

## 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.

Visibility is not a service user or carer, however we are a service provider and we do listen to service users and carers.

They tell us that an easily understood pathway, which is similar no matter where you reside, would make their journey less stressful and simpler to understand. The key to a successful pathway is that it has momentum, visually impaired people tell us of getting stuck or lost in the current service delivery models.

They tell us that their lives would be made easier if the professionals they interacted with understood their sensory loss and the impact that it can have on education, employment, family life, transport, ability to engage with the community and pursue hobbies and interests.

They also tell us that they are concerned about merging sensory impairment and that specialisms may be lost to the detriment of the different client groups.

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

The strategy recognises that although responsibility for care systems lies with the statutory sector, care can and is delivered by a range of agencies. Visibility is a not for profit agency and as such is dependant on funding in order to deliver services. We can choose what services to deliver and we can also choose what not to deliver which makes the third sector different from the statutory sector. Therefore the statutory sector have to take a lead on developing and delivering sensory services as ultimately, they have the responsibility to do so.

In order that there is no duplication of services, and services complement each other to the benefit of the end user, it is essential that statutory and third sector organisations work together to ensure that services and support meet the needs of the local population. Therefore the SG via the strategy can ensure that services and support are developed to support service user needs by facilitating and encouraging dialogue between all agencies active the delivery of care.

When sensory services are being designed, then they should consider the needs of all sensory impairments and service delivery should be accessible to all. A few agencies simply sharing a building do not make a service 'sensory'. The SG can help with this by sharing good practice and 'flag shipping' work which truly embraces a sensory approach.

It is also important that the strategy is arriving into a context of existing services and structures. There are many good examples of excellent, person centred practice for people with sensory impairments in Scotland. There are also two umbrella organisations, Scottish Council on Visual Impairment and Scottish Council on

Deafness. To ensure that services and support meet the needs for people with a sensory impairment, the strategy should recognise and advocate good practice where it exists and encourage and support SCOVl and SCOD to play an active part in delivery of the strategy.

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

Visibility is a care provider and our traditional client group is people with a visual impairment. We have changed our constitution to allow us to delivery sensory services, therefore have started a journey of change which will allow us to deliver a sensory impairment care pathway.

The first change to make, for Visibility or any care provider, is a cultural shift, moving from an organisation which identifies primarily with one sensory impairment to become an organisation which embraces a variety of sensory impairment.

The second change is a practical one and it is this change which carries budget implications. This would include:

- Training staff to deal with sensory impairments other than the one group they have been trained to work with. This not be feasible unless there is budget made available to meet the up-skilling costs.
- Making services accessible to everyone, regardless of the nature of their sensory impairment. Again, this carries a cost implication, for example Braille and large print production, BSL communication etc

Finally, sharing information across sectors is a recurring theme in any proposed statutory/third sector partnerships and unless this was resolved then developing a cross sector care pathway will be a challenge. There may have to be changes to data storage systems used and access entitlement to the data may also have to change.

(d) How will you make these changes?

Visibility is an expert in sight loss and we will learn from our colleagues who have expertise in hearing loss and dual sensory loss. We are willing to share our knowledge in return for learning.

We will continue to work alongside our statutory colleagues to benefit our shared client group, with the proviso that we will always prioritise our charitable objectives and we will ensure that our funding requirements are met.

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?

- Clear referral routes and care pathways which are clear to those being referred and those making the referral
- Consistency of delivery and a standard set of expectations throughout Scotland
- Recognition of sensory impairment, including hidden sensory impairment such as sight loss associated with stroke and head injury, at assessment stage

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

Of all the points listed in 6.7 ( as opposed to the ones I have mentioned in (a) above, the most challenging to put in place are:

- Single point of access – given the geography of Scotland, this would be so difficult and impractical for many people
- Awareness training for front line staff – given the fluidity of the work force in the care sector, this is a challenge
- Developing the pathway – bringing everyone around the table and agreeing a pathway is a challenge
- Screening would definitely be a positive outcome from the strategy but does carry a cost implication
- Keeping the pathway up to date with service changes will be challenging, particularly if third sector forms part of the pathway as projects do tend to be delivered over a maximum of 3 years
- Unless a set of standards of delivery are enforced and can be inspected upon, then they have limited chance of success

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

Workforce issues have been missed. Mobility and rehabilitation skills are arguably the most important issue to the long term welfare of a person adapting to visual impairment. With mobility training people can often continue to be independent travellers and with rehabilitation training, they can continue to look after themselves, thus being fewer dependants on care providers. There is an extreme shortage of mobility and rehab training in Scotland with the service provision reaching crisis point in some areas. This is a critical factor which has not been adequately addressed.

