commissioned.

The Strategy will address key Commissioning intentions identified within the Health Social Care & Well Being Strategy and build on partnerships to improve services. A key partnership is the partnership with housing, this is crucial to develop appropriate housing stock.

It will be important to continue to work with service users, carers and Stakeholders through the Advisory Planning Group to address gaps in provision across the statutory, voluntary and independent sector

11. THE MARKET

Residential care

Residential and nursing places which are appropriate for younger physically people are very limited in Cardiff. There are only 2 nursing homes and 4 residential homes with specific beds for the physically disabled, and a handful of places in small homes.

This limited choice results in placements outside Cardiff (21% in nursing care and 12% in residential care in January 2005), or placements in homes more suitable for older people.

For people with complex needs living at home the small number of suitable vacancies has a knock-on effect on the number of places available for respite care.

Support at home

There is no independent centre-based day care provision for younger physically disabled people in Cardiff.

The domiciliary care market is well established across the city with 32 agencies commissioned to provide a range of care through spot contracts. Four sector block contracts have been established for older people, but not yet considered for other user groups.

Both the internal home care service and the independent sector are struggling to recruit carers in an employment sector with many other opportunities for a mainly part time female staff group. Agencies also have to meet the national standards for domiciliary care introduced in 2003 and monitored by CSIW. There are delays in getting Criminal Records Bureau (CRB) checks for new

staff. This gives agencies the opportunity to train new staff properly, but trainees might also go elsewhere for employment rather than wait for the CRB. Recruitment problems have discouraged the expansion of agencies in recent years and resulted in a shortage of domiciliary care capacity. This has in turn reduced the choice available to practitioners, and there is less pressure on agencies to improve the quality of services.

Residential/nursing care data (from the approved providers list)

Homes with Nursing Care that have Physically Disabled People as a category (Number of beds for the under 65 group not specified)

	Number of beds
Lakeside House	50
St Winefrides	55
Ty Coch	48
Court	55
Nazareth House	26

Homes with nursing care with specific beds for Physical Disability

	Number of beds
Atlantic View	1
Burges House	3*
Dan-y-Bryn	19

* temporary registration – will revert to elderly as the residents reach 65

Large residential homes with specific beds for Physical Disability

	Number of beds
Belle Vue	1
Cyncoed Flats	16
Hillcrest	6
Pontcanna House	2

Small residential homes

	Number of beds
Five Star	1*
Gracefield Lodge	3
Heol Poyston	1*
Shirley Road	3
Heol Trelai	2

*registration specific for physical disability

BME statistics

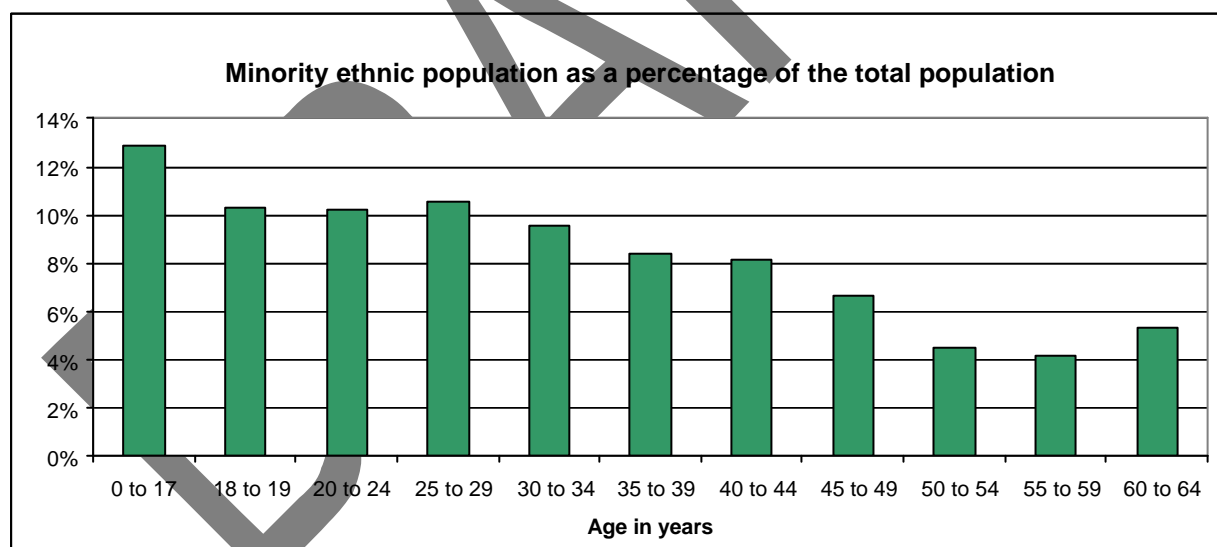
The total population in Cardiff in the 18 to 64 year age group is just over 190,000, of which approximately 8% are known to be from black and minority ethnic (BME) backgrounds.

