Ayrshire and Arran Sensory Locality Plan

Draft Plan and Consultation Document
Consultation Period: 10 March – 1 May 2014
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NHS Ayrshire and Arran, East, North and South Ayrshire Councils, alongside Third and Independent Sector organisations have a long and positive history of joint working in Ayrshire and Arran.

In 2011, the partnership submitted a successful joint project bid to the Scottish Government to enhance support services for people living with sensory impairment (sight/hearing or dual sensory loss) in Ayrshire and Arran.

The project set out to:

- Introduce one-stop sensory service with a strong focus on prevention and enablement
- Significantly extend reach to people with sensory loss
- Facilitate the integration of sensory provision across Ayrshire and Arran
- Explore new models of community based provision
- Create a platform for the long-term development of a Joint Sensory Plan

The Scottish Government will shortly launch, “See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland”.

The framework offers the opportunity to lever change across sensory impairment services and provides a model care pathway to facilitate better working relationships and service provision for users and carers.
In doing so, it promotes the seamless provision of assessment, care and support. Below are the key recommendations:

1. Local partnerships should consider options for the introduction of basic sensory screening for example for people of a certain age, and at agreed times in their care pathway.

2. At a national level, the Scottish Government should scope out the range of formal and informal training opportunities around sensory impairment awareness, and work with the relevant education, training and qualification bodies to explore opportunities to increase awareness and expertise in the area of sensory impairment awareness, building appropriate content into the core training regimes of different professional groups.

3. Local partnerships should audit their skills base in relation to awareness of sensory impairment in the workforce and take steps to address any deficits identified, targeted in the first instance at older people’s services.

4. Local partnerships (in this instance local statutory and third sector agencies) should be able to evidence that their service planning reflects the need in their area, and reflects appropriate responses to the hierarchy of need outlined earlier.
   - They should audit current spend and service patterns on sensory impairment, including for carers, in relation to specialist provision and also to those elements of other service provision that impact on people with a sensory impairment. In the light of the findings, consideration should be given to options for service redesign as appropriate.
   - They should develop care pathways for people with a sensory impairment, which confirm the component parts of the individual’s journey. In so doing they should assess performance against the care pathway and the key factors for effective pathways outlined earlier, and use this as the basis for service improvement, and identify the relevant responsibilities across agencies for the delivery of this.

5. Accessible local information strategies should be developed to include preventative measures and good self-care in retaining sensory health, but also providing information on how to access services.

6. There should be robust systems for maintaining information locally, and sharing this between agencies, in relation to people who have received a diagnosis of a sensory impairment at any time from birth onwards.
7. Agencies should review their compliance with the Equality Act 2010 in relation to sensory impairment, particularly in relation to communication, and give consideration to whether any future action may be required.

8. The Scottish Government should issue further guidance in relation to children and young people following the conclusion of work on the implications of the Doran review and the eventual enactment of the Children and Young People Bill.

Where possible, the National outcomes set out above, have been linked into the Ayrshire and Arran locality plan recommendations.

In March 2013, building upon previous sensory impairment action plans and the work of the project, partners were keen to engage service users with the National Sensory Impairment Strategy and have an ambition to lead this work.

An engagement event, in May 2013, enabled further partnership development with over 100 service-users and providers coming together to have their say and influence the development of plan and services. The following priorities were identified by participants:

- To provide appropriate and proportionate support for all people with sensory impairment.
- To give young people the same life chances as their peers.
- Families - to include support for carers and young carers.
- Schools – to support attainment and recognise that dedicated sensory impairment services often provide the important links across family, education and health services.
- Adults – to support meaningful activity and particularly access into work.
- Older people – to recognise the increasing incidence of sight and hearing loss in older people and offer support to help people to remain independent.
THE PLAN

People who have a sensory impairment should be able to expect the same access to employment, education, healthcare and social care as everyone else. They often require a diverse range of support, including a need to understand their condition, what this loss will mean for them, and being able to access information and support to live as independently as possible, whilst also receiving direct assistance when they need it.

Who is included within the plan

The plan encompasses sensory impairment from cradle to grave, with the primary aim being to improve the outcomes for those people who use sensory services. Sensory Impairment covers people living with varying degrees of hearing loss, sight loss and also those with loss of both senses. Both hearing and sight loss can be present from birth, but for the majority of people a sensory impairment will occur later in life, and can range from a relatively low level of loss to a much more profound loss. It is estimated, that in Ayrshire and Arran, there are:

**CHILDREN**
- 315 children with a hearing loss
- 175 children with a visual impairment

**WORKING-AGE ADULTS**
- 23,800 people of working age with a hearing loss
- 560 people of working age with a visual impairment

**OLDER PEOPLE**
- 1 in 5 over 75 and 1 in 2 over 90 have a visual impairment
- 40% of over 50 and 70% of over 70 have a hearing impairment

Within the cradle to grave timeline, there are a number of particular groupings that should also be considered, including people who are:

**At risk of sensory loss:**
- Age-Related Macular Degeneration
- Galucoma
- Cataract
- Diabetic Retinopathy
- Age-Related hearing loss
- Loud noise exposure

**Living with a recognised sensory impairment**
- 2631 people are registered as blind or partially sighted
- 79 babies were referred to audiology services for diagnostic assessment following the newborn hearing screening (08/09)

**Living with a 'hidden' or untreated sensory loss**
- Learning disability
- Complex Needs
- Dementia
- Autism
- Mental Health
- Stroke
- Parkinsons
- Ethnic Minorities
Children and Young People

Children and Young People’s (CYP) services require diversity. Early diagnosis and intervention are critical and a multi-professional approach is essential to fully support children and young people to live inclusively within society with the best possible support for their individual needs. The developmental needs of a child or young person who loses their sight or hearing are very different from adults. With appropriate, targeted support these CYP can be better prepared for independent adulthood, future employability and social inclusion. Emphasis also needs to be placed on effective and efficient transition into post-16 education or employment, and where additional support needs are apparent this should be done as early as possible. It is also critical that appropriate support for parents at the key life stages for a child or young person (early years, school, environment, starting work, further education, independent living) and on-going support is delivered to ensure that CYP services are successful and they can deliver a seamless provision.

Adults of working age

For most people, a sensory loss will occur later in life, but there are a significant number of adults of working age living with a sensory loss or at risk of developing a sensory loss. For those people who are seeking work or are engaged in work, the impact of a sensory loss can have significant implications for entering work, retraining, and being supported to stay in work. Approximately 19 percent of those with a hearing loss and two-thirds of those registered as either blind or partially sighted in Scotland of working age are unemployed. This compares to the five percent employment rate for the non-disabled population. Sensory services must ensure that key transition stages are enhanced to support adults to move into employment or sustain their employment.

Older people

People are living longer, and consequently there is an increasing incidence of those illnesses and disabilities that increase with age. This strongly applies to hearing and sight loss. The impact of sensory impairment on an older person who may already be finding it less easy to continue with previous lifestyles can be very significant. Yet it is still the case that hearing or sight loss can often be over looked in the community, care homes and acute hospital settings.
Long term conditions

Long term conditions are health conditions that last a year or longer, impact on a person’s life, and may require ongoing care and support. The definition does not relate to any one condition, care-group or age category. Around two million people, 40 per cent of the Scottish population, have at least one long term condition and one in four adults over 16 reports some form of long term illness, health problem or disability.

Long term conditions become more prevalent with age and older people are also more likely to have more than one long term condition. Sensory loss can be associated with various long term conditions and may not be identified until a much later date than the point of diagnosis, if at all. Understanding of the links between long term conditions and sensory impairment are vital so that identification and early interventions can be made.