Education is missing from the strategy and the importance of ensuring equal access to the curriculum.

Transport is also missing and public transport is crucial for people who are unable to drive as a result of their disability.

Technology is also missing and this is increasingly important to people living with sensory impairment particularly for use as a communication and navigation tool.

The importance of record keeping for future service planning is missing. At the moment the local authorities have a requirement to gather data on only on those people registered blind and partially sighted by NHS. The data allows for some future projections and planning but a more comprehensive data set which includes those with significant visual impairment who are not on the register would provide more realistic planning.

Although hidden and untreated sensory loss is mentioned, and it is linked to falls, there is no specific mention of neurological sight loss, particularly sight loss associated with stroke. Given the high incidence of stroke in Scotland, and the high number of stroke patients who experience changes to their vision, this is a key factor which must be included in the strategy.

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?

Understanding the current expenditure will be challenging to audit. If an audit is to be undertaken, it should audit what is being delivered with money spent, rather than simply audit what is being spent. The audit must also take into account 'added value' services which often ensure that people do not progress into expensive care packages. Finally, when making recommendations for 'realignment of spend', it is important to recognise that recommendations may be made but this does not mean they will be followed.

Awareness of issues relating to sensory loss will be challenging to implement unless there is firstly a plan to meet the cost and secondly that the training is mandatory.

Data collection has already been mentioned in this response, and the challenges of cross sector data sharing.

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

Screening has the potential to make a massive and important difference because it could detect sensory loss at an early point. This may sometimes result in treatment options which will prevent, treat or halt the sensory loss.

Staff training which resulted in sensory impairment being identified would make a big difference to people, ensuring that those hidden client groups received better and improved care.

Sharing information, a clear care pathway and a single entry point would make a big difference to people, and has the potential to make their lives less stressful as they do not have to repeat their story, go from agency to agency and slip through a net of providers.

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

- Clarity around accountability for delivery of the strategy at both national and local level
- Use of technology
- Addressing the questions around registration and certification.
- Transitional stages
- Low Vision
- Habilitation for children
- The needs of our ethnic minority and immigrant populations
- Services for people of working age

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.

Visibility is commenting as a service provider.

We cover 13 local authorities and 4 health boards and in our experience they all differ in how services are delivered. A standardised set of expectations (based on the best service provision) which had an accountability element alongside them, would help service users receive a better service.

We have no experience of one stop shops other than the one we are developing in Dumfries and Galloway. This is a sensory partnership and we are working hard to ensure inclusion and involvement from our statutory (health, education, social work) colleagues. It is early days but so far, we are learning that there are often common problems e.g social isolation, communication with different solutions depending on the sensory impairment being experienced.

There is no apparent or obvious good practice model for 'one stop shops' so if this is a model to be further developed, then the strategy needs to define what one stop shop actually is and the measurements used to tell us whether or not it is a success for service users.

Lack of involvement from those responsible for development of one stop shops is a lost opportunity for service users. One stop shops, funded by the public purse should include local service providers in planning and service design. Lack of productive discussion with local providers has resulted in duplication of existing and well established services which is not best use of public money.

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

n/a

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?

I do not feel sufficiently informed to respond to this section and would defer to my more experienced colleagues such as Dr Kathy Spowart and Richard Hellewell commenting on behalf of the Royal Blind School.

However, I would suggest that it is necessary for the strategy to tackle the disparity of habilitation provision for Scottish children. There are some areas of Scotland where children receive little or no habilitation. If children do not receive timeous intervention and training, then they struggle to become independent adults.

Transition from childrens services to adult services can present difficulties and confusion and the pathway should provide clarity around this confusing area.

The strategy should also link to the new Managed Clinical Network for children, however I am confident that VINCYP will make a more informed comment within their response to the strategy.

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?

Thank you for the opportunity to comment. I welcome the strategy as it ensures that sensory impairment is recognised as an important issue in Scotland. Projections for age related sensory impairment and obesity related sight loss make disquieting reading, presenting significant challenges for the government, so we must ensure that this strategy is sufficiently robust to take us into the future.