Cardiff Population 18-64 years

Ethnic Origin	Population	%
White	174675	91.9%
Mixed	2831	1.5%
Asian or Asian British	7446	3.9%
Black or Black British	2415	1.3%
Chinese or Other Ethnic Group	2695	1.4%
Total	190062	100.0%

Source: 2001 Census

The percentage of people in Cardiff from BME groups increases in younger age groups. The following chart suggests that we can expect an increasing demand for culturally sensitive services in the future.



Source: 2001 Census

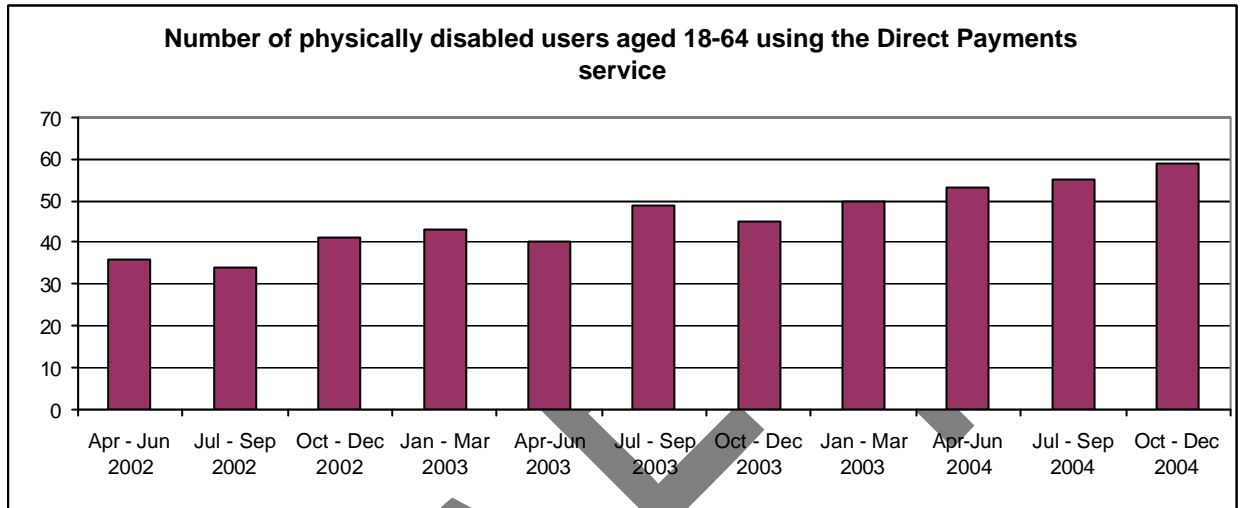
The caseload for physically disabled users does not reflect the population as a whole.

Ethnic Origin	% of caseload
White	62.6%
Mixed Race	0.1%
Asian	1.1%
Black	1.6%
Chinese or other	1.1%

Not known	33.5%
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Source: Samson 21/1/2005

Direct Payments



Source: ComCare, snapshot at the end of quarter

Carers Assessments

Carers' assessments are not recorded by age range. The total number of carers' assessments per quarter for all adult groups is shown in the following table. The information has been under reported on the Samson database, but will be recorded in more detail on CareFirst. This will provide information on the needs and outcomes of assessments for cares, for future strategies

No of Carer Assessments completed

Apr - Jun 2003	Jul - Sept 2003	Oct - Dec 2003	Jan - Mar 2004	Mar-Jun 2004	Jul-Sep 2004	Oct-Dec 2004
64	56	62	63	29	42	29

Source: Samson assessment records

Disabled Facilities

The Occupational Therapy Service carries out approximately 200 assessments per month.

Number of physically disabled people who have had an assessment and are waiting for aids/equipment

Mar-04	Jun-04	Sep-04
272	181	178

Over 80% of small items of equipment (costing under £1000) are delivered within three weeks of assessment. The Service provides large numbers of items of equipment each quarter:

Number of items of small equipment delivered per quarter in 2004/5

Mar – Jun 2004	Jul – Sep 2004	Oct – Dec 2004
1302	1483	1284

Source: DFS records

Number of physically disabled people who have had an assessment and are waiting for Disabled Facilities Grant (DFG)

Mar-04	Jun-04	Sep-04
378	182	355

This analysis of the total waiting list for all adult groups shows the length of time users can wait for a DFG.

Length of time waiting for a DFG at December 2004

Months waiting	Numbers waiting	% of total
21 + over	260	22
18	155	13
15	169	14
12	153	13
9	178	15
6	114	10
3	155	13
Total Clients Waiting	1184	100

Community Alarms

Use of the Community Alarm Service by people under 64 years old is quite limited, only 12% of the total number of connections being for this age group.

Age range	No of alarms
18 - 24	9
25 - 29	8

30 - 44	68
45 - 63	329
Total	414

Conclusion

Evidence of the current market in services for people with physical disabilities reinforces the gaps identified in section 10 of the strategy. These gaps will be addressed within the commissioning priorities.