Diabetes

Forty percent of people with type 1 diabetes and twenty percent of people with type 2 diabetes will develop some sort of diabetic retinopathy in their lifetime. The extent of the changes and the timeframe for development depends upon the type of diabetes an individual has. Diabetic retinopathy is the single biggest cause of sight loss among adults of working age in Scotland and around 247,000 people have Type 1 or 2 diabetes; a figure increasing by roughly ten per cent annually. An estimated 49,000 are believed to have the more common Type 2 condition but are not yet diagnosed.

While there is some evidence that diabetes may increase the risk of developing hearing loss, there is no consensus around any association. Higher rates of hearing loss have been identified in people with diabetes than those without diabetes.

Alcohol, smoking and nutritional deficiency also have links to the on-set of sight loss.

Smoking

The link between smoking and the UK’s leading cause of sight loss is as strong as the link between smoking and lung cancer. Smoking doubles
It is important to acknowledge that there are some groups for whom sensory loss provides additional challenges, both to them and to services which are seeking to provide integrated care pathways.

**Obesity**

There have been indications of a relationship between obesity and hearing loss, for example, correlations between hearing loss and a high body mass index (BMI) or a high waist circumference.

**Hidden and untreated sensory loss**

It is important to acknowledge that there are some groups for whom sensory loss provides additional challenges, both to them and to services which are seeking to provide integrated care pathways.

“Hidden sight loss” is a term used to describe when vision is not the presenting condition or disability. Consequently vision or hearing issues may be “masked” by the primary condition or disability. In Ayrshire and Arran, it is estimated that there are:

<table>
<thead>
<tr>
<th>Learning disability</th>
<th>Stroke</th>
<th>Dementia</th>
<th>Autism</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 1663 people with a learning disability • 1 in 10 of these people have a significant sight loss</td>
<td>• 7000 stroke survivors • 61% of people with stroke have visual problems at admission. • 22% have persistent visual problems at 90 days post stroke. • People with a sudden hearing loss have a 1.5 chance of having a stroke in the next 5 years.</td>
<td>• 7360 people with dementia • Around 1 in 7 of these people will be affected with sight loss • Those people with mild, moderate and severe hearing loss have between 2-5 times the chance of developing dementia in comparison to those with normal hearing.</td>
<td>• 70,000 people living with autism</td>
</tr>
</tbody>
</table>

Hidden and/or untreated sensory loss can lead to a withdrawal from social interaction. Sensory impairment is a major contributory factor in falls and subsequent admissions to hospital, which is, itself, a major
contributory factor to admission to a care home. To a person with dementia, failure to recognise and respond to a sensory loss will result in greater isolation, will generate behaviours that can be misinterpreted as symptoms of advancing dementia, and can lead to a failure to respond appropriately to basic physical needs. This is equally the case for other conditions, including, learning disability, autism and mental health.

**Ethnic Minority communities**

There are particular ethnic minority groups which have a higher risk of sight loss;

**Cataract:** the South Asian population has a prevalence rate of:
- 30% (60 years and younger) compared to 3% in the White population.
- 78% (60 years and older) compared to 54% in the White population

**Glaucoma:** in people of African-Caribbean origin:
- 14% of people older than 40 years have COAG compared with 2% of the White Population and this rises to upwards of 70% in people older than 75 years.

There are no accurate figures available for hearing loss in ethnic minority groups, however there is some evidence to suggest that some ethnic minority groups may experience higher levels of hearing loss. This is particularly the case for recent immigrants from regions with greater levels of poverty, poor healthcare and low levels of immunisation against diseases such as rubella.

A wealth of evidence exists to suggest that ethnic minority groups access mainstream services less easily or frequently than the indigenous population. The barriers and difficulties around this will require approaches to be re-focused to ensure sensory services are accessible, approachable and relevant to ethnic minority communities.
**Who is the plan for?**

The sensory plan is focused on three areas:

1. Services and support delivered across Ayrshire. Integrated, effective and efficient joined-up working is required across children, adult and older people’s services in relation to health care, social care, education, the third sector and other relevant bodies.

2. Wider engagement from other public services, such as, leisure, housing, transport, libraries and employment is also essential to maintain social interaction and reduce isolation.

3. The plan is also intended for families, carers and the wider public. With a focus upon preventative measures and developing a wider awareness of sensory impairment will enable families and carers to identify potential sensory loss in those they live with or care for.

The plan must improve the quality, reach, impact and outcomes for those with sensory impairment across Ayrshire and Arran.
The census results from 2011 highlights a small increase of 5,600 in the Ayrshire and Arran population, from 368,100 at the time of the 2001 National Census, to 373,700 in 2011.

To achieve this, the plan will include a focus upon prevention and anticipatory care, capturing those at risk of developing a sensory impairment and those ‘hidden’ sensory loss populations outlined above. The plan will also focus upon those currently engaged with services and at the diagnostic stage, and those already living with a sensory impairment and the services they utilise.

The plan reflects the varying needs and demography of the three localities, whilst working towards the same standard of service and equal access across Ayrshire and Arran.
THE CHALLENGE

Ayrshire and Arran population

The estimates below use census figures and make calculations allowing for major population changes such as births, deaths, inward and outward migration from geographic areas. The gender balance shifts from a higher proportion of males in the youngest age group (in the majority of years there are slightly more boys born than girls), to a higher proportion of women in the older age groups. These population changes are due predominantly to differences in male and female mortality rather than to migration factors.

In the 65 years and over age group, 43.2 percent of the population are male with females accounting for 56.6 percent. These gender imbalances are not new and reflect the national picture. Those persons aged 65 years and over account for 19 percent of the Ayrshire and Arran population, which is higher than the Scottish average.

East, North and South Ayrshire Populations

The population estimates for 2011 indicate that North Ayrshire is the most populated locality:

<table>
<thead>
<tr>
<th>Population</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Ayrshire 122,700</td>
<td>33%</td>
</tr>
<tr>
<td>North Ayrshire 138,200</td>
<td>37%</td>
</tr>
<tr>
<td>South Ayrshire 112,800</td>
<td>30%</td>
</tr>
</tbody>
</table>

In Scotland 16.8 percent of the population are aged 65 years and over. In East Ayrshire the figure is 17.35 percent (21,300 people), in North Ayrshire 18.74 percent (25,900) and in South Ayrshire 21.5 percent (24,300).
Population Projections for Ayrshire and Arran

Whilst the overall population is projected to decline (to just under 356,000 in 2035), this is not evenly distributed across age groups. The 16 years and under population group will decline by 7.8 percent, 16 to 29 years old group by 13.1 percent, 30 to 49 years old group by 14.8 percent and 50 to 64 years old group by 23 percent. Conversely, the 65 to 79 years old population group will increase by 33 percent and the 80 years and over group by 105 percent accounting for 10 percent of the total population.

It is clear that the population structure of Ayrshire and Arran is projected to change quite markedly over the period from 2011 to 2035.

The number of people aged over 65 will increase from 69,200 to 106,800, a rise of just over 37,000 individuals.

The 65 years and over population group accounted for 19 percent of the total Ayrshire and Arran population in 2011 and is projected to account for 30 percent of the total population by 2035.

