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.

N/A

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

N/A

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

It is evident from the focus of the strategy that there appears to be an issue with access to services and public information. Angus Council would therefore want to ensure that public information is improved in this respect. This would include ensuring that accessible information about access to social work assessment is available in a range of places including online and in GP surgeries. Angus Council would also want to ensure that GP's and staff in hospital clinics have information on the role of social work and access to services.

In partnership, Angus Council and NHS Tayside need to agree an approach to gathering prevalence information to support the development of the joint commissioning strategy for adult care and to ensure robust approaches to the development of services for children.

(d) How will you make these changes?

Angus Council will need to review its public information in respect of sensory impairment and continue to promote access to services through the Council's single entry route (access line).

In partnership with NHS Tayside, Angus Council continues to progress work on integration and on our joint commissioning strategy.

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?

All the points listed are important but perhaps the most important factor is the development of a functional and joint pathway to support people with sensory loss. Angus Council would argue that the pathway should be joint between health and social care but more importantly should bring together support for hearing and sight loss.

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

Second bullet point. As there is no single information system for health and social work developing a robust approach to data collection and prevalence will be a challenge especially in the absence of a nationally agreed dataset.

Third bullet point. As significant investment in staff training will be required to deliver screening as part of a generic assessment, Angus Council would want to be very clear on the definition

and scope of the screening, how this would improve the care pathway and how this would impact positively on outcomes for service users. With that in mind significant additional resources would be required to act on this key factor and the Scottish Government would have to consider whether this additional expenditure was cost effective. The role of local opticians needs to be clear.

Fourth bullet point. lt is important that people are not over-assessed. Angus Council prefers the approach to screening at set times along with other changes to an individuals circumstances or pre-planned alongside other screening by the GP. This would seem like the more cost effective option. In terms of sight loss however, there is a significant role for local opticians that does not appear to be explored or explained in this strategy. Such an approach ensures that appropriate information on diagnosis, treatment options and rehabilitation can be provided appropriately and at the earliest point.

Fifth bullet point. A single point of access works only if this allows assessment and service provision without forward referral. Angus Council would propose that the single point of referral here is the GP. Specialist assessment, treatment and rehabilitation can only be accessed via the GP and perhaps in relation to sight loss the optician. A referral coming to social work would only lead to an individual being asked to see their GP leading to delays in assessment and access to services. The manner by which services work together will be delivered by approaches to the integration of health and social care. Indeed this approach to access is identified in bullet point 1.

Seventh bullet point. This will be a challenge unless clear central direction is provided. Each health board/local authority prioritises differently. The framework needs to be explicit about what Local Authorities and Health Boards are expected to achieve, the time frame under which it is to be achieved and the resources that are being made available to achieve it. It is likely that the 32 local authorities and 12 health Boards would make a commitment to this matter but without clear timescales and understanding of the underpinning resources there will be little drive towards achievement. This framework misses the opportunity to provide SMART objectives for progress across Scotland.

Final bullet point – there are funding issues here and consistency in information that could lead to an improved Scotland-wide approach although all statutory agencies must have commitment through their individual disability equity scheme.

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

The bullet points might have been better expressed as ‘10 indicators of best practice’. The recommendations need to be more explicit and SMART. There are also a number of areas that would have improved the key factors:

1. Better information on diagnosed condition being provided by those undertaking diagnosis. This needs to be in appropriate formats e.g. what the diagnosis means, ‘what can I expect in the future?’. Social Work rehabilitation staff often have to help people understand their diagnosis and what this means for their future before they can move onto supporting the individual to make adjustments to their home and their life.

2. There is a particular issue around information and access to visual aids. In Tayside the eye clinic provides up to x12 magnification free but those most in need get no support. Angus Council believes this is discriminatory and that services are not targeted at those most in need.

3. A description of the standard of care that is required to deliver on consistency across Scotland.

4. Identification of a dataset with definitions that could support local and national prevalence information. For example, the all inclusive nature of the definition given in paragraph 2.1 would suggest that data collection needs to include every prescription for minor long and short sight adjustment. Clearly this level of information would not assist in the development of community care services.

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?

Recommendation 1. In terms of social work spend; people's needs are met holistically including support for carers. It will not be possible to extract spend specifically around sensory impairment when people have a range of needs including sensory impairment.

Recommendation 2. This needs to be included in joint commissioning plans. There could be a role for opticians especially given that sight tests in Scotland are free. What is funded through NHS sight tests must therefore be referred to in this strategy. Opticians also have a key role in treatment and after care.

Recommendation 3. There is a significant resource need to meet this recommendation and more detail as to how this is to be funded is required. Angus Council would suggest that an alternative would be for the Scottish Government to provide e-learning and other materials so a consistent approach is delivered Scotland wide.

Recommendation 4. This appears to include three separate recommendations:

- Service planning and underpinning need should be included in joint commissioning strategies.
- The recommended care pathway is included in this document and this should be the standard against which services are reviewed.
- Accessible information is important. This would be a good adjunct to joint commissioning strategies which focus on integrated services. It would be helpful if activity around preventative measures and good self-care were produced centrally by the Scottish Government as part of health equity/health promotion activity. This would ensure a consistent approach across Scotland. Utilising the expertise of local opticians and free eye testing would support such an approach.