12. NEEDS ASSESSMENT

The number of people registered disabled with the Cardiff Council at 31st March 2004 was 5218. This includes a general category of 2237 people registered as disabled, 1021 people registered as blind, 905 people registered as partially sighted, 772 people registered as hard of hearing, 165 people registered as deaf with speech, 118 people registered as deaf without speech, and 79 people registered as dual sensory impaired (deaf-blind)

In common with national trends the prevalence of disability in Cardiff is shown to increase with age, with only 27% of the disabled on the register in Cardiff being of working age. Few people, apart from those registered with a sensory impairment, wish to be registered with "social services" these days. Better measures of the number of disabled people are people claiming Disability Living Allowance (DLA), paid to people who are disabled, and who, as a result, have either personal care needs or mobility needs or both.

The total number of people in Cardiff claiming DLA and Mobility Allowance was 27,200 in August 2000. The percentage of people claiming these benefits (of all ages) is higher in the south of Cardiff.

A second measure of disablement is the limiting long term illness ratio, a self-reported measure of long term illness, health problems or handicap which limit the person's daily activities or employment options. In Cardiff, 18 of the electoral divisions have levels of limiting long term illness above the England and Wales average.

Another measure of the number of disabled people in Cardiff is the number of vehicle badges in circulation. The Council issues vehicle badges for people who are physically or visually disabled (Blue Car Badges). As March 2003 some 18,500 badges were on issue in Cardiff, of which 36% were issued to people of working age.

Disabled Persons Car Badge Referrals for people aged 18-64

	Qtr 1 2003- 04	Qtr 2 2003- 04	Qtr 3 2003- 04	Qtr 4 2003- 04	Qtr 1 2004- 05	Qtr 2 2004- 05	Total
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DCPB Referrals	286	335	311	346	255	49	1582
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Referrals received by social work teams have remained reasonably static between April 2003 and September 2004, ranging from 622 to 756 per quarter.

Number of Referrals by Team (excluding Disabled Badge Codes) for users aged 18-64

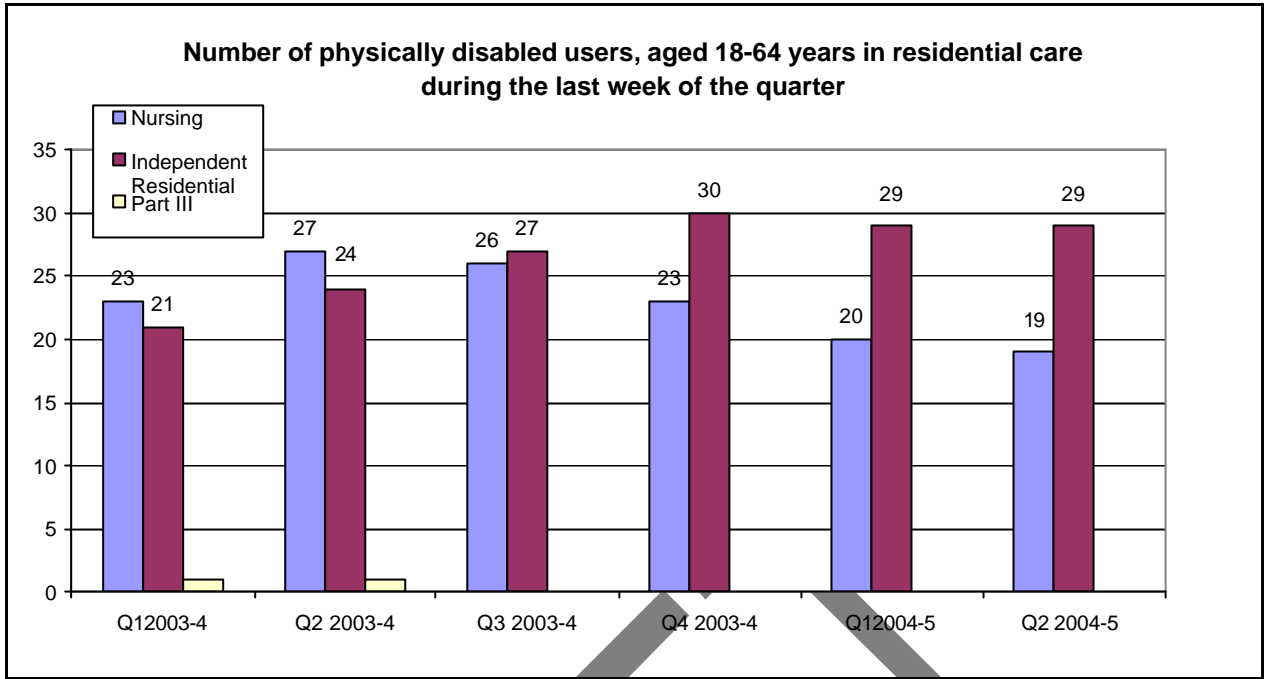
	Qtr 1 2003- 04	Qtr 2 2003- 04	Qtr 3 2003- 04	Qtr 4 2003- 04	Qtr 1 2004- 05	Qtr 2 2004- 05	Total
Community Team	447	299	185	170	206	223	1530
Hospital Team	210	202	197	209	193	186	1197
OT Team	10	183	240	379	276	297	1385
Total	667	684	622	758	675	706	4112

Assessments and reassessments of physically disabled people aged 18-64 years have also remained reasonably static during the period April 2003 – September 2004. Combined these figures suggest that the population of physically disabled people requiring a service from Adult Services in Cardiff is unlikely to rise significantly.

