

## CONSULTATION QUESTIONS

1. The strategy outlines a care pathway (page 10).

(a) If you are a service user and/or carer, please tell us what difference you believe the implementation of the pathway will make to the services you experience.

(b) How can we best ensure that services and support meet your needs?

(c) If you are a care provider, what changes will you need to make to implement the pathway?

NESS provides a wide range of statutory and non statutory services to people who have a significant sight or hearing loss and all service users can expect the same standards and response times.

NESS has in place referral routes from Health, Education and Social Care agencies into our services. However, the effectiveness of this depends very much on the referring agencies and this differs between local authority areas.

We have developed good working relationships with Health provision and have at key times our own Hospital Information Officer who is based at Audiology and Ophthalmology clinics within Aberdeen Royal Infirmary, which helps to 'fast track' service users into our services or 'sign post' service users to other more appropriate service providers. Our Hospital Information Officer also provides on the spot information to NHS staff about the scale and range of non-NHS services available to their patients and how to access them. However, NESS does not have the resources to cover all clinics within the NHS Grampian and NHS Tayside areas.

NESS has open referral routes to our services and we will accept referrals from Education and Social Care professionals, family/carers as well as self referrals. We have in place fast response times (once a referral comes in we will make contact with the service user within 1 week and a full assessment of need, if required, will be carried out by a trained social worker or rehabilitation worker within 28 days. Indeed, NESS staff will often pick up during an assessment of need visit, a further sensory loss, and we are well placed to support someone in this situation as staff are trained to work across the sensory loss spectrum.

Regarding changes, NESS would like to have all clinics covered by a Hospital Information Officer, and continue to encourage agencies to refer into our services.

(d) How will you make these changes?

NESS will require additional resources to cover all clinics with a Hospital Information Officer and this may not be possible. We will develop links within our new areas of responsibility, (Tayside Deaf Services), so that referrals from existing Information Officers from other providers, be they statutory or non statutory can be made to us. There may be some opportunities to access 'Change Fund' money to help develop this as well.

2. The strategy identifies key factors that need to be in place to ensure the pathway is successful (Page 11 para 6.7).

(a) Which of the key factors are most important for a successful pathway?

NESS believes that all the stated key factors are important. However, we strongly believe that services need to be of an equally high standard across the country so that service users can expect the same level of support delivered within a standard timescale.

Referrers have different levels of expertise in the needs of people with serious sensory loss. By delivering appropriate sensory awareness training, NESS has found significant improvements in the quality of referrals, effectiveness of signposting decisions and the ability to offer the correct support within their own services. We suggest that training within Health Professionals initial training should include the identification of sensory loss.

It is also important that open referral routes are available to speed up the service user journey, so they can promptly access the support they need. Once a referral is received, assessments can be carried out in a timely manner and decisions made about which services should be offered.

For any pathway to work effectively it is vital that there are good services in place to take the referrals.

From our experience of working across different local authorities, NESS is aware that different providers collect different data, do not give the same importance to the Blind register and often do not keep information up to date. For any service to be run efficiently, there should be a high standard of data collection and maintenance. NESS would favour the introduction of Scotland-wide standards.

NESS operates 2 integrated one-stop shops and we support service users from across the sensory-loss spectrum. Our skilled staff are trained to work with anyone who has a sensory loss and we believe this integrated model is not only efficient, but as indicated within the strategy, meets the needs of most people, who with the onset of old age, will experience both sight and hearing loss. We firmly believe that a single point of access for support services e.g. one-stop shops & integrated joint sensory provision, makes the experience for the service user much more positive. NESS does not agree there should be a single point for referrals to come from, such as GPs, as this could increase inconsistency and potentially exclude people who currently self refer or those who are not engaged with the referral agent. We support the idea of screening at key times in life, to help prevent sight or hearing loss or give the necessary input at an early stage to support independent living.

(b) Which are the most challenging to put in place?

It would probably be the introduction of standards across Scotland, for both service delivery and database maintenance and data sharing between providers.

With the correct funding, ongoing training in sensory awareness should be achievable.

The development of effective Joint Sensory Services, should be achievable as well, but will require both funders and service providers to 'buy into' this model of good practice.

Screening would on the face of it be costly, but would save resources in the longer term, through the early input of good standards of support, thus preventing expensive care later in life.

(c) Do you think that any key factors have been missed?