The rise in the number of ‘older old’, i.e. those over the age of 80, is anticipated to rise from 17,598 in 2010 to 36,070 in 2035, a rise of 18,472. The age of retirement will increase over coming years and this will require a focus on workplace policies to maintain the health and wellbeing of an ageing workforce. Pensionable age is 65 years of age for men, 60 for women until 2010; between 2016 and 2018 pensionable age for women increases to 65. Between 2018 and 2020, State Pension age will increase to 66 years for both sexes, rising to 67 by 2026.

Causes of sensory loss

There are a number of causes and common conditions leading to sensory impairment. These often reflect the age of the sensory impairment on-set, as outlined below.
Prevalence of sensory impairment in Ayrshire and Arran

There are estimated to be around 850,000 people with hearing loss in Scotland, 1 in 6 of the population. This would equate to 62,200 people across Ayrshire and Arran. This number is set to increase by 50% in the next 20 years to around 93,300 people.

Significant sight loss affects over 188,000 people across Scotland, equivalent to 1 in 30 of the population. It is predicted that this figure will double by 2031. For Ayrshire and Arran, this accounts for 12,440 in 2013, with an increase to around 24,880 by 2031 if no additional preventative measures are taken.

People who are deafblind have a substantial visual and hearing loss such that the combination of the two causes extreme difficulty in engaging in society. Some people are deafblind from birth, others may be born deaf or hard-of-hearing and becomes blind or visually impaired later in life, or the reverse may be the case. There are an estimated 5,000 deafblind people across Scotland, with around 350 people residing in Ayrshire and Arran.

A person with dual sensory loss has a degree of both hearing and sight loss, but may not identify themselves as being deafblind. These people would view their condition as age-related and employ a variety of coping strategies to deal with their dual sensory loss. Large percentages of the over 50 age group experience dual sensory loss and it increases with age. One third of those living with a sight loss over the age of 65 in Scotland also have a hearing impairment.

The above headline trends reflect the demographic changes taking place across Scotland, but more importantly across Ayrshire and Arran,
with significantly more people living to an older age than has ever been the case before. This has a direct impact on prevalence rates of sensory impairment due to the significantly higher incidence rate as people age.

**Key health issues**

Scotland has outlined a number of key health issues linked closely to lifestyle choices, which it aims to address. Across Scotland:

- Smoking is 10-15 percent higher than in England;
- Alcohol sales and alcohol related deaths suggest that there is a higher level of alcohol consumption across Scotland and;
- There is a much higher consumption of soft drinks and a lower consumption of fruit and vegetables in Scotland’s diet, which can and has been linked to obesity.

In response, NHS Ayrshire and Arran has adopted Alcohol, Tobacco, Obesity and Mental Health and Wellbeing (ATOM) as its public health priority areas. The links between the use of alcohol, tobacco, obesity, mental health and sensory impairment are widely acknowledged. There are particularly strong correlations between diabetes (linked closely to nutrition deficiencies) and sight loss and smoking and sight loss, as explored earlier in this sensory plan.

A number of these areas are addressed by HEAT targets; however, considerable additional work is required alongside the targets to address these public health priorities in relation to sight loss and the wider policy agenda. It is critical that the sensory plan and its outcomes are linked and work closely with the current key public health areas.
OUR APPROACH

Sensory services in Ayrshire and Arran

Our approach is aimed at sensory services, public services and includes prevention measures. A range of services are already available to those with visual, hearing and dual sensory loss across Ayrshire and Arran.

Social Work Sensory impairment teams within each local authority area, respond to each type of sensory impairment on an individual basis.

The services offered across the three local authorities are broadly similar, with some different or additional support offered in each area. The services offered include the following;

- Registration process - advice and information
- Registration - assessment
- Equipment and adaptations - home assessment
- Financial Inclusion
- Rehabilitation - independent living skills
- Rehabilitation - mobility training

In the past twelve months, each Sensory Impairment Team (SIT) worked with approximately 400 to 425 service users. In East and South Ayrshire the majority of service users are visually impaired, with lower numbers of hearing impaired users, whereas North Ayrshire SIT worked with similar percentages of visually and hearing impaired people. Across the three teams, the numbers of joint sensory impaired service users remains relatively small.

The current sensory impairment teams provide mainly adult services, however two of the teams, East and North Ayrshire, do offer Habilitation services specifically to children. The South Ayrshire sensory impairment team do not currently have a qualified Habilitation Officer in place and therefore contract this service out. At present, although not formally joined up, hearing and sight loss services are available in schools pan-Ayrshire.
Education

A pan-Ayrshire educational peripatetic hearing impairment team is in place for children and young people, which enables equity of provision across the area. This provides a service to children, young people and their families to come to terms with their hearing loss, offer support within their home or educational setting and support the transitions process into further education or employment. This service is recognised nationally for its positive outcomes, particularly in relation to integrated practice with NHS Ayrshire and Arran.

Each local authority has their own visual impairment education team. Across Ayrshire, the three teams work in partnership with children and young people with a visual impairment, parents and carers, schools and other agencies in the community to promote equality and inclusion.

Health

The health services offered to those with a sensory impairment in Ayrshire and Arran have already proved critical in delivering support to those with sensory impairment. The services are varied and include the following:

- From Public Health, an older people’s needs assessment has been conducted to for Ayrshire and Arran to provide a comprehensive profile of the health and social needs of older people now and projected into the future. This will be extended to include sensory impairment.
- Within Ophthalmology, there is delegated care with Optometry enabling community provision to become more closely involved in patient care.
- Within Primary Care, there is a low-vision service offered within Optometry across Ayrshire and Arran. This includes assessment, allocation of visual aids and on-going support and monitoring.
- Audiology – there are various services which focus upon children, the transitions process for children and young people and adults and a cochlear implant clinic.
Voluntary sector

There is a wide range of provision offered by the voluntary sector across Ayrshire and Arran. This includes some of the following services:

- Bridge to Vision project supporting those with Learning Disability in the community to access eye care services has been operational for over 6 years
- Vision Support Service based within the ophthalmology outpatient departments at Crosshouse & Ayr Hospitals have been helping service users to cope both emotionally and practically following diagnosis of sight loss for over 2 years. The Vision Support Service also offers a peer support programme within this community for those who require further support to come to terms with their sight loss
- Hear to Help – hearing aid maintenance and support offered within the local communities through drop in clinic’s, mobile resources (including CHIP Van & Activator Bus) home visits and nursing care homes
- Outreach Services – offering community drop in clinic’s for any one with sight loss, their family or carers. Social activities through volunteer led support groups, information and advice sessions through mobile resources as mentioned above
- Sensory Themed Information and Equipment events – Events offering those with sensory loss, their family & carers an opportunity to learn of what is available within their community and to experience a hands on approach to equipment and aids which promote independence and inclusion
- Hidden Sensory Loss – Following on from the success of the Bridge to Vision project the hidden sensory loss team are focusing their efforts on raising awareness of sensory loss amongst professionals and carers who work with service users with either Dementia, Learning Disability or Stroke. In addition to this Sensory Champion Training is delivered ensuring those professionals & carers have the skills and tools to care for those with hidden sensory loss ensuring sustainability

These services have been integral to development of successful care pathways ensuring clear referral routes to Sensory Impairment Teams as well as other statutory, voluntary and national services
Why ‘business as usual’ is not an option

The number of people at risk of, living with or with ‘hidden’ sensory loss is set to increase profoundly across Ayrshire and Arran in the next ten years. The significant change in demographics across Ayrshire and Arran necessitates a need to adapt services and delivery to meet these changes. With changes comes the growth in the number of people who will experience visual or hearing loss, but more significantly dual sensory loss. It will also see those children with sensory impairment and additional complex needs living much longer into adulthood and those with learning disabilities and their associated higher risk of developing sensory loss, living longer.