(Unified Assessment File Exercise excluded)

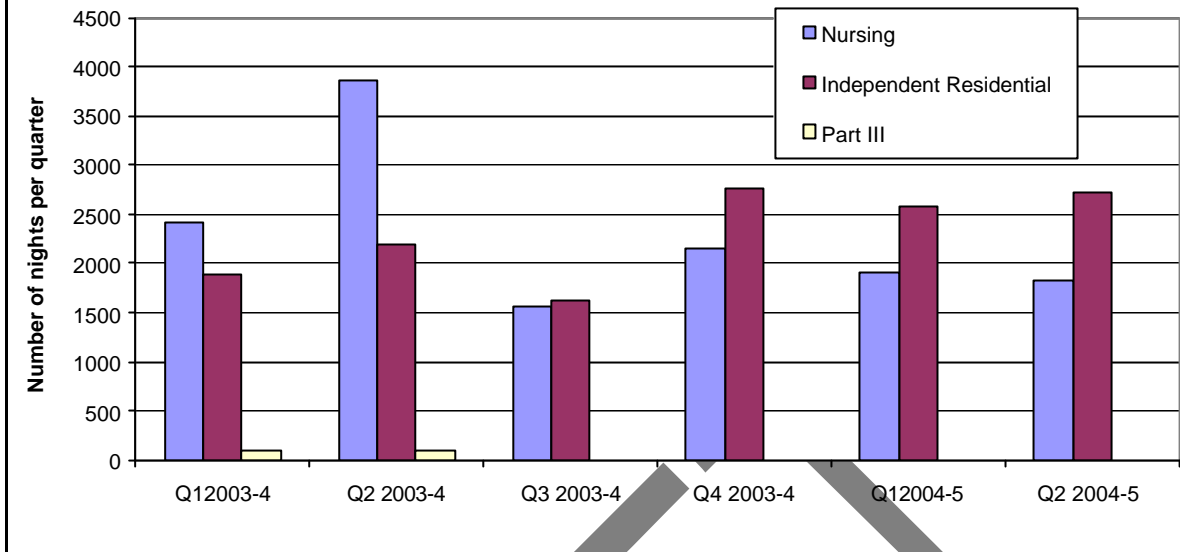
	Apr- Jun 2003	Jul- Sep 2003	Oct- Dec 2003	Jan- Mar 2004	Apr- Jun 2004	Jul- Sep 2004	Total
Community Teams	153	155	136	220	122	138	924
Hospital Teams	50	70	55	41	55	57	328
OT Teams	169	198	173	91	226	140	997
Sensory Impairment	33	38	34	20	28	42	195
Total	405	461	398	372	431	377	2444

The following two tables indicate that there has been a rise in the number of people in residential care and a reduction in the number of people in nursing care. However, the numbers are small and given the lack of provision it would be important to explore this trend further.



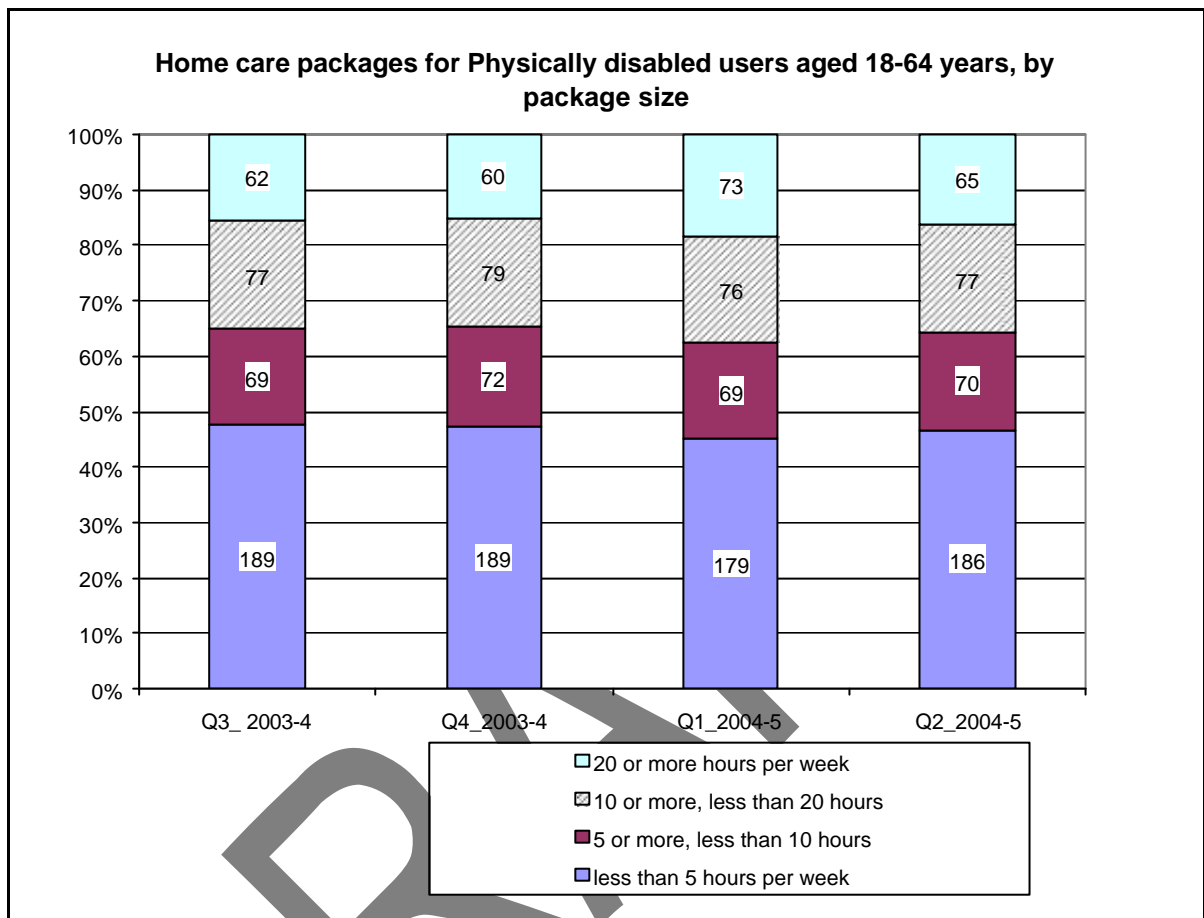
	2003-4				2004-5	
	Q1 2003-4	Q2 2003-4	Q3 2003-4	Q4 2003-4	Q1 2004-5	Q2 2004-5
Nursing	23	27	26	23	20	19
Independent Residential	21	24	27	30	29	29
Part III	1	1				
Total	45	52	53	53	49	48

