

## 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?

Perth & Kinross Joint Strategy Group for Physical and Sensory Impairment supports the following views of its members:

Perth & Kinross Society for the Blind (PKSB) is a long established local charity providing services for blind and partially sighted people in Perth & Kinross. Through a Service Level Agreement (SLA) we provide statutory services on behalf of Perth & Kinross Council, and in addition offer a range of added-value non-statutory services.

We feel that the 'pathway' presented in the draft strategy is very broad. It also relies heavily on the integration of roles and inputs across all agencies. Obviously it is impossible for one organisation to implement the pathway on its own.

We believe that it should be for the local partnerships to interpret how the pathway will be implemented locally. Part of that will be to agree the roles that each of the statutory and third sector partners will play and the most effective way in which to develop, and where appropriate integrate, sensory service provision for that area. Only then can individual organisations be clear about the changes that they will have to make to fulfil their contributions to implementation at local level.

However it has been clear that the huge increase in the elderly population over the coming years will place challenging additional demands on health and social care services and this will be particularly so in the case of sensory services. Coupled with the extreme pressure on resources, the only feasible way of addressing the additional demand for services will be to ensure highly effective partnership working between all relevant statutory and third sector agencies.

With this understanding, PKSB has already embarked on a process of organisational and service development to prepare us for the challenges ahead. Over the past year we have restructured and up-skilled our small workforce and undertaken a number of service improvements, including introducing our own new service pathway which is based on an outcomes-focused approach and researched evidence of what visually impaired people want from their services.

We have also been actively seeking to engage more with other relevant organisations (such as NHS Tayside) and to develop our referral routes. We are also trying to raise our profile amongst potential sources of referral and to find ways of working more closely with hearing impairment service providers as partners. This recognises that many of our visually impaired clients also have hearing impairments and it makes sense for us to work more closely together in planning and delivering services.

Our forward planning has been based on an understanding of the need for closer partnership working across a wide range of agencies and on other principles reflected in the strategy. We believe therefore that PKSB has already embarked on a number of changes that will help us fulfil our future role in implementing the *See Hear* pathway and we expect that further developments along these lines will be required.

The precise nature and extent of the further changes needed will only become evident from the development of a meaningful local interpretation of the pathway outlined in *See Hear* and multi-agency commitment to it.

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, 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 Tayside area.

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?

Perth & Kinross Joint Strategy Group for Physical and Sensory Impairment supports the following views of it's members:

PKSB are keen to see their city-centre premises in Perth develop as a joint sensory centre through partnerships with hearing impairment service providers.

There is a need to streamline referral processes and liaise with diagnosing professionals.

Health and Social Care integration is underway in Perth and Kinross. Creation of integrated, locality teams and single points of access will be part of this.

Self assessment pilots are underway in parts of Perth and Kinross. These need to be rolled out.

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?

Perth & Kinross Joint Strategy Group for Physical and Sensory Impairment supports the following views of it's members:

First and foremost, an approach to designing local pathways that is client centred and not protectionist on the part of the different provider agencies.

Clarity between and within all health, social care and third sector agencies on what services are developed locally and what the local pathways are. Special effort should be made to engage the GP community.

Clarity of the referral routes into those services. These should not be restrictive and should enable self-referral into some services.

Good information systems that readily support the sharing of information between individual agencies involved in the pathway.

Commitment to awareness raising training for appropriate front line staff in statutory and third sector health/social care settings

*See Hear* falls short in that there is no reference to service standards expected. This is all the more concerning because one of the 'seven factors' seeks a commitment from statutory agencies to seek to agree maximum possible consistency of approach across Scotland, including ensuring similar access to services. There is nothing in the draft strategy to prevent services being aligned to the 'lowest common denominator' of existing service provision across Scotland. This must be avoided.

The draft strategy is also deficient in not referring to strategic frameworks that already exist relating to sensory impairment services. We are unaware of what exists in relation to hearing impairment, but key existing documents relating to services for people with visual impairments include the *Scottish Vision Strategy*, the *Adult UK Sight Loss Pathway* and the UK Vision Strategy document *Seeing it my Way*. All of these reflect qualitative service standards which are sadly missing from *See Hear*.

Ensuring those making diagnoses are aware of referral routes.

Effective joint working within and between agencies – such as sharing assessment information and ability to directly access services.

Workers from all agencies need to adopt a client centred, outcomes focussed approach.

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. Locally, delivering appropriate sensory awareness training has lead to 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?

Perth & Kinross Joint Strategy Group for Physical and Sensory Impairment supports the following views of it's members:

Good information systems

Enhancing knowledge and understanding, and changing attitudes and behaviours to enable truly client centred services that straddle traditional boundaries

Introducing screening for sensory impairment by non specialist staff – capacity issues in relation to time for training, resources for training and staff resources to implement into every day practice.

Implementing a single point of contact – large rural area in Perth and Kinross. Currently numerous contact points for health services.

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?

Perth & Kinross Joint Strategy Group for Physical and Sensory Impairment supports the following views of it's members:

- The draft strategy fails to provide a definitive 'steer' in relation to the model of service that should be developed for the future – fully integrated or not?
- There is also a lack of clarity about how delivery of the strategy will be led by the statutory agencies and how they will be held to account for progress and service quality.
- The strategy would benefit from an introduction which sets out, right at the beginning, the purpose of the strategy and what it is intended to achieve.
- What data should be collected in relation to incidence of sensory impairment? What is the future for registration of blind and partially sighted? Should this be extended to hearing impairment?
- How will the success of the strategy be measured?
- The Strategy contains no mention of accessible / adapted housing.
- 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?