Further to this, sensory impairment must also be considered by other health and social care professionals, including those who work on falls, dementia, autism, stroke and mental health, where sensory impairment may not yet be known or recognised.

Set against this background of increasing demand, there is also a requirement for greater efficiency and effectiveness with available resources and a desire to improve the outcomes for people with sensory impairment.

Deficit-based to Asset-based

Scotland and consequently Ayrshire and Arran, face a significant increase in service demand during a time of demographic change and a period of sustained decline in financial resources.

In response, there is recognition across Health and Social Care that a shift in service delivery and approach is essential, with a move towards an asset based approach and away from a deficit based approach to care and service delivery.
Central to this approach, is the idea that people are in control of their lives through the development of their capacities and their capabilities. This represents a radical departure from the 'deficit' approach that has been the main focus of health and social care in the past.

**Emerging model**

The Scottish Government’s ‘See Hear’ sensory impairment strategy encourages public sector organisations to work together. Whilst recognising that the responsibility for systems of care lies with the statutory agencies, it recognises that care can be delivered across a wide range of agencies and settings. A partnership approach is therefore required with the active engagement of a wide range of statutory and third sector agencies within the health, education and social care sectors. People with sensory impairment themselves and carers should also be involved in the partnership.

A pan-Ayrshire Sensory Impairment service, ensuing a preventative and anticipatory approach to care, will see a marked shift away from service delivery through the traditional model of GPs and hospitals, reducing pressure at these points, towards a model where services can be delivered more locally with additional support, advice and information provided within the same location.

This model of delivery will provide a standardised, consistent and uniform approach to sensory impairment across Ayrshire and Arran. It will provide one point of contact to access the sensory impairment service, with a clear and effective referral pathway into the service.
There has been a strong will within Ayrshire and Arran to push aside the barriers to effective shared service delivery, while maintaining or improving standards and to build on the already sound Community Planning structures in the area.

This model will provide an integrated service which will embody partnership-working across a range of local authority, community-based, health and voluntary services across Ayrshire, with clear care pathways.

Following enactment of the Public Bodies (Scotland) Bill, the role of the new Health and Social Care Partnerships will be central to coordinating this integrated approach.

Model

- On-going health and social care integration
- Clinical Intervention
- Integrated support: Outreach Clinics, Low Vision Clinics, Social Care, Optometrists
- Screening and Health Checks: New Born Screening, Audiology Checks, General Screening, Eye Health Checks
- Accessible Public Services: Information & Advice, Clear Care Pathways, Self Management, Trained workforce
**Care Pathways**

Care pathways are increasingly seen as a means of ensuring that local partnerships and services have clearly identified and agreed ways of assisting the individual to move through and across services for particular conditions. Not only does this provide a more integrated and positive experience for the individual, but it is also a way of optimising resources and systems for agencies to provide the most efficient service.

The Scottish Government's ‘See Hear’ sensory impairment strategy includes a care pathway model (diagram below). This confirms the component parts of the individual’s journey and should be used within local areas.
Information and advice in relation to sensory loss prevention and health promotion. Easily accessible to people, so they know where and how to seek help if sensory loss is suspected.

Effective and accessible assessment and diagnosis
Clinicians (including GPs) undertaking diagnosis should be aware of referral pathways in the local area. Automatic referral for further information/post diagnostic support. Direct referral to other services if required.

Simple referral routes where additional supports are required, including the options of supported self-assessment.

Single point of access for integrated care
Linking the individual into access to all specialist provision that they may require, and should link to referral pathways.

Support, Service, Treatment
Integrated care across clinical, social and community based support focussing on promoting independence and supported self-management. Availability of self-help and peer support. Information on, and access to, communication and support.

Care Planning and Review for people with complex needs
Information shared across all service providers.

Robust arrangement for helping people through periods of transition and in moving from children's to adult services.
Every person’s needs are different and there can be no typical journey, but the diagram above has been designed to show the main component parts of most people’s journey in relation to sensory impairment. People may enter at different stages, particularly in relation to the nature of the onset of a sensory impairment and this journey recognises that many people can be dealt with through mainstream service provision. It also recognises, however, that there will be some people whose sensory loss or complexity of need is such that specialist provision will always be required.

**Care Pathways – Ayrshire and Arran**

To enable Health and Social care pathways to be effective and efficient within Ayrshire and Arran, care pathways have to be localised to reflect the needs and circumstances of those with a sensory impairment across the area.

Initial scoping was undertaken to:

- Determine what care pathways currently exist for sensory impairment
- Assess the effectiveness and relevance of current care pathways
- Adapt current care pathways with a view to reflecting current needs and;
- Identify ‘gaps’ where a care pathway was required

The following care pathways have been mapped and will be put before a reference group and the Strategic Alliance group for approval:

A programme and timeline have been set out to scope, map and develop the following care pathways during 2014 to 2015:
This extensive, but not exhaustive list highlights that sensory impairment cuts across a number of different conditions and areas of care. Once the care pathways have been developed, they will be communicated to service providers, users, families and carers to ensure that their existence and use is widespread.

- Low Vision Aid Service
- UNS
- Stroke
- Falls prevention
- Obesity
- MS, Autism, Meningitis
- Diabetic Retinopathy
- Military
- Access to welfare rights
- Cochlear Implant service
- Paediatric transitions
- Dementia
- Tele-health/tele-care
- Neurological
- Diabetes
- Children’s Vision
- Head injury
RESOURCES

The Ayrshire Health and Social Care Partnerships (HSCPs) are committed to adopting “Strategic Commissioning” practices. Strategic Commissioning describes a way of working that ensures the services available to the public are the best possible. It is the term used for all the activities involved in:

- assessing and forecasting needs
- linking investment to desired outcomes
- considering options, planning the nature, range and quality of future services
- working in partnership to put these in place

The Commissioning Cycle

The Commissioning Cycle drives purchasing and contracting activities and these in turn inform the ongoing development of Strategic Commissioning.

This applies to all services and supports provided and delivered through statutory services, procured services (from the Third and Independent Sectors) and unpaid carers. The activities outlined in this Vision relate to the ‘Analyse’ and ‘Plan’ parts of the Commissioning Cycle. The Ayrshire HSCP’s are committed to working towards the ‘Do’ and ‘Review’ parts of the Commissioning Cycle.

A significant change in the future shape of commissioning will be the impact of the Self Directed Support (Act) 2012. In future, it will no longer be acceptable for people to be matched to services; the power will be with individuals to choose what services or alternative supports they want to utilise to meet agreed outcomes.

Joint Commissioning

Joint Commissioning is when two or more agencies, such as those in the Ayrshire CHPs, work through the Strategic Commissioning process using an agreed pool of resources.
Joint Commissioning allows a “Whole Systems Approach” to be adopted so that the full implications of a change in one part of the system can be anticipated and considered. This is important, as without careful consideration, changes in one part of the system may simply displace or defer problems to another part of the system.

**Commissioning for Outcomes**

Commissioning for outcomes' is a commissioning approach which involves specifying what is required from a service. The buyer, which could be a local authority or the NHS on behalf of the Ayrshire HSCP’s, stipulates the outcomes to be achieved rather than the level of input that is required. For instance, rather than asking an organisation to provide a certain number of home care hours, potential providers are asked to explain or demonstrate how their service could improve the quality of life for people who would use the service.

