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Strategic and Commissioning Statement for Adults with a  
Physical Disability 2018 – 2021

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## Table of Contents

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	Page
<a href="#"><u>Introduction</u></a>	3
<a href="#"><u>Where do we want to be?</u></a>	8
Areas for Action	
<a href="#"><u>Key Action 1</u></a> : Improving health and social care support	9
<a href="#"><u>Key Action 2</u></a> : Having somewhere to live and the support to live there.	13
<a href="#"><u>Key Action 3</u></a> : Learning and working	19
<a href="#"><u>Key Action 4</u></a> : Having a life	22
<a href="#"><u>Key Action 5</u></a> : Keeping safe and taking risks	27
<a href="#"><u>Conclusion</u></a>	30
<a href="#"><u>Appendix 1</u></a> : Structure of Dundee Health and Social Care Partnership	32
<a href="#"><u>Appendix 2</u></a> : Strategic Needs Assessment Summary	33
<a href="#"><u>Appendix 3</u></a> : Exercise and Sport for People with Physical Disability in Dundee	34

## Introduction

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This is the Strategic and Commissioning Statement for Services and Supports for People with a Physical Disability in Dundee (the Statement). This Statement has been developed from the [Dundee Health and Social Care Partnership Strategic and Commissioning Plan \(2016 – 2021\)](#) (DHSCP Strategic Plan). It sets out the direction of travel for supporting people with physical disability to live longer, more fulfilled lives. It recognises the skills, knowledge, connections and experience of people with a physical disability and the need to build on this resource to promote healthy, active and integrated communities. Whether people are born with a physical disability or acquire disability at some point in their lives, the social and physical environment is likely to present barriers to them leading fulfilled lives<sup>1</sup>; getting around, finding employment, having a home that meets their needs and accessing the information they need. This results in health and financial inequalities that reduce life opportunities and wellbeing for people with disability and their families.

In its Strategic Plan, the Dundee Health and Social Care Partnership sets out the priorities for using available resources to improve the wellbeing of people who use health and social care services, in particular those whose needs are complex and who require support from both health and social care at the same time. The strategic priorities identified in the plan are:

### 1 Health Inequalities

We know that people who live in areas of deprivation have poorer health and live shorter lives. We will take positive steps to improve health equity in the localities in Dundee where there are the most people with the greatest needs.

### 2 Early Intervention and Prevention

By working with people earlier, we can reduce the impact of health and social care needs on the people experiencing them and target our resources more effectively. We will focus on self-management of long-term conditions to allow people to manage their lives and conditions as independently as possible and secondary prevention which aims to reduce the likelihood that having one or more long term condition results in a person being more likely to develop others. Anticipatory Care Planning promotes the idea that we should think ahead and ensure that we have put in place some contingency plans, information for family and others.

### 3 Person Centred Care and Support

We need more flexible options around the type of care available to enhance the outcomes people experience. By remodelling integrated care and support planning we can improve the achievement of the personal outcomes that are important to

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<sup>1</sup> Scope and the Social Model of Disability

each person. By furthering the development of self-directed support, we will enable people to take more direct control over their care.

#### **4 Carers**

We will invest in the role that carers play in supporting friends and family ensuring that their rights and well-being are actively promoted. There is a specific Strategic Planning Group for Carers.

#### **5 Localities and Engaging with Communities**

Dundee has a wide range of people with diverse needs across different parts of the city. We will invest in an infrastructure to support the development of locality planning and allocate resources to implement locality plans.

#### **6 Building Capacity**

We will optimise people's opportunities to contribute to their families, their community and to the City. We will support individuals to maximise their financial situation through work, access to learning and access to the benefits they are entitled to. We will build stronger relationships with employers and educational institutions and build capacity within the third sector to identify and meet needs in our communities that stop people living full and healthy lives.

#### **7 Models of Support, Pathways of Care**

We want to improve the way that people move between large hospitals and the community and to redesign models of non-acute hospital based services, re-investing in community based services including our response to protecting people concerns. We need more targeted and specialised residential resources and to invest in accommodation with support and day opportunities. We need to maximise the telehealth and telecare supports available to help people live more independently for longer.

## 8 Managing our resources effectively

We will develop our workforce to support the integration and development of new models of care and invest in co-located, integrated models of care and support aligned to localities and deliver better outcomes for people.

You can find background information about why the Dundee Health and Social Care Partnership (DHSCP) has been created, the national and local outcomes and the Partnership's strategic action plan in the DHSCP [Plan](#).

The Scottish Government recently published [A Fairer Scotland for Disabled People](#) which includes a national delivery plan based on five ambitions which we must also take into account:

1. Support services that meet disabled people's needs
2. Decent incomes and fairer working lives
3. Places that are accessible to everyone
4. Protected rights
5. Active participation

The DHSCP Plan explains that we need to achieve significant shifts in how services are prioritised, accessed, organised and delivered. This will involve investing in some areas of service and disinvesting in others in order to deliver a more preventative and integrated community based approach.

The Strategic Planning Groups (SPGs) are groups representing people who use services and the key people delivering those services. The SPGs will influence and shape the priorities and actions of the Health and Social Care Partnership in addressing the specific issues and support required.

In Dundee, the Partnership currently has the following SPGs:

- Frailty (including People with Dementia)
- Learning Disability and/or Autism
- Physical Disability
- Sensory Services
- Mental Health and Wellbeing
- Carers
- Homelessness
- Dundee Alcohol and Drug Partnership (ADP)

The diagram at Appendix 1 shows how the SPG for People with a Physical Disability (SPG PPD) fits into the overall structure.