Perth & Kinross Joint Strategy Group for Physical and Sensory Impairment supports the following views of it's members:

- A screening programme could be costly to implement well and in a way that ensures consistency of approach and standards. Whilst a screening programme may in due course produce savings through earlier intervention, this would be very difficult to quantify and would only be achieved over a lengthy timescale.

- Data collection and sharing of information will be extremely challenging across multiple local agencies with different information systems.
- Mandatory training in sensory awareness for all staff in health and social care settings.
- 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 data collection 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?

Perth & Kinross Joint Strategy Group for Physical and Sensory Impairment supports the following views of it's members:

- 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.
- Recommendation 1 – an audit of spend across Scotland could have a significant positive impact if the aim is to identify where resources are used to best effect and there is scope to shift resources locally to support activities with greatest efficacy. However, our concern would be that if the audit reveals significant differences in the patterns of spending on sensory impairment services across the country, pressures may arise within the higher spending areas to reduce spend by cutting back on the range and quality of services currently being provided. This is a real danger if there is no central direction in relation to the standards of service to be achieved and maintained.
- 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 – a formal screening programme could potentially be beneficial in terms of early identification/intervention, but a good programme would be expensive to implement and we are not sure that this would be the best way of utilising that resource.

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

Perth & Kinross Joint Strategy Group for Physical and Sensory Impairment supports the following views of it's members:

The strategy would greatly benefit from actions that will establish minimum standards for services. These might also include actions to establish quality monitoring where this does not exist, and actions relating to workforce development and registration where this does not already exist, eg recognition of the role of specialist rehabilitation workers.

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.

Perth & Kinross Joint Strategy Group for Physical and Sensory Impairment supports the following views of it's members:

PKSB has a long history of providing services to blind and partially sighted people in Perth and Kinross. We are committed to keeping our services under constant review and improving them wherever we can based on researched evidence of good practice and client feedback. We will continue to do this. We are also aware of the potential benefits to our existing clients of working more closely with providers of services for people with hearing impairment, as many of their clients are also our clients. Although this approach is still at an early stage, we have made some progress. For example, from our premises a hearing loss service provider runs a regular open access hearing aid maintenance service. This has proved to be very successful. We are also planning further steps towards developing our premises as a centre from which a wider range of sensory services will be provided.

Joint working between health and social care could be improved especially in relation to sharing assessment information.

An outcomes focussed approach has been adopted across all contracted services in Perth and Kinross. Embedding this in daily practice of all frontline staff is an ongoing process.

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?

Perth & Kinross Joint Strategy Group for Physical and Sensory Impairment supports the following views of it's members:

This is difficult to comment on without knowing how local standards of service and pathways will be developed. We expect however that the future will be one of increased partnership working to ensure that services for people with sensory impairments are developed and maintained for the increased demands of the future. PKSB will continue its current open-minded and flexible approach to the anticipated changes ahead.

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?

Perth & Kinross Joint Strategy Group for Physical and Sensory Impairment supports the following views of it's members:

We very much welcome that *See Hear* includes children and young people, as all too often strategies are developed without taking into account the needs of both children and adults. PKSB offers support to all individuals with a visual impairment and often we are the only service that is consistent throughout an individual's life. We can also offer support at one of the key times in a young person's life which is the transition for children to adult services. More emphasis should be placed within the strategy regarding transitions and the role that organisations like ourselves can and do play.

Many of the key messages within the strategy reflect what GIRFEC and the Doran Review see as key to providing children and young people with the support they require in an appropriate and timely manner (early intervention, good information sharing, partnership working). There is, however, no mention of the very specific needs that children and young people with a visual impairment have and therefore the need for specialist, qualified professionals as supported within the Adult UK Sight Loss Pathway. Habilitation, which differs from rehabilitation, is not highlighted in the strategy and is a key need if children and young people with a visual impairment are to be supported to reach their full potential.

Although not mentioned in the strategy, we welcome the establishment of a Managed Clinical Network (MCN) for Children and Young People with Visual Impairment as an important step to establish and promote good practice across Scotland in terms of clinical services for this group. Perhaps this could be reflected in the Strategy.

The CVISTA model which brings together health, social care, education and third sector agencies to address the needs of children with visual impairments works well within our area, and again consideration might be given within the Strategy to commending the application of this model for children with sensory impairment across Scotland.

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?

The draft strategy talks about 'local partnerships', but it is not clear what sort of geographical area is envisaged. It would be helpful to take the guesswork out of this by clarifying what is meant by 'local'.

It would also be helpful if "local partnership" was defined more fully in terms of proposed role, remit and membership. As a local Joint Strategy Group for Physical and Sensory Impairment we would be particularly interested to ensure the role of voluntary sector providers is embedded at both strategic and operational level.

The multi-disciplinary assessment and support processes should consider the 'whole person' and his or her carers and not focus solely on sensory impairments. Therefore awareness of sensory impairments and how to assist people to overcome the associated challenges should be embedded in daily practice when working with all client groups along with knowledge of when specialist supports are required and how to access them.

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.