The Consultation on the Joint Social and Health Care Physical Disability Strategy
A Brief Summary

Introduction
Oxfordshire County Council (OCC) and the Oxfordshire Clinical Commissioning Group (OCCG) have developed a joint health and social care commissioning strategy to meet the needs of people living in the County with a physical disability.

Oxfordshire Unlimited, a user led organisation of people living with a physical or sensory impairment, were asked to write a questionnaire and organise meetings to ask local people their opinions about the strategy and gain their views so that OCC and OCCG would know what matters most to people living with a physical impairment and their carers.

For the lives of many disabled people the importance of this cannot be overemphasised as the strategy document is used to guide the spending of millions of pounds on essential services. People without disabilities should also look for the best strategy since disability at some level could affect them or someone close at any time.

The strategy will be released in July 2012 and will apply for three years.

This document is intended merely to summarise very briefly the work done, the results so far, and the potential. For full details, read the documents in the ‘References’ list on page 4.

THE PROJECT
Unlimited began the project work with a small group of members in March. Later the team was supplemented by a small number of OCC staff working in a joint collaboration. This was very successful. Other organisations connected with physical disability cooperated willingly.

The team drew up plans for ten focus groups where open discussion of the strategy could take place in centres such as OXSRAD and Headway where a variety of disabled people regularly meet.
For individual and more controlled feedback a survey questionnaire was designed in both web and hard copy versions. This was made widely available and feedback from it was much easier to process.

Unlimited employed Rewley Associates to help them run the focus group meetings and interpret the consultation results.

The consultation period was from 16th April to 16th May 2012. Unlimited remained in overall control throughout and disabled members were closely involved at every step. All Focus Groups were hosted by a disabled Unlimited management committee member who, it is believed, motivated the considerable number of people to make additional comments in those meetings that might not otherwise have been generated.

THE RESULTS

In the end 274 people responded to the survey. Various common themes were identified and most of these are reflected in the seventeen recommendations – see below. Some of the recommendations have already been implemented. For example: ‘Independent Living’ is now defined within the strategy; references to carers are much more inclusive; and a programme board is being set up to oversee the implementation of the strategy.

A large number of comments were received from the Focus Groups and they varied from: “I really appreciate that my voice will be heard” to “It was very useful to hear about other people’s experiences and problems. I have never had that opportunity before.” Some of these are embodied in the report; the remainder are held by Unlimited awaiting scrutiny by those responsible for delivering appropriate services.

The reports and recommendations have been well received by many in the County Council and the Clinical Commissioning Group.

THE FUTURE

For three years OCC and OCCG will work to the strategy and may be held to account for how they adhere to its contents. It is hoped that its life will be extended.

It is expected that Oxfordshire Unlimited will play a key role in the programme board and will aim to ensure the appropriate implementation of the strategy.
RECOMMENDATIONS

Three recommendations emerge from the overall experience encountered by Oxfordshire Unlimited:

1. Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group (OCCG) should give serious consideration to using the joint approach with disabled organisations in future consultations.
2. That future consultation that involve people with disabilities are given a greater period for the consultation to take place thus allowing for a broader spectrum of people to be consulted and wider marketing of the consultation.
3. That Unlimited or a similar organisation takes part in an advisory capacity in the next phase of the development of the strategy.

The following (14) key recommendations result from the feedback from both the survey and the focus groups. These have been jointly agreed between Oxfordshire Unlimited and its consultant Rewley Associates Ltd.

1. The strategy should clarify what is meant by “living independently” and stress that this can take many forms.
2. The scope of the strategy should be clarified and simplified to eliminate the confusion experienced by survey respondents about the inclusion of people with sensory impairment, people with chronic conditions, and people with a mental health or learning disability in addition to a physical disability. In particular, the position of people over 65 with a physical disability needs urgent clarification. Furthermore, as the scope covers both (a) groups of people and (b) groups of services, it might further aid clarity if these were grouped in separate sections.
3. The language of the strategy should ensure that family carers are seen as active partners in the provision of support to people with a physical disability and are fully involved in all its aspects.
4. The provision of psychological and emotional support and associated services such as advocacy should be included in the scope of the strategy as key preventative measures.
5. The strategy should find ways to measure social integration, quality of life and overall well-being among people with a physical disability, rather than relying on indicators such as employment and the receipt of direct payments which were viewed as somewhat crude proxies for independence.
6. People with disabilities and their carers should be actively engaged in monitoring the implementation of the strategy.
7. The provision of information to people with a physical disability should be proactive and comprehensive, rather than reactive and restricted.
8. The speed and effectiveness of the assessment process should be measured in addition to its focus on the individual.

9. The strategy should include measures which ensure that services can be accessed in a straightforward way. A recurring theme of the responses was that people with a physical disability or their family carers should not have to “fight” to obtain services to which they were entitled.

10. Implementation of the strategy should be based on a holistic approach at both the strategic and the practical level, with services “talking to one another” and delivery being experienced as seamless by the service user.

11. Identification of need and priorities, and allocation of resources are crucial and need further work if the strategy is to succeed. This should include young people’s transition to adult services.

12. Measures of the success of the strategy should include more qualitative measures such as customer satisfaction surveys. It would benefit the process if people with a physical disability were involved in the design and delivery of these. People with a disability and/or an independent body should be involved with the overall monitoring of the outcomes.

13. It is recommended that a way should be found to make all the material accumulated during the consultation available to the members of County Council and the Oxfordshire Clinical Commissioning Group.

14. Oxfordshire County Council and the Clinical Commissioning Group should not shy away from addressing issues that are not directly under their control but where they can have influence. These include transport and strategies to address attitudes towards people with a physical disability.

References
This document draws on the two reports generated by the project and the strategy document itself:


3. *A Joint Physical Disability Commissioning Strategy for Oxfordshire*. By Oxfordshire County Council (OCC) and the Oxfordshire Clinical Commissioning Group (OCCG) July 2012

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