This Strategic and Commissioning Statement for People with a Physical Disability has been developed as the next stage to the DHSCP Strategic Plan. It focuses on the needs of people who:

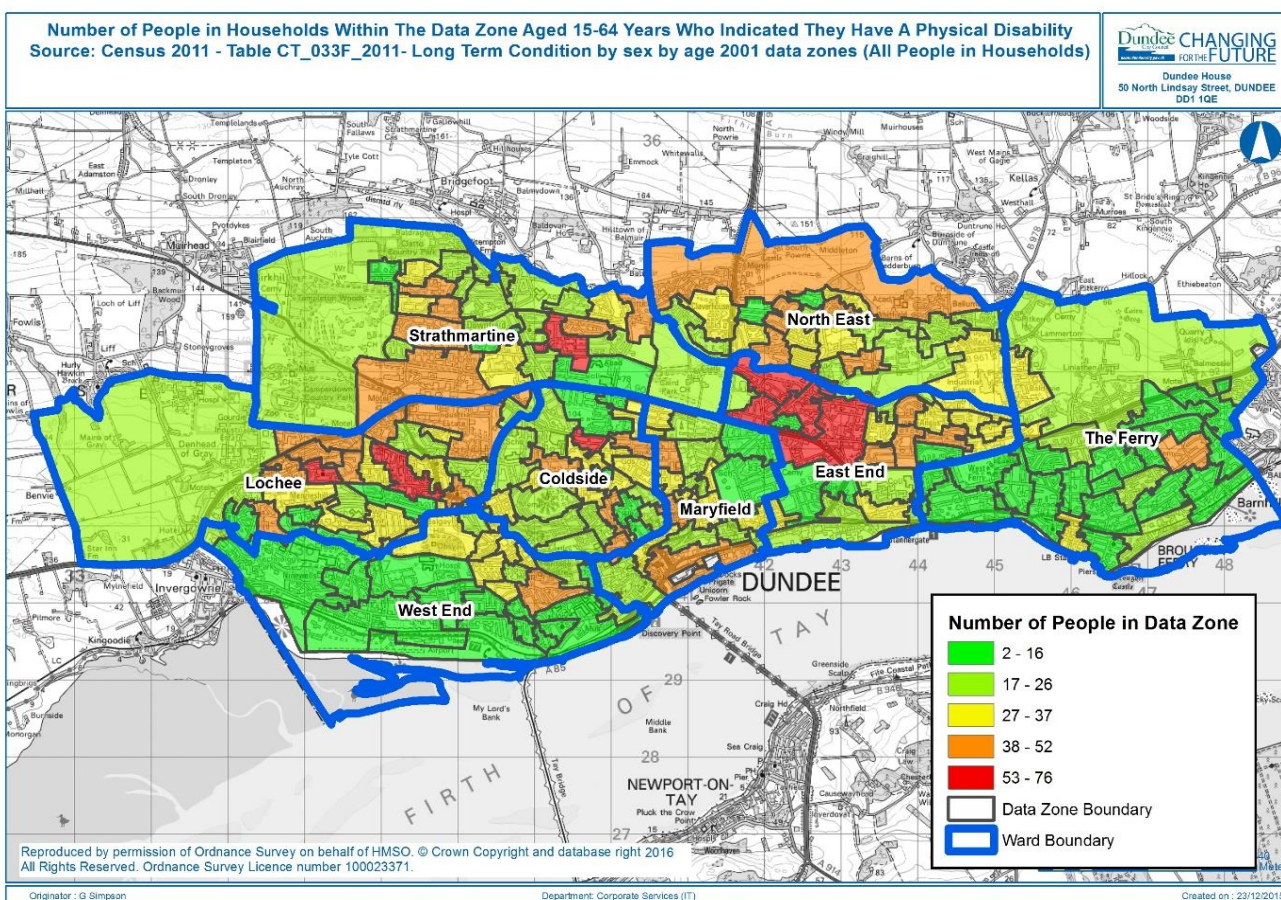
- are adults (over 16 years of age),
- have a enduring physical impairment or long-term condition; and
- are unable to independently undertake activities of daily living, or who experience significant restrictions when doing so.

We used a wide range of data to inform this statement. The data was collated and then developed into a Physical Disability Strategic Needs Assessment. There is summary of this in Appendix 2. The Physical Disability Needs Assessment provides a demographic and geographical profile of adults with physical disability who live in Dundee. It helps to plan for future needs and the demand for health, social care and community services. It has been difficult to accurately define the number of people with physical disability due to wide-ranging differences in the ways that this is reported. Therefore, our plans must be designed so we can respond quickly to changes in information and needs and that we take the likelihood of change into account in the way we monitor and review our action plans.

The key issues identified in the Needs Assessment include:

- People in Dundee have a lower life expectancy than the Scottish average
- Dundee has a high level of deprivation
- There is a link between getting older and having a physical disability
- That people who live in more deprived areas have a higher rate of physical disability
- There appear to be barriers to people with a physical disability taking up education and employment opportunities
- Access to housing, public spaces and services for people with a physical disability
- Confirmation that preventative approaches that improve and maintain health and wellbeing are key in reducing the impact of physical disability





In order to take our work forward, the SPG PPD will review the current provision, design tests of change and implement successful change projects more widely. The SPG PPD is responsible for ensuring that all our improvement work is clearly defined and monitored, for ensuring the work supports the overarching DHSCP Strategic Plan and that we engage fully and in a coordinated way with all stakeholders.

The DHSCP Plan notes that all the SPGs have some common pressures to address, including:

- An increase in demand for community health and social care including general practice, community nursing and care at home services
- An increase in the number of people with complex needs seeking support
- Increasing pressure on hospital inpatient services from unscheduled admissions and delays in discharging to home
- Requirement for more housing options, both with and without support
- More flexible services to meet variable need across extended days and overnight
- More personalised supports
- Support for carers

SPG PPD members consulted over an 18 month period to ensure that the key areas for action in this statement will deliver the greatest improvement to people using our services. The SPG PPD will meet every three months (or more often) and will use the action plan arising from this Statement to monitor and report on progress in improving outcomes for people with physical disability in Dundee.

### Where do we want to be?

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We want to live in a Dundee where:

1. everybody is able to access responsive and individualised health and social care services in order to live fulfilled lives
2. people with a physical disability lead healthy, independent, connected lives
3. people who need support experience dignity, respect and compassion from health and social care services across the public, private and voluntary sectors
4. people who need support can access local community amenities, public areas and housing that meets their needs and those of their families and carers.



## Areas for Action

### Key Action 1: Improving health and social care support

The development of this Statement is taking place against one of the most significant organisational redevelopments for people with health and social care needs. For the first time ever, one organisation, Dundee Health and Social Care Partnership, is responsible for the provision of both adult social care and community health services. This means we need to think about how our integrated health and social care services are planned, organised, delivered and managed.