Permanent nights in residential and nursing care for physically disabled users, aged 18-64



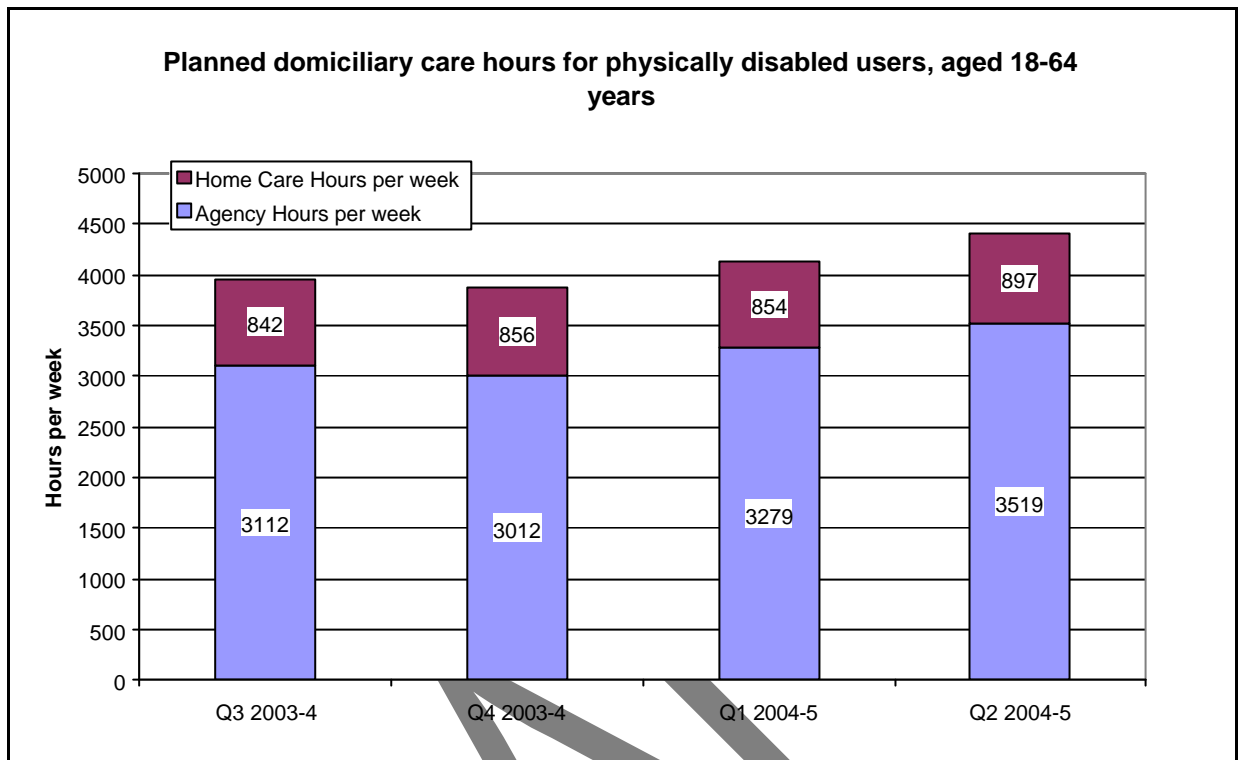
	2003-4				2004-5		
	Q1 2003-4	Q2 2003-4	Q3 2003-4	Q4 2003-4	Q1 2004-5	Q2 2004-5	TOTAL
Nursing	2406	3868	1571	2154	1913	1832	13744
Independent Residential	1890	2187	1620	2757	2581	2721	13756
Part III	90	91					181
Total	4386	6146	3191	4911	4494	4553	27681

The number and size of home care packages for people with a physical disability have remained static over the period April 2003 – September 2004. Given that the number of referrals and assessments have remained reasonable static during this period this is perhaps unsurprising.



