

Appendix 5

Joint commissioning strategies - outcomes of consultation

'Independence, Inclusion & Support'

The draft strategy was already informed by a social action research exercise *It's Good That You Are Listening*, therefore reflected the views expressed by people with disabilities participating. Throughout the period of consultation, information on the strategy, the document itself and 'how to comment' briefs have been available on the Council website. Bradford Talking Media produced an easy read document and that formed the basis of the transcript for a BSL version of the document. They have also produced an audio version of the draft document for people with visual impairment.

The consultation began with presentation of the strategy to the Physical Disability & Sensory Needs partnership (PDSNp) in March 2011. Information was circulated to partner organisations, providers and people with disabilities. A 'forum' style meeting was arranged in conjunction with Bradford Alliance on Community Care on 6th July. On both occasions the strategy was presented to discuss the key themes and on the basis that the audience, in the main, would not have read the whole document and may be hearing the information for the first time. The T&A published a short article having learned about the work on the strategy.

Round table discussions on the 6th July focused around the eight commissioning priorities and asking participants to comment on whether they felt these were appropriate and flowed from the content of the rest of the document. The Commissioning priorities were accepted and the majority of feedback focused on the first two (Information & access for all; Support with employment, skills and learning). Participants reaffirmed the need for clear information that is accessible in that people can obtain and use it, and it is available in the right format at the right time.

Within the disability community there is a lot of anxiety over changes to welfare benefits and the nature that decisions and payments will be made, with regard to the re-assessment process and the conditions of benefits. There is the feeling that there will be bigger and wider impacts on disabled people and the support available to them throughout the period of change and in the new world, where support towards employment will form the basis of benefit support. Whilst this has not significantly changed the content of the commissioning strategy; further work, particularly in action planning for this priority will take into account public consultation, locally and nationally, over changes to Disability Living Allowance, Incapacity Benefit and wider partner changes for instance in Dept of Work and Pensions and Job Centre Plus programmes for disabled people.

In light of the information gathered through consultation the following changes have been made to the document:

- *'Executive Summary'* now includes reference to other commissioning strategies, eg. carers and older people. Many disabled people don't necessarily fit the one 'box'.

- *Chapter 4 - 'The bigger picture'* will be refreshed as welfare reform details emerge.
- *Chapter 7 – Commissioning Priorities:* These have remained as there were in the draft document with the exception of 6 – reconfiguration of day services. The priority is now termed 'Fulfilling lives', to address the wider concept of supporting daytime activity, work and skills, rather than a narrow perception of traditional day services.
- *Action planning* - For each of the commissioning priorities, the consultation was useful in gauging some of the success markers, and how we know it is working. People repeatedly wanted to know how priorities would be achieved. These will be used as key indicators to support action planning for the first two years of implementation.

Fulfilling and rewarding lives in the Bradford District

In order to ensure that adults with autism, their families and those working with people with an Autism Spectrum Condition ("adults with autism"), the following governance and consultation arrangements contributed to and directed the development of the strategy:

- Autism Partnership Board – with representatives from voluntary and community groups, NHS Bradford and Airedale, BDCT, Council departments, parents and carers, and adults with autism. Setting up this board was itself a recommendation within the National Autism Strategy.
- Parents and Carers Focus Group – membership consists of parents and carers of young adults going through transition from children's services, and other adults with autism.
- LINK Autism Working Group – This group was formed by the Local Involvement Network (LINK) shortly after the publication of the National Autism Strategy. Membership includes adults with autism, parents and carers, and professionals including representative from the voluntary and community groups, service providers and Bradford District Care Trust (BDCT). Initially seeking to lobby for and influence the local strategy, the group has decided to complement the work of the new Autism Partnership Board, and focus on implementation of the strategy regarding awareness and training; diagnostic pathway; and housing.

Individual meetings were set up with a number of adults with autism, and parents and carers including a sibling of an adult with autism. For some adults with autism email and/or telephone correspondence was the preferred option of communication so this was also offered to enable those uncomfortable with face to face meetings to engage. These methods enabled those uncomfortable with larger meetings to have input and talk about their personal experiences with mainstream and specialist services.

In addition to the above, the strategy was also taken to the Transitions Group (bringing together Adult and Community Services and Children's Services), ASPECT (parents and carers support group), Airedale and Wharfedale Autism Resource(AWARE - parents and carers support group), Wrose Adventurers, Bradford and District Autism Support Group (BADASG), Sacar (a voluntary sector group providing specialist services), a Focus Group hosted by Sacar comprising of

adult males with autism. Copies of the draft strategy were sent to BDCT, and the National Autistic Society for consultation.

The above arrangements informed the development of the strategy from the earliest stages. Lengthy discussions also took place which informed the content and identification of the key priorities within the strategy and the layout and design of the strategy. Direct comments and views from adults with autism and their families are also included in the strategy. Key points from consultation:

- The importance of diagnosis and current difficulties with the process for diagnosis.
- The importance of assessment and concerns about the accessibility of the Self-Directed Questionnaire.
- The importance of awareness and training for all professionals.
- Access to housing included as a specific issue.
- Transition from childhood to adults is an issue across the whole strategy.
- Discussions reflecting differing viewpoints of Aspergers and whether the concept of “autistic spectrum” reflects adequately this condition.