One of the strategic priorities set out in the DHSCP Strategic Plan is around models of support and pathways of care. People want to live as independently as possible at home or in a homely setting. In order to meet the growing numbers of people living with long term health conditions, we need to ensure that support is anticipatory, well planned, and offers choice and smooth transitions between services. We need to deliver more preventative community based support to help people to manage their own conditions, get help earlier and to get people the right care at the right time in the right place. This approach will help prevent people developing conditions, deteriorating and possibly reaching crisis point.

Significant factors in achieving this include:

- ensuring that integrated, coordinated, planned processes (pathways) are in place to facilitate person-centred, flexible care planning
- delivering support close to home making full use of technological advances
- co-locating services in localities and develop single points of access, shared information and systems
- ensuring that transitions from children's to adult's services are smooth and well planned.

### Work so far

- ✓ The Brain Injury Pathway: We have developed a care pathway for people in Dundee who have experienced a brain injury to support people through their rehabilitation through the Centre for Brain Injury Rehabilitation (CBIR) and the Mackinnon Centre. This allows people to learn and regain skills without them remaining in acute hospital settings longer than they need.
- ✓ The CBIR and The Corner have worked together for a number of years raising awareness of Brain Injury with young people across Dundee. Staff at The Corner and the CBIR worked together to produce a film entitled "Keeping (a) Head" and a set of resources entitled "Puzzled about the Brain" which were launched in

March 2017. These resources were developed in partnership with the staff and a patient and family at the CBIR, young people and supported by Dundee City Council's Youth Work Department. This launch in March celebrated the joint work of young people and professionals involved in the development of these resources, and provided an opportunity for workers from across the DHSCP to see the potential of these resources with young people. Work is now ongoing across high schools in Dundee using the resources to raise awareness and once this has been evaluated further development work is planned.

### **Example of need**

*This case example shows the types of needs and challenges that some people with physical disability in Dundee can face. It is not necessarily a case study of best practice.*

### **Bridget**

*Bridget suffered a stroke which has left her with a weakness on one side of her body, heart problems, epilepsy and communication issues which means she needs to write down what she says. After her stroke, Bridget needed rehabilitation which helped her to learn how to manage the symptoms of her stroke and allowed her time for her adjust to her disability.*

*However, then poor blood flow resulted in her having a leg amputated. After a short stay in a care home, Bridget continued her rehabilitation on a new care pathway which enables people recovering from strokes and acquired brain injury to move from acute medical care, through the Centre for Brain Injury Rehabilitation to the Mackinnon Centre which has temporary accommodation and support available for people who have had a brain injury.*

*As well as classes in gardening, cookery and art, the Centre provides daily support for physiotherapy and people are able to develop their independent living skills and practise with the aids and adaptations they may need in preparation for going back home or moving to a new home if their previous home is no longer suitable.*

*A new wheelchair adapted home has been found for Bridget. Her husband, who will be her main carer at home, has been able to learn from staff at the Centre about how best to help and support his wife.*

## Key Action 1 Priorities

By making use of the opportunities for integrated working in Dundee Health and Social Care Partnership and working closely with partners in the independent sector, we will:

Key Action Area 1 Health and Social Care Support		Local Measures in addition to the SPG report against its action plan	National Health and Wellbeing Outcomes	National Health and Wellbeing Indicators	A Fairer Scotland Five Ambitions
1.1	Further develop discharge planning arrangements and new models of service delivery to ensure that people who need housing and community support are able to move on from hospital based services as soon as they are ready. This will include improving the Brain Injury Pathway to ensure transitions are as smooth as possible and to consider how the Dundee model aligns with the Tayside wide brain injury work in Angus and Perth and Kinross and investing in resources which support assessment for 24 hour care taking place at home or home like settings	Delayed discharge figures  Days in step down accommodation due to the need for suitable housing and/or care package.	<b>Outcome 1:</b> People are able to look after and improve their own health and wellbeing and live in good health for longer  <b>Outcome 2:</b> 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	1. Percentage of adults able to look after their health very well or quite well.  2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.  3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.  4. Percentage of adults supported at home who agree that their health and	1. Support services that meet disabled people's needs  5. Active participation
1.3	Build preventative approaches into our work across health and social care so that we deliver more proactive assessments and support to reduce long term conditions and physical disability. This will include aligning services more closely with preventative community	We will work with a range of teams to identify measures to evidence improvements.			

	based and primary care support and making better use of community resources such as libraries and community pharmacies to promote health and wellbeing, including a social prescribing role, as a point of contact with people.  Prioritise and invest in models of support that help to support life style changes which improve outcomes for people with a physical disability.		<b>Outcome 3.</b> People who use health and social care services have positive experiences of those services, and have their dignity respected  <b>Outcome 4.</b> Health and social care services are centred on helping to maintain or improve the quality of life of people who use those	care services seemed to be well co-ordinated.  5. Percentage of adults receiving any care or support who rate it as excellent or good 7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.  9. Percentage of adults supported at home who agree they felt safe.	
1.4	Support the move toward locality work based in communities where we make it easier for people to access the range of services they need. This will include building workforce capability and the capacity to deliver models of care which promote health, self-management and address inequalities.	We will work with a range of teams to identify measures to evidence improvements.			
1.5	Develop our approach to the transition from children's services to adults to ensure that the transition is smooth and that young peoples' aspirations and goals are fully incorporated into their outcome plans.	Survey of people who have transitioned to adults services.  Case file audit			
	Enhance support to improve mental wellbeing of people with physical disability, focussing on those who live in areas which experience greater health inequalities	We will work with a range of teams to identify measures to evidence improvements.			

## Key Action 2: Having somewhere to live and the support to live there

The Strategic Planning Group acknowledges the important role that the Housing Sector plays in delivering the city's health and social care accommodation and support outcomes. People who have or develop physical disability often require housing to meet their specific needs. The ability of people to leave hospital or step down care and accommodation relies on the availability of suitable homes. As a result, we are committed to working with our housing partners to develop a variety of community based housing and support choices in the city for adults with physical disabilities.