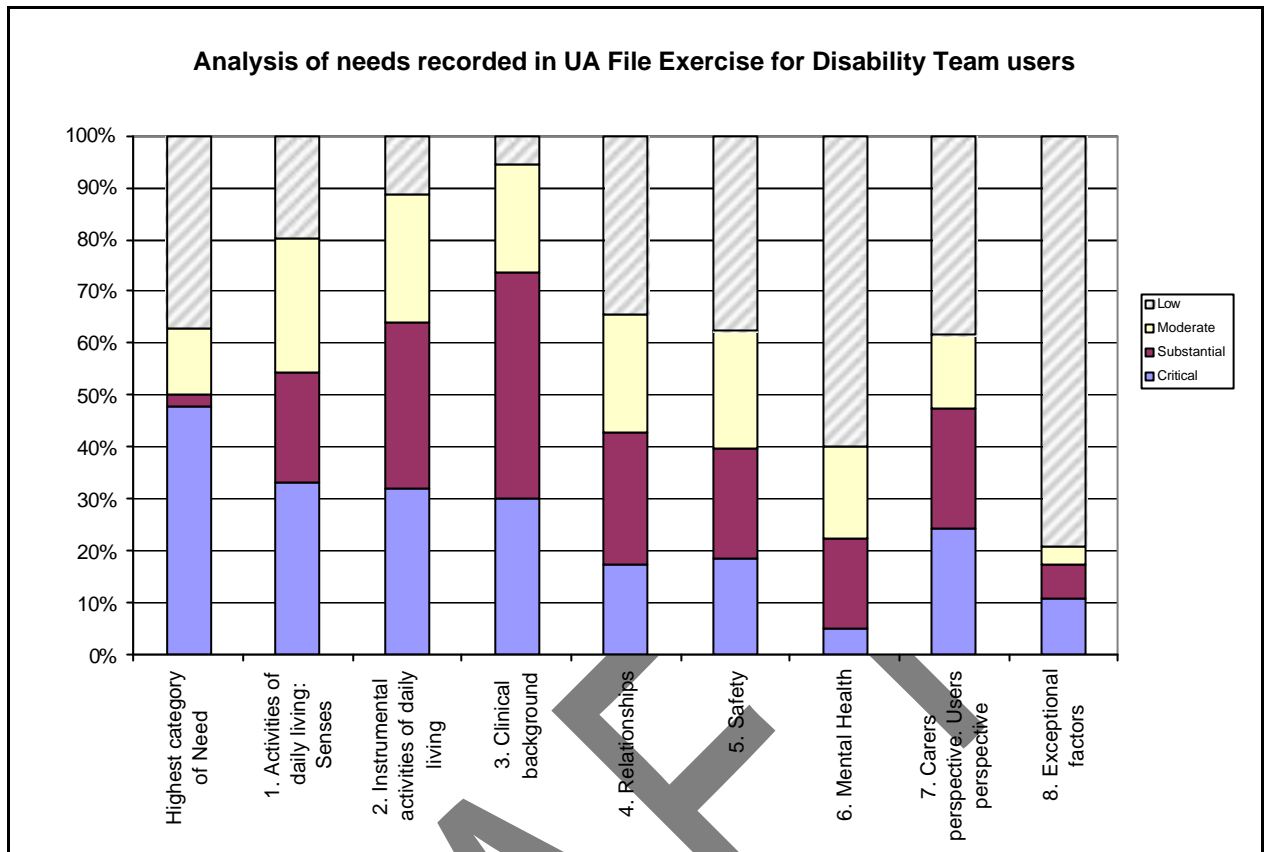
	Dec-04	Apr-04	Jun-04	Sep-04
less than 5 hours per week	189	189	179	186
5 or more, less than 10 hours	69	72	69	70
10 or more, less than 20 hours	77	79	76	77
20 or more hours per week	62	60	73	65
Total	397	400	397	398

The following table identifies that most domiciliary care is provided by independent domiciliary care providers.



	Q3 2003-4	Q4 2003-4	Q1 2004-5	Q2 2004-5
Agency Hours per week	3112	3012	3279	3519
Home Care Hours per week	842	856	854	897
Total	3954	3867	4133	4415

The following table identifies the levels of need of people with a physical disability currently receiving a service from Cardiff Council. This information indicates that peoples' greatest needs relate to their activities of daily living and their clinical background. The table demonstrates that service users and carers perceive critical and substantial levels of need. This needs to be explored further, however, it is important that self assessment of need will be included within Unified Assessment.



Conclusion

The information provided above suggests that this strategy is dealing with a reasonably static population. The difficulty is that currently there is a limited provision for the existing population of physically disabled people. The strategy will need to focus on an extension and diversity of provision to meet a static population.