Moving forward, and in keeping with the nationally-led directive to provide greater focus on quality, the Ayrshire HSCP’s will evaluate and commission services with a specific emphasis on the outcomes those services achieve. This will include the views of patients and how service users rate their experiences of services, what they have received and the quality of outcomes delivered.

**Workforce Planning and Development**

Workforce planning is critical to the future support to sensory impairment services including meeting capacity within financial resources. Workforce planning and development will be crucial to ensure that workforce capacity and capabilities meet the future care and support requirements of those with a sensory impairment. To create the workforce required to deliver the outcomes expected of Ayrshire and Arran’s sensory impairment plan, the Ayrshire HSCP’s will work together in line with governance arrangements.

As progress is made in relation to Workforce Planning and Development, the Ayrshire HSCP’s will reflect the arrangements outlined in frameworks such as the NHS Scotland Partnership Agreement and the National Staff Governance Standard. It is essential that there is cohesion between the partners to engage in realigning the workforce and in enrolling joint working protocols including sharing of resources.
and learning development opportunities. Workforce planning across the partners will require to be developed including strategies and protocols, to ensure that the workforce is equipped and balanced to deliver a range of quality integrated services across the wider community within the resources available. Cognisance will be taken of the demographic trends including opportunities for employment and community growth.
PRIORITIES

The following sections outline the key priorities for the Ayrshire and Arran locality sensory plan over the next three years. The priorities set out build upon previous sensory impairment action plans; consultation with both service users and service providers and reflects the recommendations set out within the National ‘See Hear’ strategy.

Decisive Shift to Prevention

As previously outlined earlier in the plan, the demographic profile of Ayrshire and Arran’s population is changing; there will be a significant increase in the number of older and very old people who will experience sensory loss. We must respond better to the needs of vulnerable people and those that are isolated socially or geographically and who have real difficulty in accessing services.

Shifting the balance of care is an evolutionary process with no fixed end point. Services and care must continually adapt to the changing needs and aspirations of individuals and their families. This requires careful service redesign with the full involvement of patients, users, carers, professionals and staff to ensure that services, care and support are fit for current and future purpose. Most importantly, it requires effective workforce planning and the better use of people, facilities, technology and information systems as well as recognising and implementing proven innovations. There are a number of ‘shared care’ initiatives between acute and primary care and these should be further developed where appropriate.

To shift our focus of care, there needs to be an increase in the rate of health improvement in deprived communities and those ‘at risk’ groups by enhancing anticipatory care; we need to move away from services focused on acute conditions towards systematic and personalised, bespoke support for people; developing continuous, integrated care rather than disconnected, episodic care. This means shifting our view of individuals as passive recipients of care towards full partners in improving their health and managing their conditions. This will include supported self-care and, where appropriate, using innovative tele-health
and tele-care solutions that enable people to take greater control of their conditions and their lives.

A distinction between prevention approaches for those ‘at risk’ of sensory impairment and those ‘living with’ sensory impairment needs to be made. Those ‘at risk’ include individuals who are over the age of 40 and who have siblings already living with glaucoma or those living with diabetes. Raising awareness of the associated risks of will be critical in helping to prevent the on-set of some sensory impairment conditions. Those currently living with sensory impairment may include people who are at risk of falls or those with a learning disability. Raising awareness for service providers and the general public of the signs of sensory impairment will support the drive to preventing associated risks.

To shift our ways of working, more care and treatment needs to be provided in the community, requiring professionals and staff to develop their skills, expertise and roles within a team. This means moving away from the ‘independence’ of individual practices and professionals towards extended primary and community care teams that make better use of generalist and specialist expertise across community and hospital services. Partnership working between organisations and professionals will be critical to the effective delivery of new models of care, based on agreement about outcomes and care pathways. We need to develop community-based, multi-agency approaches to the delivery of integrated care.

There are opportunities to improve access to care and treatment through changes in the location of services; providing a wider range of diagnostic procedures and specialist services in communities. This will allow services to be delivered in a way that is convenient and makes sense to service users and will enable us to get a better balance between planned and unscheduled care. These local community-based services will require improvements in infrastructure, technology, information systems and workforce capacity.

Over the next three years of this sensory plan, our approach to driving a decisive shift to prevention will be through providing practical improvement and support and will challenge partners to:
• Provide a wider range of diagnostic procedures and specialist services in the community
• Shift our view of individuals as passive recipients of care towards full partners in improving their health and managing their conditions
• Increase the innovative use of tele health and tele care technology solutions to enable people to have greater control of their conditions and lives
• Improve support for people with sensory loss, including those with ‘hidden’ sensory loss
• Develop a public awareness campaign to raise awareness of the causes of sensory impairment and how to tackle these.
Outcomes focused

A focus on person-centred outcomes, making sure that public services are designed to deliver what people want, is a central focus of national and local policy, including the route map to the 2020 Vision for Health and Social Care. Following this direction of travel, ‘Seeing and Hearing it my way’ (Appendix B and C) was developed. It is a framework which sets out a range of outcomes which those with a sensory impairment feel are important to them. It will be a valuable resource when developing person-centred and outcome focused services and the ‘talking points’ outcome model.

Shifting systems and services to a focus on personal outcomes is complex and requires changes in the design of services, in the skills of people working in them and in the culture of organisations that deliver them.

‘Talking Points’ (outlined below) is a personal-outcomes approach that puts people using services and their carers at the heart of their support. At the centre of the approach is a conversation with an individual using services or unpaid carer that seeks to understand the extent to which they are achieving the outcomes important to them in life. These conversations form a core part of relationship-building between practitioners, people who use services and their families. The approach brings co-production into everyday interactions with individuals because it involves negotiation and decision-making based on what is important to that person, bringing together the perspectives of all the key players.

**Quality of Life**
- Feeling Safe
- Having things to do
- Seeing people
- Staying as well as you can
- Living where you want/as you want
- Dealing with stigma/discrimination

**Process**
- Listened to
- Having a say
- Treated with respect
- Treated as an individual
- Being responded to
- Reliability

**Change**
- Improved confidence
- Improved skills
- Improve mobility
- Reduced symptoms

To develop a person centred approach to the delivery of sensory impairment services in Ayrshire and Arran
The ‘Talking Points’ outcomes framework is applicable to people using services, unpaid carers and people living in a care home. At present, it is used with the adult population in Ayrshire and Arran and should be developed to measure the outcomes for those with a sensory impairment. This model currently focuses upon visual impairment, but its main elements are applicable to hearing impairment and other complex needs.

Whilst ‘Talking Points’ is potentially applicable to children; another possible outcomes measure which has been applied successfully within self-directed support and GIRFEC is called ‘SHANARRI’. With this model, professionals and practitioners use eight indicators to assess a child or young person’s overall wellbeing and to identify any concerns. The indicators offer a consistent approach and language that can be used across organisational and geographical boundaries. This model should also be explored.

A core focus of the plan will be on extending and embedding co-production. The shift to an asset based model of care enables this approach. Statutory partners cannot deliver the change required alone, and co-produced services are more effective and acceptable, while policy emphasises the importance of working together with people who use services. This approach has particular importance in the context of a shift to prevention and to community-based services and support.

Co-production is key to driving the design, delivery and continual improvement of person-centred support and services.