### Social Rented Sector: Wheelchair Adapted Housing

Dundee currently has 352 social rented wheelchair adapted houses. In general, between 2009 and 2014 the number of social rented wheelchair housing provision in the city met waiting list demand. However, since 2015 Dundee has experienced a significant rise in demand for social rented wheelchair adapted housing. For example, in 2015 the number of waiting list applicants stood at 55; as at November 2017 it was 111. This represents a 68% increase over the 2015 - 2017 period. In addition to the rising wheelchair adapted housing waiting list demand, the PPD SPG has identified fifteen individuals with physical disabilities requiring new-build, wheelchair adapted supported housing. Their housing requirements and the requirements of applicants on the social rented wheelchair adapted housing waiting list are reflected in the Dundee Strategic Housing Investment Plan's (SHIP) particular needs housing targets, 2019 – 2022, under categories 3 and 4 respectively.

Around 1 % (242<sup>2</sup>) of children (aged 0-15) in Dundee have a physical disability. As young people grow up and become more independent, they need housing to meet their needs. Our strategic planning must anticipate this future need.

Table 1. Provides a breakdown of Dundee's social rented wheelchair adapted housing provision.

Table 2. Outlines the city's particular needs housing targets over 2019 - 2022.

**Table 1. Dundee Social Rented Sector, Wheelchair Adapted Housing Provision**

Local Authority	Housing Association	Total
169 (48%)	183 (52%)	352 (100%)

Source: Dundee City Council, Neighbourhood Services, November 2017

<sup>2</sup> 2011 Census

**Table 2. Dundee, Particular Needs Housing SHIP Commissioning Targets, 2019 - 2022**

	Year	2019/20	2020/21	2021/22	2019-22
	Service Area	Housing Targets	Housing Targets	Housing Targets	Total
1.	Learning Disabilities	10	10	6	26
2.	Mental Health	4	4	4	12
3.	Physical Disabilities Wheelchair Housing	9	6	❖	15
4.	Waiting List Wheelchair Housing	4	5	5	14
5.	Young Persons	❖	❖	❖	❖
	<b>Total</b>	<b>27</b>	<b>25</b>	<b>15</b>	<b>67</b>

**Sources** 1 - 3 Dundee Health and Social Care Partnership, November, 2017

4 Dundee City Council, Neighbourhood Services, November, 2017

5 Dundee City Council, Children and Families Services, November, 2017

**N.B. Year:** Reflects the housing target commissioning date; not the completion date

❖ When figures become available, they will be reflected in the housing targets

### Work so far

In partnership with our housing partners, we now have:

#### Housing with Support

- ✓ Delivered three step-down supported houses to enable people to leave hospital as soon as they are medically able
- ✓ Identified care and support revenue funding for an additional step-down supported house

#### New-Build Housing

- ✓ Delivered six technology enabled care wheelchair adapted houses
- ✓ A target to commission fourteen wheelchair adapted houses to meet the housing needs of people on Dundee's social rented wheelchair adapted housing waiting List

## Example of Need

*This case example shows the types of needs and challenges that some people with physical disability in Dundee can face. It is not necessarily a case study of best practice.*

### Richard

*Richard and his partner had a long history of alcohol addiction and self-neglect. Richard started using a wheelchair after he got one of his legs amputated from the knee due to complications from his high level of drinking. When his partner died suddenly in the flat, it was for four days before Richard informed Housing concierge who then notified the Police and the Health and Social Care Partnership.*

*Richard was offered emergency care and accommodation at a centre for people with physical disability whilst his partner's body was removed from their home. After this, the flat was assessed as uninhabitable and workers found out that Richard had not been able to get into the shower or the bath. The flat was then all redecorated and furnished so that Richard could return to the flat on a short term basis until housing could be found which would meet his health and social needs.*

*After 4 months, Richard was offered a supported placement at a facility for people who have difficulties with maintaining their tenancies as a consequence of substance misuse.*

*Richard said he really loved living at this facility and enjoyed building relationships with fellow residents and the staff who supported him. He thrived as he was receiving regular meals and got help to register with a GP so his health and wellbeing all greatly improved.*

*Unfortunately, Richard was diagnosed with advanced throat cancer and he died 7 months after this diagnosis. However, he would regularly say that the last year of his life was the best he ever had. He would say he 'had peace of mind' and as, his alcohol intake greatly decreased, he felt more in control.*

Therefore, over the period of our Strategic and Commissioning Statement we will work in partnership with our housing partners to support:

#### Housing with Support

- The development of appropriate models of housing which include a high level of care or support to enable people to live independently.

#### Housing Adaptations

- Where safe installation allows, adaptations to individuals' existing homes, thereby improving accessibility. For example, assistive technology, level access, fitting of handrails, converting kitchens and bathrooms.



New Build Housing

- The development of new-build, wheelchair adapted social rented housing.

Existing Social Rented Housing

- The best use of existing mainstream and wheelchair adapted housing stock.

### Key Action 2 Priorities

In partnership with our housing partners, we will identify people with physical disabilities living in accommodation that is inappropriate for their needs, develop alternative housing and support options for them and ensure that suitable accommodation is available for our integrated health and social care pathways. We will:

Key Action Area 2 Health and Social Care Support		Local Measures in addition to the SPG report against its action plan	National Health and Wellbeing Outcomes	National Health and Wellbeing Indicators	A Fairer Scotland Five Ambitions
2.1	Deliver three supported wheelchair adapted houses by the end of 2018	Increase in the stock of supported wheelchair housing.	<b>Outcome 2:</b> 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. Percentage of adults supported at home who agree that they are supported to live as independently as possible. receiving care at home. 18. Percentage of adults with intensive needs 19. Number of days people spend in hospital when they are ready to be discharged. 21. Percentage of people admitted from home to	3. Places that are accessible to everyone  4. Protected rights
2.2	Understand our existing housing stock to identify properties that could be enhanced and adapted	Number of people under 65 with physical disability living in care homes.			
2.3	Identify potential care, support, and capital funding sources to progress the development of supported wheelchair adapted houses over the period of the plan.	Number of people on wheelchair houses waiting list decreases.			