Recommendation 5. There are already requirements in relation to local authorities holding a register of people who are blind and partially sighted although this information is no longer collated by the Scottish Government. The Scottish Government should rethink its position in this regard and also consider whether a similar approach should be adopted by the Scottish Government in relation to people who are deaf. A robust system however often relies on diagnosis and a dataset on agreed definitions. The definition of sensory impairment in Para 2.1 is very inclusive so will lead to agencies recording, for example, everyone who wears prescription lenses no matter how minor the adjustment. The vast majority of these individual will not require support from social work or specialist services. More consideration requires to be given to what needs to be recorded, why it needs to be recorded, of what value the information is and who will it benefit?

Recommendation 6. A review of statutory agency disability equality schemes should have been undertaken during the development of this strategy This would have allowed required action to be identified and included in this framework as an "indicators of best practice for

disability equality schemes". If compliance is now to be considered then who will undertake this, when will it be achieved and how will this be funded?

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

In their current format the recommendations are not SMART and Angus Council does not consider any will make a real impact. That having been said, if the recommendations are improved to address the real change required, then recommendation 4 is likely to have the biggest impact on improving outcomes for service users.

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

A recommendation to address consistency and fairness in prescribing of hearing and visual aids across Scotland.
Clarity on the role of opticians in sight loss services.
Regulation of the rehabilitation workforce, they are neither governed by the SSSC or the HPC.
A national dataset including the role of the Scottish Government in collation of information at a national level.
A focus in the strategy on an approach to dual sensory loss both in terms of an appropriate care pathway and in terms of standards for services for people who are deafblind.
Support and training for parents and carers, how this is delivered, who delivers it and the important role parents and carers have in supporting people with sensory loss

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.

Angus Council understands that there are many different approaches to the provision of sensory loss services across Scotland. In Angus we commission a specialist provider to provide assessment and support for people with significant hearing loss. They can also be called upon to provide specialist assessments for individuals where there is an impact on other needs and service provision. The commissioned service also supports integrated services in some specialist clinics in Tayside. Work is ongoing with our commissioned provider to continually look at service improvement.

We provide specialist assessment and support for people who are blind or have significant visual impairment from our own specialist services. More recently we have been working to upskill a wider group of staff including our First Contact service which handles all new referrals to social work. Training has been provided to occupational therapy staff to support the enablement process across all adult services. This allows sight loss to be supported more effectively.

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

It is difficult to assess what difference this strategy will make as in its current form it does not provide sufficient direction. However as Angus Council is committed to continuous improvement and the integration of health and social care the messages delivered by this strategy will be used to inform future policy and practice development.

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?

Angus Council would suggest that the care pathway for children is different to that for adults. Whilst the strategy highlights the developments from GIRFEC and the Doran review this does not come across in the recommendations which feel adult based in their approach. For example recommendation 3 is focused solely on staff in health and social care settings, staff in educations settings also require training. Whilst sensory loss is in the main age related the impact on a child's world cannot be underestimated. Similarly recommendation 4 is focused on health, social care and third sector agencies.

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 framework is a good beginning to the development for a national approach but requires more development. The final version needs to be much more focused with SMART recommendations. Appendix 1 needs to include clear information about who is responsible for actions and most importantly the outcomes that are to be achieved. There is a lack of clarity throughout the document about ownership. More information is required in relation to the Scottish Government funding identified on page 18. The fundamental challenges of information sharing continue to limit the development of partnership working.

Some of the prevailing language used in this consultation strategy is an indicator of a less than full understanding of the topic and subsequently who the strategy is really aimed at. It is difficult at times in the document to understand what the intended outcomes are. Equally at times the language is medicalised in respect of the use of terms such as pathways, loss and rehabilitation.

Para 2.1 of the consultation documents attempts to define sensory impairment as;

Varying degrees of hearing and or sight loss of hearing or vision from birth we would wish to make the point that for those born with a sensory impairment how can you lose something you never had in the first place? The use of the term loss could indicate a misunderstanding of the needs of people with a congenital sensory impairment and people who have acquired on-set sensory impairment. There is a need to differentiate more clearly between congenital sensory impairment and onset sensory impairment and the likely different impact this might have on service delivery.

In relation to developing an accessible information strategy, the council has an opportunity to review this based on the recommendations outlined in the strategy.

There is an inbalance in the document with regard to the cradle to grave coverage in the strategy as outlined in the report on p135. While consideration is given to sight or hearing impaired children the majority of the strategy is focused on on-set impairment for older people. Whilst this is valid in terms of the number of people affected by sensory impairment it detracts in terms of key issues that impact on adults such as assessment, support and future opportunities and aspirations.

Section 1 of the strategic framework outlines the huge variety of inequalities faced by sensory impaired people world-wide.

Poorer health outcomes

- Reduced education opportunities
- Reduced employment opportunities
- higher rates of poverty

Further clarity is sought in relation to the profile and impact of the issues highlighted above in the Scottish context.

The strategy says little about sensory impaired individuals of a working age and what types of supports may be necessary. In its current form the strategy focuses more on impairment and dependency and we would argue that its needs to focus on enablement, inclusion and aspiration. In its current form the proposed strategy says little about how it will address current unemployment rates amongst both hearing impaired and visually impaired individual which still remains around 70% in Scotland.

The strategy would benefit from recommendations/actions which would enable sensory impaired adults to become economically active, more included in society whilst reducing reliance on welfare benefits. These are the type of positive outcomes sensory impaired individuals would value. Equally it is important to state that if we invest in children's education opportunities this investment needs to be maintained into adulthood?

We would advocate a review of the use of diagrams in the document to ensure that they are accessible for the visually impaired.