

## 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 Society for the Blind 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.

(d) How will you make these changes?

See above. We are also keen to see our city-centre premises develop as a joint sensory centre through partnerships with hearing impairment service providers.

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?

- 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*.

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

- Good information systems
- Enhancing knowledge and understanding, and changing attitudes and behaviours to enable truly client centred services that straddle traditional boundaries
- Establishing a common agenda and level of commitment across the statutory and third sector partners.

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

- See 2a above in relation to service standards
- 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? We believe that robust data gathering and analysis at both local and national level is essential for future planning.
- How will the success of the strategy be measured?

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?

- 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.

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

- Recommendation 3 – Raising awareness and understanding of sensory loss among a wide range of professionals and carers should greatly help identification and enable early intervention to the appropriate level of treatment (where necessary) and support.
- 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 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?

As indicated above, 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.

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.

PKSB has a long history of providing services to blind and partially sighted people in Perth & Kinross. As indicated earlier in this response, 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.

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

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.

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?

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.

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'.

We have nothing further to add to the comments made in the previous sections.