‘Meeting Changing Expectations’

Throughout the period of consultation, information on the strategy, the document itself and ‘how to comment’ briefs have been available on the NHS and Council websites, and there was a press release shortly after local elections. Bradford LINK, early on in the process developed a shortened / simple language form of the document and presented to three older people’s groups, publicised it on their weekly programme on Bradford Community Broadcasting, and sent a report of feedback given.

Following presentation to the Older People’s Partnership meeting in April, Bradford Older People’s Alliance (BOPA) arranged a series of consultations held in Ilkley, Keighley, Shipley and Bradford; and a meeting with key active members. Over these four dates we spoke to over a hundred people. Presentations were made to the Older People’s Focus Group; to a Adult and Community Services ‘roadshow’ event for south Asian older people; and a “Reverse Commissioning” event for African-Caribbean communities, organised in Bradford by the NHS BME network.

Information on the strategy, how to access it, and how to comment, was circulated to residential and domiciliary provider organisations, NHS trusts, in-house Council assessment and provider managers. This included an offer to meet and present the strategy. There were some requests for paper copies of the document, but no feedback received from these contacts.

There were some negative comments that the strategy document was long and technical; that it represented too much officer time spent writing rather than doing; and that it was disappointing to see that integration of health and social care, which has been a national and local priority for many years, still needs action. However, there was a positive attitude from many to the NHS and Council stating our priorities and coming out to talk about them and listen.

BOPA focussed on the topics that appear in the document as the seven Commissioning Themes. There was overall support for these as they stand and many people put them in to a priority order. Comments focused on both the positive perceptions of the strategy but emphasised the concern that implementation was the most important thing. The BOPA and LINK consultations gave the same messages about priorities. Firstly, that we had chosen broadly the right ones, and secondly about the relative importance of each:

Information & access to services, prevention & early intervention and supporting independence were, overall, the most important to people as priorities. This was reflected in the number of people who, asked to state what health and care services they used, referred to transport, libraries, swimming and exercise. Of the themes reflecting higher levels of need, the highest priority and much specific comment was about *Quality, safety and dignity*; this will be a decisive factor in many peoples minds when thinking of long term care needs.

Choice and control was seen as less important, perhaps this is down to how this is interpreted by many older people and the danger than choice can seem a burden if there is not a clear understanding of how to make the best choice and how this will make one's life better. Comments that illustrate this include:

a choice is only a choice if it's given to you – or you know to ask for it

I cared for my husband with stroke for 2000-2005. Towards the end of that period I was invited to consider more control over my account and handed booklets. Even with all my experience, that was a very daunting task at a time when I was alone, tired and worried. The idea is good, but you will need to make very sure that the professionals involved have sufficient time to give personal assistance and not just hand over leaflets.

Shifting investment and *Working together* were put as lower priorities reflecting that these were seen as being about how we do things, not specific priorities that would support people's health and well being. There was support for finding ways of saving money which do not restrict eligibility for services, and comments that strongly support better working together:

Page 37 "Looking at the possibility of a single access route to health and social care". This is central to all that we are trying to achieve. ...the person on top of a bus did not know or care who did what, just that there was a problem. The services must do the work so that those in need get quickly to the right help without being passed on from person to person.

Bradford LINK summarised the key messages from their consultation work as follows:

- 1. The issues that they say affect older people are right, but older people are worried about how they will get help with these issues now there is less money around*
- 2. Older people value the places they go to get help and advice, their GP and their health visitors the most*

3. Information and getting help, and staying well as we get older, where their top priorities

4. The best way to listen find out what older people think about health and social care is to go to events for older people

Resulting changes to the document

In light of the information gathered through consultation the following changes have been made to the document.

- **‘What do older people tell us?’** The importance of transport in accessing services has been further emphasised.
- **‘What is on offer’** - Chapter 4 has better information on community health services.
- **‘The bigger picture’** - chapter 5 has been updated to reflect the setting up of the local “Intermediate Care Plus” programme.
- **‘Opportunities, Challenges and Local Needs’** - the section on ‘Prevention’ has been strengthened to include the role of universal services, such as shops, leisure services, community activities, in people’s health and well being. This reflects that many people in consultation told us of the importance of these universal services for support, social interaction and well being.
- **Commissioning priorities** – the content within these has been simplified and updated (eg. to reflect the “Intermediate Care Plus” programme and the recommissioning of housing-related support). The “Choice and Control” section edited to reflect the comments above.
- The Council and partners have, during recent months, been participating in the “Ageing Well” programme. This has led to reference to an “asset based approach”, which sees older people as an important contributor to service delivery and development. Increasing numbers of older people are often seen as a social “problem”, but in fact means more people likely to take part in volunteering, set up new community groups, help with the care of people with disabilities and look after grandchildren.

Caring Matters – Think Carer

As part of development work linked to this strategy, the following arrangements have been established:

- Carers Partnership Group – bringing together carers representatives, statutory agencies, service providers, voluntary and community groups.
- Carers Reference Group – involving carers and electing representatives to the partnership board.
- Carers Provider Forum – service providers including voluntary and community sector.

The strategy was developed with input from all parties, and therefore the consultation draft already reflected the views and priorities across the partnership. The only change made as a result of consultation was ensure that the distinct issues related to training were clarified and separated out:

- The need that carers have, as people who acquire caring roles without any prior knowledge or skills, for training: eg. moving and handling, managing behaviour.
- The role of carers as 'expert partners', which can include carers helping to deliver training to professionals and making them aware of the importance of working positively with carers.