2.4	Develop Best Practice Guide to Managing Social Rented Wheelchair Adapted Housing Tenancies	People with Physical Disability using Housing Support Services		hospital during the year, who are discharged to a care home. 22. Percentage of people who are discharged from hospital within 72 hours of being ready.	
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## Key Action 3: Learning and working

Work is a significant part of most people's lives and brings with it higher standards of living, social engagement, learning opportunities and for many people a sense of pride and achievement. The Physical Disabilities strategic needs assessment highlights the issue of low numbers of people with a physical disability who are employed within Dundee.

In Dundee 78% of people aged 16-64 are employed or in education. Only 30% of people with a physical disability in the same age group are working or studying.

In Dundee 7% of people aged 16-64 are long-term sick or disabled. 58% of people with physical disabilities are long-term sick or recorded as not working due to a disability.

It is important that people with physical disability are supported to access appropriate welfare rights support and advice in order to support their daily living expenses, quality of life and their access to work or meaningful activity like volunteering or study.

Along with other agencies in Dundee's Employment Pipeline, the Dundee Health and Social Care Partnership Employment Support Service helps people with disabilities, health problems and other significant barriers to find and sustain employment. There is no 'one best way' to help a person to find employment because a person's skills, abilities, motivation and domestic circumstances are unique to them so the Employment Support Service tailors the service to meet individual service user's needs whether they are already in employment or whether they are looking for employment. This includes:

- Job Club to assist service users to look for employment
- Work Experience Placements to enable service users to develop their skills
- Support Team providing on-going support to people with significant barriers to employment
- Consultancy and Advisory Service to local employers, voluntary organisations and people who have disabilities and health problems regarding good employment practice

### Work so far

- ✓ Dundee City Council Welfare Rights Advisers implemented a pilot scheme in 5 GP practices which has been extended across the city. By linking in early with people when illness or disability strikes, the advisers have successfully used access to medical records to secure more than £2.1 million in extra income for individuals since January 2015.

- ✓ In 2016 the DD4 network was set up to target people furthest from the labour market. This operates from 2 local venues which are accessible not only because they are based in the communities they support but are also based in wheelchair friendly buildings. Disability was one of the most common barriers expressed by participants. Although it is still relatively new the community - based, integrated model is recognised as potentially improving the journey to employment for local people. This approach has yielded positive outcomes for clients with complex needs.

### Example of need

*This case example shows the types of needs and challenges that some people with physical disability in Dundee can face. It is not necessarily a case study of best practice.*

### Claire

*Claire suffered a stroke in June 2014 aged 55. This resulted in difficulties with concentration, information processing, memory and fatigue. Her communication skills were also affected and she found it difficult to find words. In 2015 Claire started attending a skills centre for people with a physical disability. She identified some outcomes she was determined to achieve*

- *Move forward after stroke and identify new identity*
- *Be constructive with her time*
- *Rediscover her creative talents*
- *To develop skills in using a sewing machine*
- *Complete some therapeutic activities.*
- *For guidance and support to complete projects started at home.*
- *Exploring other media and techniques.*

*Additionally Claire was supported to ensure she was getting the welfare benefits she was entitled to. Soon, Claire realised she wanted to move onto a college course and identified a course at a local college in Contemporary Art Practice. She started this course in August 2017.*

*"I've benefitted greatly from attending the Centre in terms of improving my confidence and developing my skills. I've achieved my outcomes and I'm ready to move on."*

### Key Action 3 Priorities

We need to ensure that local people with physical disabilities have access to suitable employment opportunities in line with those available to all local people. This must include access to vocational education and training. We need to work with local employers, local partners and statutory services to increase knowledge and awareness of employment issues so as to remove or reduce current barriers to employment and identify and prevent any future barriers arising.

Key Action Area 3 Learning and Working		Local Measures in addition to the SPG report against its action plan	A Fairer Scotland Five Ambitions
3.1	Engage with people with physical disability to explore their experiences of employment and education, identify their need for support, and to review existing sources of local and national information about employment support needs.	Percentage of people with physical disability who are in education volunteering or work.	1. Support services that meet disabled people's needs
3.2	Review the skill development opportunities currently available for people with physical disability	Number of people with physical disability supported by the Employment Support Service	2. Decent incomes and fairer working lives
3.3	Work with partner agencies to ensure that income is maximised for people with disabilities across the city	Number of people whose income we help to maximise	3. Places that are accessible to everyone
3.4	Work with partner agencies and employers across Dundee to help facilitate access to employment for people with a physical disability	We will work with a range of teams to identify other measures to evidence improvements	4. Protected rights
3.5	Secure the provision of education/training in partnership with local further education institutions and through employment focused social enterprises.		5. Active participation
3.6	Promote an approach to employment support in line with the findings of the Dundee Partnership Employability Review.		NOTE: The National Health and Wellbeing Outcomes and Indicators do not directly link to this Key Action Area

## Key Action 4: Having a life

In order to live a fulfilled life most of us expect not only to have somewhere to live and be able to meet our health and care needs but to be a part of the community in the place that we live, have hobbies and to be able to make and maintain relationships. Feeling part of families and the wider community is key to our mental health and well-being. Promoting inclusion for people from a diversity of backgrounds and with diverse needs promotes their wellbeing and enables them to contribute to their communities. But also, when a wide range of people are visible and engaged as part of our communities, we are more likely to develop groups and services that reflect the full range of needs and experiences.

People with disability are part of families and relationships. Whilst sometimes they are cared for by family and friends, they may themselves be carers for parents, siblings, friends and children. Services for people with physical disability must reflect the lives, sometimes complex, that people live and take their relationships and life stage into account. We need to ensure that the right support is available to mitigate some of the issues that are faced by people with a disability who might be parents and carers for others. We also need to consider young and adult carers of people with a disability and will do this in collaboration with the work of Dundee Carers Partnership Strategic Plans.

There are many barriers that can result in people with a disability not accessing community groups, activities, buildings and services. These include poor transport, buildings that are not accessible to people who use a wheelchair or have difficulty walking and attitudes or lack of knowledge from staff in public places. These barriers then may lead to people becoming less confident in going out and being part of their local community.