It is important to appreciate the impact of disability in a wider sense rather than confining the discussion to services provided currently or in the future by Cardiff Council and Cardiff LHB. For example, nationally:

- Disabled people are only about half as likely as non-disabled people to be in employment.
- Almost half the disabled population of working age in Britain are classified as economically inactive.
- Asian and Asian British people aged 50+ and Black and Black British people aged 50+ generally have higher disability rates than the white population.
- Disabled people are nearly five times as likely as non-disabled people to be out of work and claiming benefits.
- Overall, disabled people are twice as likely as non-disabled people to have no qualifications.
- Research shows that there are high extra costs of disability e.g. fuel costs, laundry, transport, special diets.

The total gross cost of Cardiff Council services to people with a physical disability is £7,455,000, the net cost being £6,742,000 (2003 – 4).

12. THE NEEDS OF BLACK AND MINORITY ETHNIC DISABLED PEOPLE

The Disability Rights Commission survey and consultations (2004) revealed that overall the experience of black and minority ethnic disabled people appears to be one of **comprehensive marginalisation**.

Some of the difficulties and issues identified are as follows:

- Poor access to appropriate and culturally sensitive information
- Participants identified the following issues
- A general low awareness of service providers about disability and in particular 'invisible impairments'
- Black and minority ethnic disabled people being seen by some agencies as non-conformist in their outlooks, expectations and needs, i.e. they are seen 'not to fit' the services available
- Low numbers of black and minority ethnic people in the local population being cited as a reason for inattention to meeting the rights and requirements of black and minority ethnic (disabled) people
- The lack of research into service access issues for black and minority ethnic disabled people
- The lack of accurate data on black and minority ethnic disabled populations being used in order to plan services
- The lack of accurate monitoring and recording of take-up of services by black and minority ethnic disabled people
- Agencies need to develop and demonstrate a better understanding of their duties and requirements under the RRA(A) and DDA.

The Disability Rights Commission (2004) suggests that the disability related issues faced by black and minority ethnic disabled people are similar to those experienced by white disabled people, however, black and minority ethnic status tends to accentuate these difficulties.

Conclusion

The Strategy will need to ensure that information and services are culturally sensitive to enable black and minority ethnic disabled people to have equal access to services. Consultation with BME disabled people will need to be ongoing to ensure service priorities are developed within this context.

13. UNIFIED ASSESSMENT

In 2002, the Welsh Assembly Government issued "Creating a Unified and Fair System for Assessing and Managing Care". This incorporated previous guidance "Fair Access to Care Services". The guidance provides a framework for assessment and care management within both health and social care and a framework for the development of the eligibility criteria that local authorities must follow when making decisions about who is, and who is not eligible to receive a social care service following an assessment of need.

The purpose of the Unified Assessment Process is to ensure that adults receive appropriate, effective and timely responses to meet their health and social care needs and that assessment of need takes place within the context of risk assessment, i.e. the level of risk to the individual in the event of a service not being provided.

Cardiff Council has set its eligibility threshold for 2005/6 at significant and critical. This means that those people whose needs are assessed as having a moderate or low risk to their independence will not be eligible for social care services from the local authority.

13. SERVICE MODEL

The Strategy identifies significant need that is currently not being adequately or appropriately met. In order to develop services to meet the needs of people with physical disabilities it is important to have a clear service model.

The service model developed within this Strategy reflects the diversity of need associated with physical disability that people experience. The four tiers identified below can form a pathway for those people whose needs increase over time.

Tier 1

People at this point in the pathway require information and may have minimum support needs. Given information and minimal support they are able to be independent and access housing, education, employment, leisure, transport and community facilities as citizens.

The Strategy recognises the need to work closely with the voluntary sector and other Council Services to ensure this information and support is available.

Tier 2

People at this point in the pathway require further assistance to maintain their independence and access educational, vocational or social activities. Such individuals could be identified as having difficulty coping with everyday tasks but they can manage independently or with limited support.

Health services are available to this group of people but again the Strategy recognises the need to work closely with the voluntary sector and other