Over the next three years of this plan, our approach to improving the focus on personal outcomes will be supporting partners to:

- Empower service users and carers by providing comprehensive, accessible and relevant information and advice
- Develop ‘talking points’ to use as an outcomes approach for adults and children’s services
- Explore the use of ‘Seeing and Hearing it my way’ in the development of outcome based approaches
- Embed co-production as mainstream practice in the design, commissioning, delivery and review of services using a personal-outcomes approach
- Realise the potential of self-directed support, reablement and self-management to enable people to manage their sensory impairment
Clear and Effective Care Pathways

Care pathways ensure that local partnerships and services have clearly identified and agreed ways of placing the person at the centre and assisting the individual to move through and across services for particular conditions. Not only does this provide a more integrated and positive experience for the individual, it is also a way of optimising resources and systems for agencies to provide the most efficient service patterns and respond to changing needs.

The National strategy ‘See Hear’ outlines a care pathway which includes the component parts of an individual’s journey. With the recognition that every person's needs are different and there can be no typical journey; the sensory plan sets out to clearly develop a set of local sensory impairment pathways to reflect the local needs and the links with sensory impairment and other conditions and services. These pathways will be agreed by stakeholders and understood by clinicians, assessors, service providers and most importantly, the person themselves.

This process will address the needs of people at risk of sensory impairment, those with an identified sensory impairment, and people who may be living with a hidden sensory impairment. It will also reflect the importance of prompting the outcomes based approach outlined earlier. Over the next three years of the strategy, the approach to delivering clear and effective pathways will be providing support to partners to:

- Commit to a single point of access wherever possible, including for ongoing contact
- Map out care pathways to determine how effectively they are working and what work needs to be undertaken to strengthen or adapt them to meet the needs of service users
- Develop and pilot new care pathways (as outlined previously) to determine usability for service users and providers
- Communicate care pathways across service users, providers and other health and social care staff to ensure that people are aware of their existence and how/where to join a pathway.

Key Priorities

Develop a service which is accessible to use, easy to understand and delivers effective outcomes.
The integration of adult health and social care is a central component of public service reform. The Ayrshire and Arran sensory plan is enshrined in the development of the Public Bodies (Joint Working) (Scotland) Bill currently progressing through parliament.

Integration has the potential to tackle the disconnections that exist currently between health and social care, and aims to accelerate improvement in both the quality of services and the outcomes achieved.

Ayrshire and Arran’s Sensory Impairment strategy sits well under this public service reform and will enable the development and integration of a service which embodies partnership-working across a range of local authority, community-based and voluntary sector services locally, as outlined in the diagram below. The plan is also intended for families, carers and the wider public to ensure that services are engaged with in the best way possible and are accessible to use.
As part of this shift towards a more integrated and localised service, there is also a need to consider how localities are best supported and how resources are best utilised. There are already a number of Sensory Impairment Services, mainly NHS, but also the Education Hearing Loss Team that works across Ayrshire and provide professional support and advice to individuals and local services. A proposal for a Pan-Ayrshire and Arran Social Work sensory service has been developed. This would see a move away from the current model of three sensory impairment teams, one in each local authority, to a model of one sensory impairment team which will deliver services across Ayrshire and Arran.

These Ayrshire and Arran sensory impairment services will deliver improved services through a more consistent approach to service delivery across the local area. It will, we anticipate, enable one point of access to the sensory impairment service with a clear and effective referral pathway into the service. This will provide those with a sensory impairment with a responsive, seamless, person-centred approach which will meet their individual needs.

The shift to a Pan-Ayrshire and Arran sensory impairment service will also enable greater partnership working across the three local authority areas, NHS Ayrshire and Arran and a range of community based and voluntary sector services across Ayrshire. Over the next three years of the strategy, the approach to providing an integrated and localised service will be providing support to partners to:

- Implement a pan-Ayrshire sensory service
- Providing a consistent a high quality service across Ayrshire
- Raise the profile and promote the role of the service in the wider community
- Provide one point of contact to access Sensory Impairment Social Work services by various modes: in person, by phone, text phone, type talk, mobile text, sign on screen, email or fax
- Provide an integrated service which facilitates partnership working across three local authorities, NHS Ayrshire and Arran and a range of community-based and voluntary sector services
- Improve integration and accessibility to enhance the reach of local services across Ayrshire and Arran including; housing, libraries, transport and leisure.
- Develop and deliver 3 local implementation plans to ensure the local population needs are met
- Share learning across wider cross-sector programmes
Accessible services which are easy to understand are critical to service users. East, North and South Ayrshire encompass a vast geographical area, consisting of urban, rural and remote rural communities. A move to a Pan-Ayrshire and Arran sensory impairment service, providing a hub and satellite model, offers the potential to deliver accessible, consistent and timely services to sensory impaired people across Ayrshire and Arran, and will enable one point of contact, with a clear and effective pathway into the service.

In addition to services users, a pan-Ayrshire and Arran sensory impairment service will be accessible to, and provide accessible information for parents, carers and families, since they can benefit as much as people with sensory loss themselves. Reliable, accessible and relevant information on sensory impairment conditions, sensory impairment services, support networks and legal entitlements will be made available in a range of formats and languages, to enable people to understand their options, select services and make informed decisions for themselves or in support of others.

Over the next three years of the strategy, the partnership will focus on improving the approach to providing an accessible service:

- Improve the quality and provision of information for those with a sensory impairment;
- Provide training for front line health and social care staff on the provision of accessible information and the links with confidentiality;
- Ensure all information is available in accessible formats to meet the needs of patients, carers and other stakeholders;
- Improve access to service buildings through appropriate lighting, contrast, signage and loop systems;
- Encourage the better use of lighting, contrast, signage and loop systems where residential care and sheltered housing are in use.
Flexible, adaptable and fit for the future

Ayrshire and Arran will see a significant increase in their elderly population over the next twenty years. This change in population demographics, coupled with resource pressures present significant challenges, including:

- A considerable increase in the number of people who will develop a sensory loss
- A considerable increase co-morbidity for example, in the number of people diagnosed with dementia, stroke, diabetes and other conditions which have a significant correlation to developing sensory loss
- A growth in life expectancy, including those with a learning disability and therefore, the increase in the incidence of sensory loss.

The pan-Ayrshire and Arran sensory service will be required to have the capacity and skills to meet the changing circumstances and challenges and to ensure it remains fit for purpose. This will require reflection on the on-going change in the needs of those with a sensory impairment and warrants a service design which will ensure it can continue to be of value as the population of those with sensory loss evolves.

The plan is built around the principles of anticipatory care with a focus upon co-production, through a partnership involving health, social care, the voluntary sector, service users and carers. For a pan-Ayrshire and Arran service to meet the increasing numbers of older people and therefore, incidence of sensory loss, it will need to be a flexible service, with a better use of equipment and adaptations, technology and telecare/tele-health, increasing its emphasis on promoting prevention. Over the next three years of the plan, the approach to providing a flexible, adaptive and fit for the future service will be providing support to partners to:

- Build on local assets and increase community capacity through the development of volunteer’s resources
- Develop peer support networks
- Build capacity in partners from the third and independent sectors so they are able to contribute their full potential to joint sensory services and health and social care integration.

Key Priorities

Develop a sensory impairment service which is flexible, responsive and forward looking.
Learning and training

Ensure that the sensory impairment team maintain their skills and develop new skills.

The importance of building the capabilities of those who are involved in the delivery of sensory impairment services is vital in our move towards joint sensory services. This is the case across statutory, voluntary and independent sectors.

The sharing of learning and adoption of practises and approaches found to be effective in improving performance; productivity and outcomes will be implemented and supported by the move to a Pan-Ayrshire and Arran sensory impairment service. It will also enable specialism’s to be maintained and developed further, with additional skills gained where appropriate.