NESS would like to see the development of fully integrated joint sensory services from one-stop shops as a model that can be rolled out.

3. The strategy identifies areas for action that should be addressed going forward (Page 13-16)

(a) Which of the areas for action will be the most challenging to implement?

We believe the areas of action that would be most challenging to implement are as follows:

- Recommendation 5, **Data Collection** and in particular **the sharing of information** will be challenging. NESS has developed a bespoke database to meet our organizational needs and has refined this over time. However, we have been keen to work with local authority partners in accessing their social care databases and this would be of great benefit for both organizations and ultimately service users. However, local authorities use different systems, there are data protection access issues and indeed we understand that health and local authorities also struggle to share data.  
As an organization that works over 6 local authority areas (5 of these with an SLA), we would not have the resources to operate 5 different systems.
- Recommendation 2, **Screening for Sensory Loss**. Although we believe that the introduction of a screening programme would be beneficial on a number of levels, the perceived costs of this might be prohibitive.

(b) Which of the areas for action will make the biggest difference and why?

We believe that the areas of action that will make the biggest difference are as follows:

Recommendation 1: **Spending patterns audit.** Within social care service user groups, sensory services are often poorly funded in comparison to other groups. There is likely to be significant spending associated with health care and sensory loss and if some of this could be reallocated to the social care service providers (in line with Change Fund expectations) then hopefully service users would be supported more effectively to live as independently as possible for as long as possible.

Recommendation 2: **Screening for Sensory Loss**, relates directly to prevention which can only be a good thing.

Recommendation 3: **Awareness of Issues relating to sensory loss.** The more people including professionals who are trained in identifying sensory loss and are aware of the issues associated with sensory loss the better. This can only help with the one to one support of a service user but also help with the fast tracking of referrals and indeed the development of more suitable services for people who have a sensory loss.

(c) Are there any other areas for action that you would like to see included within the strategy?

NESS would like to see a more detailed action plan included in the strategy with tight timescales. We would like to see actions associated with the following points:

- Work Force Registration,
- Reintroduction of the collation of data by the Scottish Government on the Blind Register, and introduce standards associated with this,
- Consideration be given for the development of a Deaf/Hard of Hearing register,
- Ongoing funding in lipreading training for trainers,
- Ongoing funding for the training of Rehabilitation Officers,
- Scotland wide social care standards, including time scales for accessing services,
- Consideration for the development of joint sensory service provision across Scotland,
- Development of standards of service provision for people who are classed as Deafblind.

4. Please comment on the current provision of sensory impairment services as either a service provider or service user. If you have any experience of sensory impairment services, please let us know what you think of them: this should include any experience of one-stop shops.

Four years ago NESS developed integrated joint sensory services. We have in place a wide range of statutory and non statutory provision and feel we meet the needs of our service users well within this model. We are grateful to the Scottish Government for supporting us in developing our one stop shops in both Aberdeen and Moray.

We believe that having one organization within a region that can support anyone who has a significant sensory loss, either blind, deaf or Deafblind, is beneficial to the service user as well as reducing confusion for referrer agencies.

We are aware that Scotland has a patchwork of service provision for people who have a sensory loss and indeed the priority given to people who have a sensory loss varies widely across the country.

5. What difference will the implementation of the strategy make to your life?

Hopefully, there will be new services and ways of working that will help people who have a sensory loss live more independently within their community. For NESS this will be challenging as we will need to review our service delivery against hopefully new standards that may be put into place. We will continue to be flexible and innovative in our service delivery.

6. Does this strategy properly reflect the current climate and developments in policy and practice for children and young people particularly in relation to the Getting it Right for Every Child approach and the Doran Review?

The strategy needs to ensure that person centred approaches continue to be central to its outcomes and that even within specialist sensory provision, the needs of the individual continues to be the upmost importance.

7. Do you have anything you wish to add to the Sensory Impairment Strategy or any other general comments that have not been covered by the questions?

NESS applauds the Scottish Government for the development of training in Scotland for lipreading tutors, rehabilitation in hearing loss and rehabilitation in sight loss. However, NESS believes that the Rehabilitation Training Course for people who have a serious sight loss must include training in outdoor mobility which is currently not part of the training course. This skill is vital in regaining and retaining independent mobility.

Further, we believe that rehabilitation staff should be registered with the SSSC which is not allowed at the moment.

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