### Work so far

- ✓ All Leisure and Culture Dundee activities are designed to be inclusive and open to everyone. For further information and contact numbers please visit Leisure and Culture Dundee's website or see Appendix 3
- ✓ Leisure and Culture Dundee provides a range of groups specifically for people with a physical disability: Carpet bowls; swimming, powerchair and more (see Appendix 3)
- ✓ There are a number of independent Clubs for people with disability including: Discovery Swimming Club, Dundee Dragons Sports Club, Tayside Dynamo Powerchair Football and Dundee Boccia Club (see Appendix 3).
- ✓ Tayside Healthcare Arts Trust develops the role of the arts in healthcare across Tayside, working to improve the health and wellbeing of people with a variety of Long Term Conditions and enhance the quality of healthcare



environments. Work has included:

- [Singing with Chronic Obstructive Pulmonary Disease](#)
- [Dancing with Dementia](#)
- [DCA Printmaking Summerschools](#)
- ✓ Core exercise programmes including activity and advice are offered to people who have suffered a stroke, have heart failure and other conditions as part of the rehabilitative process. The level of the programme depends on the person, and whether they have exercised before or would prefer an agreed home exercise programme.
- ✓ The Dundee Stroke Exercise Club offers open weekly exercise classes in two locations across the city.

### **Example of Need**

*This case example shows the types of needs and challenges that some people with physical disability in Dundee can face. It is not necessarily a case study of best practice.*

#### **Diana**

*Diana suffered muscle and nerve damage to her spine following a virus. After surgery she also experienced damage to her bowel. She uses a wheelchair to get around and can very occasionally use crutches. Before the virus, Diana had a full-time job working with young people but had to give up her employment due to the deterioration in her health. She has a husband and a young family.*

*During the early days of her condition Diana felt embarrassed to go out and spent most days in her house, feeling very low emotionally and not motivated to do anything. The family had to move into rented accommodation as the home that they owned was not suitable for Diana's wheelchair. Diana's disability affected everyone as she now needed to be cared for as well as needing to care for her own family. House moves can mean that children need to move school and changes around work and finances can cause real problems for families when someone acquires a disability. Diana's teenage children now began to care for her rather than the other way around which affected their relationship and Diana's sense of self and mental wellbeing..*

*Diana knew that she wasn't being the parent and the partner she wanted to be and reluctantly agreed to try some activities suggested by her care manager. She found it difficult to view herself as having a disability but decided that she would try some classes at a centre for people with a physical disability. This felt as though it would be a good place to start in a safe environment where others were in similar positions before attempting more mainstream activities. Here, Diana felt encouraged and supported. She also decided to take up some respite care in a residential centre to give her caring family an occasional break. "I loved it"*

*The opportunity to get out of the house, learn new things and make friends has reduced stress and improved family relationships. “I don’t feel sorry for myself now and I’m able to be a supportive mother and partner. I’m the chair of the Service Users Group, organising events and getting people involved. My family have noticed a big difference in me and I’m happier and more relaxed”.*

### Key Action 4 Priorities

The SPG PPD is responsible for ensuring that Dundee has a good range of formal and informal services and supports that are designed to cater for everybody. We will work across the Partnership to advise, develop, promote and commission services that support people with physical disability to have live their lives fully. We will:

Key Action Area 4 Having a Life		Local Measures in addition to the SPG report against its action plan	National Health and Wellbeing Outcomes	National Health and Wellbeing Indicators	A Fairer Scotland Five Ambitions
4.1	Build on current engagement methods to identify community need and initiatives. Listen to what people in Dundee with physical disabilities tell us about how accessible community activities are to them. Develop an action plan with a range of partners across all sectors to remove barriers that takes into account individual locality needs	Use of Disabled go website for information about accessible places  Local Engagement and Communications Group data  Links to National Health and Wellbeing Survey, Health and Social Care Experience Survey and the Dundee Citizen Survey	<b>Outcome 6.</b>  People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being	7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. 8. Percentage of carers who feel supported to continue in their caring role.	3. Places that are accessible to everyone  4. Protected rights  5. Active participation
4.2	Work with current community facilities to develop a range of leisure and social activities for people with disability needs Use a co-productive approach to promote opportunities that delivers support closer to where individuals live.	We will also work with a range of teams to identify measures to evidence improvements.			
4.3	Work with the transport strategy to ensure accessible community transport				

4.4	Review building based day opportunities for people with physical disability.				
4.5	Review current models of respite support and remodel in line with findings.				
4.6	Prepare for and implement the Carers legislation when enacted and promote the approaches in the Strategic Commissioning Statement for Carers with input/ involvement from carers' groups and carers' partnerships and implement this.				
4.7	Co-locate activities to allow carers and those they care for to pursue their interests and activities in the same place at the same time.				
4.8	Continue to develop and increase the capacity of volunteers.				
4.9	Support health and social care staff to identify community resources and to sign post/support individuals to access these resources. Further develop community health resources to maintain people living in their own neighbourhoods.				

## Key Action 5: Keeping safe and taking risks

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Everybody wants to live safely, free from abuse, living the life that they choose and making their own decisions. In taking a human rights approach, the PPD SPG aims to create an environment where people with disability are deciding about what matters to them and are able to make their own life choices, taking risks in the same way that people without disability are expected to.

However, people with care and support needs, such as older people or people with disabilities, are more likely to be abused or neglected.<sup>3</sup> They may be seen as an easy target and may be less likely to identify abuse themselves or to report it. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse and signs of abuse can often be difficult to detect.