Parents, carers and other family members can often be the first to recognise a sensory loss in a family member. As such, they are a valuable source of knowledge and expertise and this should be enhanced through community training in awareness, sign-posting and peer support.

Various successful training models are already in practise throughout Ayrshire and Arran; including ‘Bridge to Vision’ and ‘Champions’ models for sight loss. Further developmental work is required to develop these models to be applicable to those who are deaf or hard of hearing, children and some other ‘at risk’ groups including those who experience stroke or autism.

Developments in e-learning should also be explored and various approaches have been successfully implemented and utilised across Ayrshire and Arran in other specialities. Learn Pro is an e-learning approach which has been used within the NHS, Local Authorities and community services and modules could be developed for sensory impairment to educate staff and raise awareness of the challenges and solutions to improving the service user’s journey.

Awareness training for frontline staff on sensory impairment is also required. Frontline staff includes those directly involved in health and social care; those involved in the delivery of public services which those with a sensory impairment use (including housing associations, transport...
providers and leisure facilities) and also, service users, carers and families themselves.

Frontline staff across a range of services can have a direct impact on the appropriateness of care plans for some people. The provision of sensory impairment training and the introduction of tools to assist in care planning will have positive results in staff awareness and on the impact this will have on the quality of care planning that takes into account the impact of sensory loss for people.

With the predicted change in demographics, there is a particular need for awareness training to be delivered to those who work with older people, particularly community nursing staff, home carers, care home staff, occupational therapists and community based health professionals.

Over the next three years of the strategy, our approach to providing a trained workforce will be providing support to partners to:

- Share learning across partnerships about practises and approaches effective in improving performance, productivity and outcomes;
- Develop sensory awareness training for frontline staff, including health and social care; wider public services and service users, carers and families.
- Develop the ‘Champions’ Model of training, with initial focus upon those with ‘hidden’ sensory impairment
- Explore e-learning opportunities, in particular Learning Pro, developing a sensory impairment module
- Explore the role of parents and carers in training and scope out methods to meet this need
- Raise awareness of the requirement to provide information in the preferred format.
Improving Practise and Performance

Provide reliable information to understand the prevalence of sensory impairment in Ayrshire and Arran; also enabling the ability to monitor the reach, performance and practise of services and the engagement with service users, parents, carers and families.

Reliable information is basic to understanding the prevalence of sensory impairment and, to being able to monitor reach, improve services and strengthen engagement with service users, parents, carers and families. As part of a Pan-Ayrshire sensory social work service, there is potential to use a central server to log and access information. This shift from three individual database systems will enable information sharing and a more accessible way to monitor service delivery across the local area. ‘Ayr-share’ is a central server currently in use for children’s services across Ayrshire and Arran. This model will be expanded across all age groups and sensory impairments in the early stages of locality plan being implemented.

Improving practise and performance requires access to and use of relevant improvement related information. The major programme of change, particularly an outcomes approach; the shift to prevention and joint strategic commissioning, all place new demands on information to support improvements in practise and performance.

An innovative development in the eye care sector, known as, ‘Digital referral’ has shown that existing NHS IT infrastructure has immense potential for improving communication between community optometry and Hospital Eye Services. The pilot areas have had significant benefits to service users and the range and potential of information collected through this system is extensive.

The system has been rolled out across Ayrshire in 2014/15 and should allow partners to strengthen their use of improvement-related information, with a particular focus on identifying the impact and effectiveness of preventative approaches, the use of personal outcomes data and reporting bench marking data. The use and applicability of this information should be explored in relation to the Pan-Ayrshire sensory service, with a particular focus upon including or linking hearing loss data into the process.
- Develop a score card/dash board of ‘where we are’ with through-put, activity and reach levels;
- Monitor the number of service users with sensory impairments engaging with the pan-Ayrshire and Arran sensory service
- Develop a set of service standards for the pan-Ayrshire and Arran sensory service and measure performance against these
- Monitor the role of sign-posting from and to other services from the pan-Ayrshire sensory service.
- Capture and monitor the outcomes set within the Talking points framework
- Explore the role of ‘digital referral’ in capturing information of those with a sight loss and scope the inclusion of hearing loss.
DELIVERING THE PLAN

The Ayrshire and Arran sensory plan is steered by a pan-Ayrshire partnership group, jointly chaired by the Head of Community Care, East Ayrshire and the voluntary sector. This partnership group represents the voluntary sector, all three Ayrshire Councils (including social work and education), senior clinical leadership from NHS Ayrshire and Arran and Public Health. The group is working locally to enhance sensory impairment support services for people living with sensory impairment in Ayrshire and Arran and to drive forward the joint sensory locality plan in response to the Scottish Governments ‘See Hear’ strategy. This group reports on the developments in sensory impairment and the locality plan to the three local partnerships including the NHS and Councils.

A full implementation plan is required for each of the three Ayrshire Partnership areas to ensure that detailed, measurable objectives are set out to reflect the local demography and needs of each local council area; ensuring the implementation of the sensory plan for over the next three years.

To measure the success of the sensory plan, the approach will be proportionate, to avoid costly research or information gathering; it will be focused so that partners can identify ways in which skills and resources can be used more effectively and it will be forward looking in order to help partners to identify future challenges.

A combination of indicators and sources of information will be used once the three implementation plans have been developed:

**Activity Monitoring:**
- The delivery of the sensory plan and the detailed implementation plans will be monitored

**Thematic Evaluations:**
- Some approaches and services, particularly early implementers, will be evaluated in detail to inform effective development and support strategies

**Partnership: Review of Impact & Improvement:**
- Undertaken with individual partnerships to review the outcomes against the agreed objectives within the sensory plan and local implementation plans.

**Progress against ‘See Hear’ recommendations:**
- Information and feedback from other sources will be set within the context of national recommendations and outcomes.
Progress made towards meeting the objectives set out within each local council implementation plan will be reviewed annually, with full reports and feedback being given to the Strategic Alliance Group for consideration and action, where required.
CONSULTATION PROCESS

Responding to this consultation

We are inviting responses to this consultation by 5pm on 1 May 2014. Please send your response on the respondent information form to:

rnibscotland@rnib.org.uk

or by mail to:

Clair Henderson
Senior Research Officer
RNIB Scotland
12-14 Hillside Crescent
Edinburgh
EH7 5EA

If you have any queries, please contact Clair Henderson on 0131 652 3140.

The Ayrshire and Arran Sensory Locality plan is available in Standard Print, Large Print, Braille, Audio, text version, BSL. Please request your preferred option.

We would be grateful if you would use the consultation questionnaire provided as part of respondent information form (Appendix E), as this will aid our analysis of the responses received.

The consultation can be viewed online at:

www.eac.eu/aaasensoryplan

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us reach a decision.
APPENDIX A: POLICY CONTEXT

The Ayrshire and Arran sensory plan sits within a wider National Policy context which has addressed a variety of issues across the health and social care agenda in relation to children and adults in Scotland. The imperative to transform services and deliver an outcomes based approach for service users has been set out in these policies and is a critical element of the sensory plan.

This vision reflects the wider policy context, a number of which are illustrated in the figure below. Whilst few of these policies specifically relate to sensory impairment, they all have a strong relevance to those people with a sensory impairment.
See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland

See Hear, due to be published by the Scottish Government in early 2014, sets out a cradle to grave framework for sensory impairment in Scotland. The framework is seen as a lever for change, promoting the seamless provision of assessment, care and support to people with a sensory impairment.