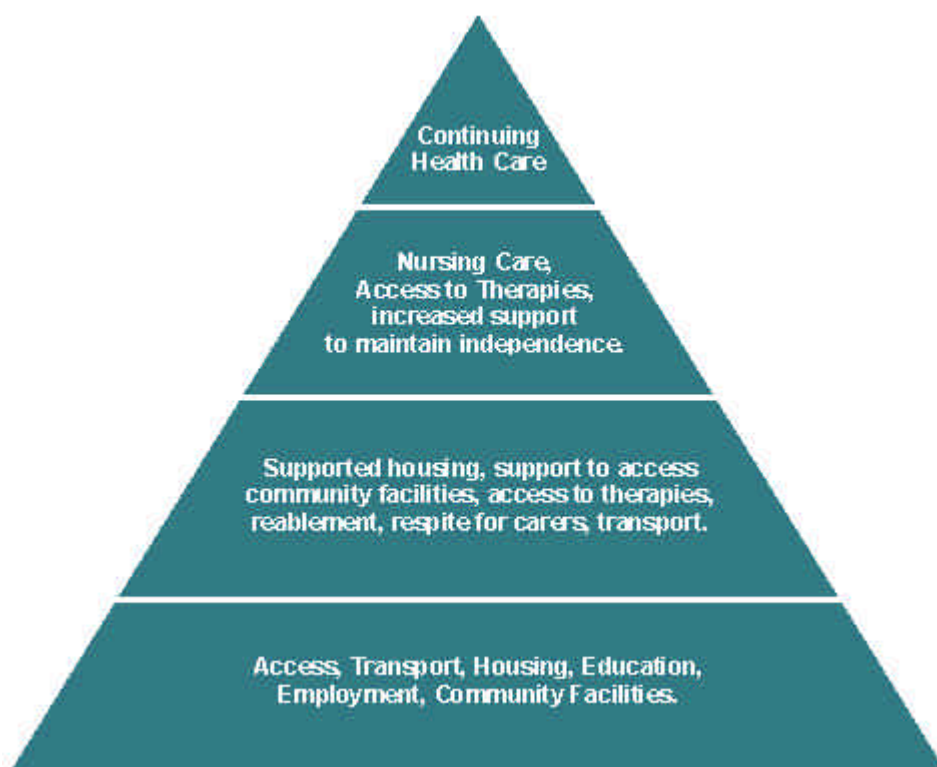
Council Services to ensure support is available to people identified within the stage of the pathway.

Tier 3

People at this point in the pathway require a significant amount of support in order to access and make use of education, employment, leisure and community facilities and maintain their independence. Health and social care agencies will need to ensure access to therapies, rehabilitation services, reablement facilities, appropriate accommodation and respite.

Tier 4

People at this point in the pathway require maximum support and are likely to have complex health and social care needs. Health and social care agencies need to work in partnership to ensure individual's needs are met appropriately and there is appropriate nursing care available and access to Continuing Health Care funding if appropriate.



14. MONITORING OF THE STRATEGY

The Advisory Planning Group will provide regular monitoring of the Strategy. In addition a key action within year one of the strategy is to develop a service user monitoring group. There are many examples of user focused monitoring particularly within mental health that can be drawn up. It will be important to

ensure that service users are trained and equipped to monitor the strategy in years two and three.

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COMMISSIONING PRIORITIES – Physical Disability Services

YEAR 1	YEAR 2	YEAR 3
Undertake Review of Cardiff Council Day Services – develop priority areas for years 2 & 3	Implement recommendations following review	Respond to priorities identified in year 1
Develop Service Specification for supported employment projects – develop priority areas for years 2 & 3	Work with partners to commission supported employment project	Respond to priorities identified in year 1
Develop Service Specification for Nursing Home Provision to include respite provision – develop priority areas for years 2 & 3	Commission an appropriate number of nursing home beds	Respond to priorities identified in year 1
Develop Service Specification for Supported Accommodation to include respite provision	Commission an appropriate number of supported accommodation beds within the Supporting People Planning Group (secure revenue & capital).	Undertake appropriate development process
Reprovide the Assessment/ Treatment Centre (currently based at Heol Don) to include OTs	Evaluate and implement recommendations	
Block contract for 1 respite bed in Dan-y-Craig	Commission respite beds locally	
Complete Transitions Protocol		
Develop Service Specification for specialist home care service to include therapies – develop priority areas for years 2 & 3	Commission a specialist home care service	Respond to priorities identified in year 1
Develop Service User Monitoring	Evaluate effectiveness of group and implement	

Group	recommendations	
Develop a Joint Equipment Service	Undertake a review of Joint Equipment Service and implement recommendations (HSC&W Strategy)	
Review the Disabled Facilities Grants Process – develop priority areas for years 2 & 3	Implement recommendations following review	Respond to priorities identified in year 1
Review of telephone rentals – develop priority areas for years 2 & 3	Implement recommendations following review	Respond to priorities identified in year 1
Further develop the availability of Direct Payments – develop priority areas for years 2 & 3	Increased capacity for Direct Payments	Respond to priorities identified in year 1
Develop capacity with Red Cross Sitting Service to provide respite in the home	Evaluate and implement recommendations	
Ensure the Supporting People Operational Plan includes a more detailed analysis of the supply of adapted accommodation to determine future need and likely provision of supported accommodation.		
	Develop Service Specification for multi-agency Physical Disabilities Team to include OTs, district nurses, physiotherapists, psychology and voluntary sector – develop priority areas for year 3	Respond to priorities identified in year 2
	Develop Service Specification for independent Advocacy service – develop priority areas for year 3	Commission Advocacy Service
Develop Awareness Raising Training	Deliver Training Programme	Evaluate effectiveness of training

Programme for Health & Social Care staff re needs of people with physical disability and/or sensory impairment (HSC&W Strategy)		
Participate in the development of a wheelchair strategy being led by Health Commission Wales (HSC&W Strategy)		
	Develop proposals for community based crisis intervention team (HSC&W Strategy) – develop priority areas for year 3	Respond to priorities identified in year 2
	Evaluate potential effectiveness of providing therapies in nursing homes (HSC&W Strategy) – develop priority areas for year 3	Respond to priorities identified in year 2

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