Types of abuse include:

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

Disabled people are significantly more likely to experience domestic abuse. That experience is likely to be more severe, long-lasting and include particular forms of abuse, such as ridiculing an impairment or withholding personal care. Disabled people may have increased risk factors for domestic abuse related to their impairment, reliance and isolation, or wider risk factors, including exclusion from education, employment and income. Disabled people experiencing domestic abuse may also encounter significant barriers to accessing services.<sup>4</sup>

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<sup>3</sup> [SCIE](#)

<sup>4</sup> Disability and Domestic Abuse, Public Health England, 2015

## Work so far

- ✓ In 2016 the Dundee Adult Support and Protection Committee actively supported the national 'Take Five' campaign. <https://takefive-stopfraud.org.uk/resources/campaign-materials/>
  - The aims are to engage, empower and educate on how best to protect against financial fraud. Its main message is 'take five minutes - stop and think'. In addition the multi-agency Financial Harm Group initiate ongoing work around financial harm and work closely with the Dundee Community Safety Partnership, Trading Standards and Money Advice services to set up awareness raising events for the public, staff within services and elected members.
- ✓ 'Keep Safe' Places works in partnership with Dundee Safe Place Initiative, Police Scotland and a network of local businesses to create 'Keep Safe' places for disabled, vulnerable, and older people when out and about in the community. Currently in Dundee there are 18 Keep Safe places which are recognisable by the Dundee Keep Safe logo on their window. If in distress or assistance members of the public can access a Keep Safe place and show their Keep Safe card. The card holds the person's name, health, communication needs and emergency contacts. The local scheme is managed by Advocating Together Dundee who visit local groups to hand out Keep Safe cards and explain Keep Safe to local disabled people.

## Example of Need

*This case example shows the types of needs and challenges that some people with physical disability in Dundee can face. It is not necessarily a case study of best practice.*

### Paul

*Paul was in a very bad way physically, weighing only 4st and living with lice and scabies. He was living in his own home but there were concerns that some of his family were using his property for drug related purposes and abusing him financially. A placement in a rehabilitation unit resulted in medical treatment and improved nutrition. After this, he was discharged to alternative housing with care. Paul's family continued to visit him but measures were put in place in order to ensure his medication and finances were kept secure. This allowed Paul to keep contact with people who were important to him whilst reducing any risk to him.*

## Key Action 5 Priorities

The SPG PPD has a responsibility to ensure that the health and care services that are delivered to people with physical disability address the issues of abuse, ensuring that Adult Support and Protection guidance and procedures are fully understood by staff and embedded in services and that anyone in Dundee who experiences abuse is able to access someone who can help. We will:

Key Action Area 5 Keeping Safe and Taking Risks		Local Measures in addition to the SPG report against its action plan	National Health and Wellbeing Outcomes	National Health and Wellbeing Indicators	A Fairer Scotland Five Ambitions
5.1	Continue to work closely with Dundee Protecting People services, recognising that people who have a disability are more likely to experience all forms of abuse whilst ensuring that people with a disability are able to make decisions and take risks in keeping with a human rights approach.	Numbers of people with physical disability referred to Adult Support and Protection  Number of these dealt within and outwith the formal Adults Protection process	<b>Outcome 7</b>  People using health and social care services are safe from harm	9. Percentage of adults supported at home who agree they felt safe.	4. Protected rights  5. Active participation
5.2	Promote “Keep Safe” cards across services and supports for people with a physical disability.	Number of card in use. Number of business offering a safe place.			



## Conclusion

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### Current Situation

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The strategic needs assessment indicates that, with improved healthcare ensuring that people born with or who acquire a disability live longer and a growing population of older people in Dundee, the overall number of people with a physical disability and long-term conditions will increase in the future. Partnership services will need to work closely together to ensure that people with a physical disability are enabled and supported throughout their lives.

Supporting people with physical disability and long-term conditions is about embracing a model of care that recognises the principal issues faced by people with physical disabilities are often not predominantly medical. Rather, they are around the wider barriers faced by people; the inability to access housing, employment, or community resources. Like all people, people with physical disability hold personal and social experience and wisdom which can drive improvement and build stronger and healthier communities. Through engagement and real involvement, this plan will use these assets to deliver the improvements in the key actions.

### Future Actions

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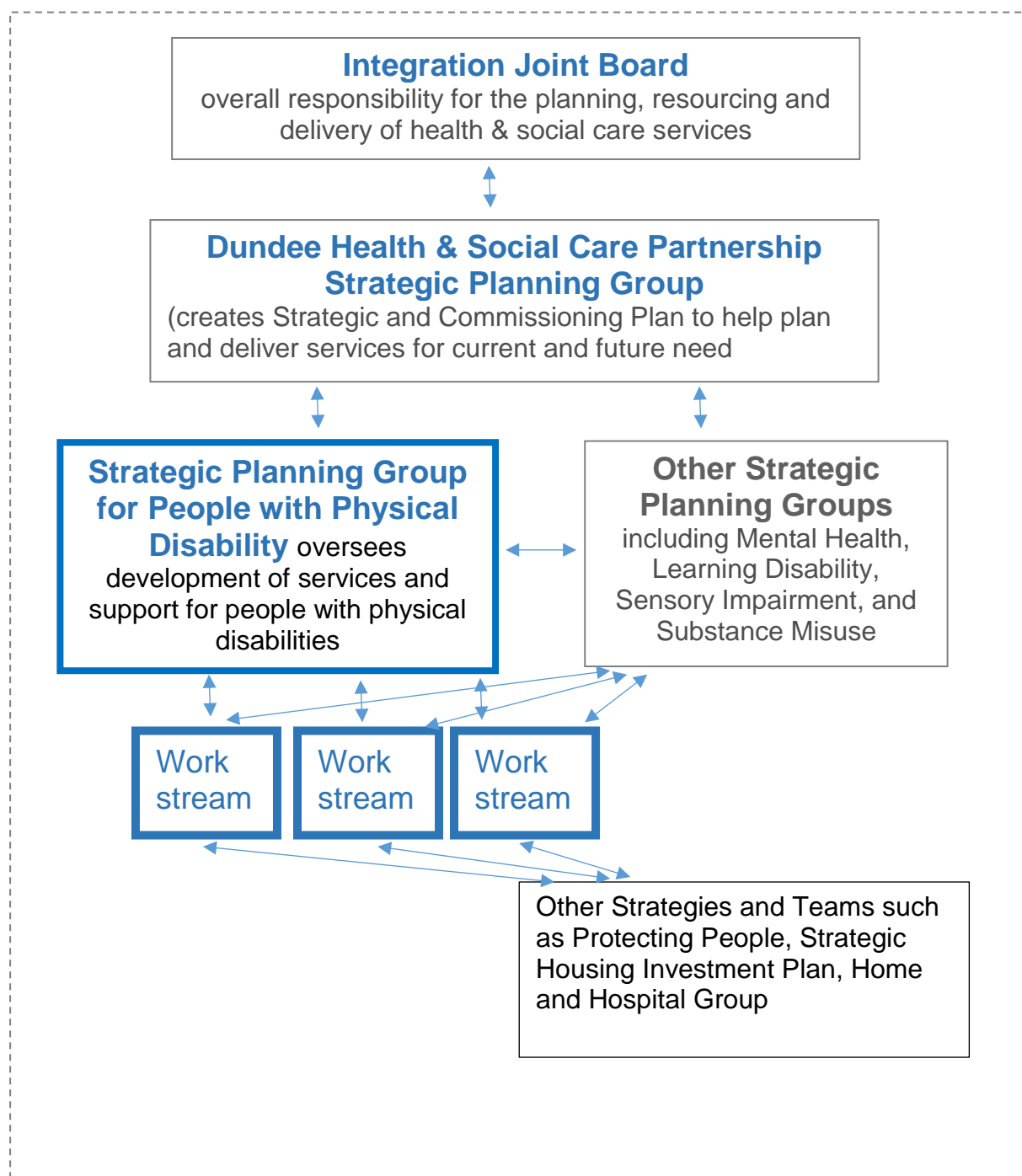
This strategy has set out how the SPG PPD intends to support adults with a physical disability in the future.

