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 considered that there is a need to be

- Simple referral routes and localised service provision
- Enable stronger links to health improvement services to promote health and well being
- Improved links with clinicians and GPs for referral pathways
- The determination of a single point of contact/access to minimise confusion
- Information sharing
- Developing self assessment and promoting autonomy/self management, and peer support
- The scrutiny of any transition processes, including children to adult services
- Giving people more informed choice and continue to offer access to Sensory Development Services (SDS) if appropriate.

(d) How will you make these changes?

The changes would be made by:

- Health promotion such as promoting '*healthy diet as an important part of eye care'* – all in accessible format
- Developing more creative ways to 'push' information on healthier lifestyles and sensory loss to people, and identifying '*easy access to information'* points throughout area
- Awareness raising of NHS colleagues to referral pathways for social services
- The determination of a single point of contact/access within any integrated system, which would need to be agreed by all partner agencies
- Listening more to service users and their carers and to take their views/comments seriously
- Developing positive measurable outcomes
- Accessing Change Fund (reshaping care for older people)
- Making people more aware of the SDS option

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

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

All factors mentioned in the strategy are relevant for a successful pathway – however would highlight the following as critical:

- Agreed referral routes/pathways
- Screening and inclusion in generic assessments
- Extending referral processes beyond health and social services
- Additional training support. Awareness training needs to become mandatory. There needs to be more sharing of training between partners.
- Acknowledging and addressing challenges faced by 'hidden' sensory loss
- Adequate support for those seeking work or retraining as well as continuing support in employment

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

- The development of clear and simple care pathways agreed by all stakeholders.
- The need to reduce duplication between statutory and 3rd/voluntary sector services. More information is required in terms of the type and quality of services available.
- There is a need for a much stronger evidence led approach. There needs to be a commitment by Scottish Government and statutory services to collect and evaluate any figures for future planning.
- There is need for more engagement with NHS/GPs for appropriate referrals
- The need for effective information sharing across agencies (social services,

NHS, voluntary sector) due to confidentiality and Data Protection as well as incompatible IT systems.

- The provision of resources for training.
- There is a need for more consistency of a nationwide approach to services
- The need for recruitment/retention of specialist staff due to budget limitations.
- There are challenges to maintaining/improving front line services due to ‘efficiency savings’ driven by budget reductions.

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

There needs to be

- A review of Scottish certification/registration process with agreed levels of referral pathways from ophthalmology staff and opticians which have been in place in England and Wales since 2003.
- More awareness training and more compliance with equalities legislation. This also needs to be targeted at the private sector (restaurants, shops, housing providers etc.)

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.

- There will be challenges in identify the specific spend on sensory impairment from budgets of the different agencies, although this should be assisted with the joint work being undertaken on health and social care.

Recommendation 2.

- Screening should be undertaken as part of general health check at certain age. Resources requirements for this will need to be recognised.

Recommendation 3.

- Unless staff awareness training does become mandatory this proposal will continue to be delivered in an ad hoc manner with overall lack of commitment from staff – usually due to high work pressures and not seen as high priority.
- There is a need to extend awareness training beyond health and social services.
- The resource requirements for training will need to be recognised.

Recommendation 4.

- There is a need to ascertain levels of need and to identify with users the type and quality of services on offer to meet these. The Strategy for Sensory Services in Scottish Borders 2012 – 2017 is addressing this.

Recommendation 5.

- There are difficulties in resolving issues under Data Protection/confidentiality

between statutory bodies and third sector agencies. There is a need to be data sharing protocols and guidance and it is considered that the Scottish Government should provide more leadership with this.

Recommendation 6.

- There is a need to build increased understanding and awareness of sensory impairment issues into equality impact assessments and training.

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

- The determination of single point of contact/access in order to reduce confusion needs to be agreed by all agencies.
- The improvement of health and lifestyles as well as health inequalities by targeted information/learning. This would improve the health and well-being of people experiencing sensory loss and save public sector resources in the longer term.
- Reducing preventable sensory loss by earlier intervention/screening and accessible information provision. A simple agreed age screening in NHS and in mainstream assessments would lead to timeous diagnosis and a speedier referral for support. This could also be a tool to address 'hidden' sensory loss (stroke, dementia, etc.)
- The provision of mandatory awareness training would greatly improve the one to one service user experience by an understanding of communication needs and the appropriateness and quality of care planning.
- Resolving issues under Data Protection/confidentiality between statutory bodies and third sector agencies in order for the sharing of information on clients to be improved.
- Positive measurable outcome focused approach supported by adequate resources. This would ensure clarity to the planning of services.
- Maximising independence and choice by providing daily living equipment and signposting to SDS.
- Build increased understanding and awareness of sensory impairment issues into equality impact assessments and training.

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

- Equalities legislative requirements should not just be targeted at statutory services and other stakeholders but also at the private sector (e.g. shops, restaurants etc.)
- There is a need for the mandatory national registration of specialist sensory impairment workers – this to promote best practice, formalise Codes of Practice and evidence based CPD.

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.

Scottish Borders Council provides the following services to:

- Sensory Services Team Social Care & Health: information and advice, support, provision/loan of equipment, training, social work and rehab services
- Education - teachers of the deaf and visually impaired

The Client group(s) is deaf people, people who are hard of hearing, people who are registered as blind and partially sighted, people with visual impairments who are not registered, people who are Deaf blind, parents of children who are sensory impaired, schools with pupils who are sensory impaired.

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?

- This strategy can fit in with GIRFEC and Dorian. There would be benefits in having a more consistent approach across authorities.

- Children are generally not very represented within the strategy.
- Greater emphasis needs to be placed on habilitation (daily living skills and mobility) needs of children with sensory loss within Education

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?

It would be helpful for the government to acknowledge in the strategy the increasing need for IT skills to access computers, tablets, iPads, mobile (smart) phones and the internet for people with a sensory loss. A national drive to provide support and training to this group would be a apposite in order .to reduce social isolation and to address the need to have internet access to apply for/review DWP benefits – e.g. PIP applications from June 2013 in Scotland.

With the proposed integration of social and healthcare, driven by the need for efficiency and effectiveness of available (or diminishing) resources, there must be an awareness of unrealistic expectations. Integration will not improve outcomes immediately. The reality is that coordinated actions across partner bodies will take some time to 'bed in' and deliver improvements to the patient/service user experience. There could be a number of initial failures including:

- Clarity about outcome and timeline for delivery.
- A realistic approach to outcomes.
- Reporting arrangements and non compatible systems.
- Priorities may not always be aligned due to the different organisations' cultures and targets