- We will facilitate a strategic shift based on a human rights approach towards self-management and greater independence for adults with a physical disability.
- We will develop new models of service delivery in order to meet current and future challenges. This will include a focus on developing integrated effective discharge pathways and ensuring a range of accessible, available and effective housing options.
- In addressing deprivation and inequalities across Dundee, we will include specific work to help develop and support access to volunteering and employment.
- We will engage with a wide range of people with a physical disability and their carers, in order to ensure that changes to services are focussed on improving the things that matter most to people.

This Statement lays out the direction that the SPG PPD will take over the years 2018-2021. The group will develop the key action priorities from each section in this Statement into a detailed action plan with timelines to ensure we can monitor and report on how well we are achieving our aims. The SPG PPD will report quarterly to the Dundee Health and Social Care Partnership Strategic and Commissioning Planning Group on progress. This statement will be reviewed on an annual basis to ensure that we

continue to address the key priorities for people in Dundee to ensure people with a physical disability and long-term conditions in Dundee live fulfilled lives where they can live independently in the community of their choosing and access the health, social care and community services that they need.

## Appendix 1: Structure of Dundee Health & Social Care Partnership



## Appendix 2: Strategic Needs Assessment – Summary

You can request the full Strategic Needs Assessment for People with a Physical Disability from the Strategy and Performance Team (01382 434000 or [spssInformationTeam@DundeeCity.gov.uk](mailto:spssInformationTeam@DundeeCity.gov.uk)).

### Data about people with a physical disability

- According to most recent census (in 2011), 10,590 people in Dundee identified themselves as having a physical disability. Of these, 4,943 (47%) are between the ages of 16 and 64.
- According to the current census figures, Dundee has a slightly higher proportion of people with a physical disability than the Scottish average. The Scottish average rate for people aged 16 to 64 is 47.2 people per 1,000 population, but the Dundee average is 49.9.
- The biggest different is in the 50-64 age range where Dundee has 113 people per 1,000 population, compared to a Scottish average of 96 people per 1,000 population.
- There is a strong correlation between age and the likelihood of having a physical disability. Over 60% of people aged 16 to 64 who identified themselves in the census as having a physical disability were in the 50-64 age range. Of the people currently receiving support from Social Work teams, 55% are in the 50-64 age range.
- Dundee appears to have a higher prevalence of Chronic Obstructive Pulmonary Disease (COPD), diabetes, heart failure, peripheral arterial disease and stroke than the Scottish average.
- Many people with a physical disability who are receiving support from social work teams also have other conditions as well. 28% have a learning disability, 14% have mental health issues, and 10% have substance misuse issues.

### Deprivation and Inequalities

- There is a strong correlation between deprivation and prevalence of physical disabilities.
- Of the eight Local Community Planning Partnership (LCPP) areas in Dundee, six are above-average levels of deprivation. Five have a higher average of people in the 16-64 age group with physical disabilities in comparison to the Scottish and Dundee average.
- The LCPP areas with the highest rate of 16-64 with physical disabilities is East End with 72.9 per 1,000 population, followed by Lochee with 66.4 per 1,000 population. West End had the lowest with 26.6 per 1,000 population.
- People with a physical disability are considerably less likely to be employed or in education, and are more likely to be recorded as long-term sick or disabled than the average population.

## Appendix 3: Exercise and Sports for people with Physical Disability in Dundee

### Groups:

At the time of writing, Leisure and Culture Dundee provides the following opportunities for people with a physical disability. The groups run weekly during term time.

- Carpet Bowls Monday & Thursday @ Douglas SC 10am – 11.30am - Adults with a disability
- Active Adults Thursday @ Douglas SC 10am -11.30am - Adults with a Disability
- Swimming Friday mornings @ Lochee Leisure Centre 11am – 12noon - Adults with a Disability
- Powerchair Football - Any age, must be powerchair user.

In addition to the above all Leisure and Culture activities are inclusive and open to everyone. For further information and contact numbers please visit Leisure and Culture Dundee's website. This page lists all Leisure and Culture Dundee's Sports and leisure opportunities and facilities.

<http://www.leisureandculturedundee.com/leisure-sport-0>

### Clubs:

- Discovery Swimming Club – Wednesday 7:30 – 8.30 Olympia Leisure Centre.
- Dundee Dragons Sports Club - <https://dundeedragons.net/>
- Tayside Dynamo Powerchair Football - <http://taysidedynamos.org/>
- Dundee Boccia Club – Contact Network Manager for further information.

### Dundee Stroke Exercise Club

#### Douglas Sports Centre

- Monday 11.00am - 12.00 mid-day
- Monday 12.00 mid-day - 1.00pm (Low Intensity/seated)
- Wednesday 9.30am - 10.30am
- Wednesday 10.30am - 11.15am
- Thursday 15.30 - 16.30pm

### Olympia

- Wednesday 3.00pm - 4.00pm
- Saturday 12.45pm - 1.45pm (low Intensity/seated)

***For further information please contact Network Manager on Tel 01382 436963/ 01382 436962***