- It recognises that different types of sensory impairment will require different responses
- It recognises that the responsibility for systems of care lies with the statutory agencies, but can be delivered across and wide range of agencies and settings. It therefore requires a partnership approach and the active involvement of a wide range of statutory and third sector agencies in the health, education and social care sectors
- It identifies practical steps that can be taken to address the above issues across all types of sensory impairment to ensure that needs are recognised and responded to in an outcomes focussed way.

The Partnership, as well as Third and Independent Sector organisations across Ayrshire and Arran, have a positive history of joint working and will continue to develop this over the term of the strategy.

Public Bodies (Joint Working) (Scotland) Bill

The Public Bodies (Joint Working) (Scotland) Bill was introduced to Parliament on May 28, 2013. The aims of the Bill are focussed on improving outcomes for people by providing consistency in the quality of services, ensuring people are not unnecessarily delayed in hospital and maintaining independence by creating services that allow people to stay safely at home for longer.

Many of the proposed elements for integrating health and social care services are addressed through See Hear: The strategic framework for meeting the needs of people with a sensory impairment in Scotland. The Public Bodies Bill will be reflected by the Ayrshire CHPs in how they work together to provide integrated services for people with a sensory impairment.
Reshaping Care for Older People (Scottish Government 2011)

“Reshaping Care for Older People – a Programme for Change”, published by the Scottish Government in 2011, set out what change is to take place to ensure the right services and support is in place to meet the needs of older people across Scotland in the 21st century. Critical to this agenda is the need to “shift the balance of care” away from hospital based services to the community. This increases the need for:

1. Prevention – so that people keep well and are helped to manage their conditions better so they do not require a hospital admission in the first place; and
2. Community based services – if/when people do need more support, they are helped in their own community.

This requires a change in the way resources, both finance and staff, are deployed and the Partnership has begun implementing this strategy.

Commission on the Future of Public Services (Christie Commission 2011)

The Christie Commission identified the need to improve service delivery and redesign to obtain better value for money. This report highlights that services must be redesigned as demographic change will mean there will not be enough people of working age to support current service provision, or the money available to pay for it.

The main recommendations made by Christie include:

- the need to empower individuals and communities by involving them in service design and delivery
- all partners, including the Third and Independent Sectors need to work closely together to support people to have more years of healthy life
- expenditure on prevention of negative outcomes should be prioritised
- The whole public service system, including the Third and Independent Sector must become more efficient by reducing duplication and sharing services wherever possible.
The recommendations made by Christie are reflected within the Ayrshire and Arran sensory strategy.

**Caring Together: The Carers Strategy for Scotland 2010 – 2015**

Caring Together acknowledges the vital contribution unpaid carers make to the health and social care system and commits to working with carers as equal partners in the planning and delivery of care and support.

It is recognised both nationally and locally that Health and Social Care services depend on the significant amounts of caring provided by partners, family members and others to respond to the increasing challenges posed by an ageing population.

The economic contribution that unpaid carers make to the economy is significant. The high social and economic value of unpaid carers is fundamental to society’s ability to cope with the increasing demand for sensory impairment services as the population ages.

The Partnership is fully committed to ensuring that unpaid carers are assisted in their role and that the services they provide are recognised and fully supported.

**Children and Young People’s Bill**

The Children and Young People’s (Scotland) Bill was introduced to Parliament on 17 April, 2013. The Bill will further the Scottish Government’s ambition for Scotland to be the best place to grow up in by putting children and young people at the heart of planning and services and ensuring their rights are respected across the public sector.

Both the consultation on the Bill and the continuing extensive engagement are playing a key role in shaping the detail of the Bill. The Bill focuses upon a number of areas, including:

- Rights of children and young people
- Wellbeing and getting it right for every child (GIRFEC)
- Early learning and childcare
- Looked after children
- UN convention rights for children
“Getting it right for every child”, (GIRFEC) was introduced by the Scottish Government as a long term programme which is relevant to each and every child in Scotland. It ensures a multi-professional approach to the planning and implementation of children’s services and improved transition into adults’ services. It brings together the public and voluntary sectors to drive towards achieving better futures for all of our children and young people.

The Partnership is fully committed to ensuring that children and young people are at the heart of planning sensory services, also enabling a smooth transition from child to adult services.
APPENDIX B: “SEEING IT MY WAY”

Outcome 1: That I understand my eye condition and the registration process

Definition: I will know what my eye condition is and what it means for me, my family and carers. Someone will talk me through the certification and registration processes, what they mean and the benefits they can offer. This means that:
• The medical professionals who diagnose and treat me will understand the impact of my condition on my life and the anxieties this may cause.
• They will talk to me clearly, encourage me to ask questions and explain anything that I don’t understand.
• Professionals will involve and support my family and carers, if that is what I want.
• I will understand how to manage my eye condition and how to prevent it worsening.
• I will understand what happens after I am diagnosed.
• If I have additional disabilities, professionals will understand that I may not be able to
• explain how my sight has changed and that sight loss may change my behaviour.

Outcome 2: That I have someone to talk to

Definition: I will have help to come to terms with my condition and to understand the changes and adjustments I may need to make to the way I live. This support will be appropriate to my needs, whether it is advice or professional counselling. This means that:
• I will be offered all the information and advice and the appropriate support I need at the point of diagnosis by a trained professional or information service.
• I will be given dedicated time and ongoing support to help me gain confidence and achieve a sense of well-being for as long as I need it.
• I will be informed about services that can support me if I am feeling low and if necessary helped to access them. There will be acknowledgement that as my condition changes my need for such support may be ongoing.
• I will have access to well facilitated peer support groups.
• I may not always be able to tell you how my sight loss makes me feel and, if I have additional disabilities, I may need an advocate.

Outcome 3: That I can look after myself, my health, my home and my family

Definition: I will be able to look after myself and this means I may need to learn new ways of completing tasks that others take for granted. I will be able to look after my home, deal with money and go shopping. I will need to be able to move around inside my home and learn different ways of doing things. This means that:
• I will know how to make my home safe and secure.
• I will learn to prepare food and to cook safely.
• I will have information about how to keep healthy and exercise.
• I will be shown how to move around my home safely by someone who is trained and qualified to do so.
• My bank and other service providers will send me information in my preferred format.
• I will be able to read food and medicine labelling.
• As my circumstances change I will have access to ongoing support.
• If I have additional disabilities, I may need support to be as independent as possible.

Outcome 4: That I receive statutory benefits and information and support that I need

Definition: I will understand my rights and receive the financial benefits and concessions that I am entitled to and any ongoing support when I need it. This means that:
• I will understand what financial benefits I am entitled to and receive support to obtain them.
• I will have support through the assessment and planning process for personal budgets.
• I will have support to help me access social services that enhance my independence.
• I will be given information about local and national services that are available.
• If I experience difficulties in obtaining benefits I will be able to approach an advocate.
Outcome 5: That I can make the best use of the sight I have

Definition: I will have any remaining sight professionally assessed and then have training to use appropriate low vision aids, such as magnifiers. I will be advised on how to make the most of my sight and this will include how to light my home more effectively. This means that:

- I will be able to make every effort to preserve and improve any sight I have and I will be referred to a low vision service.
- I will be trained in the use of the aids prescribed and informed about and trained to use other helpful technologies.
- I will be able to visit a low vision service or other community based services which may be able to help me if my eye condition or situation changes.
- I will have help to clean and keep my low vision aids in full working order.

Outcome 6: That I can access information making the most of the advantages that technology brings

Definition: I will be provided with information in a format that I can read. I will be informed about any technology that may help me and I will be kept up to date with new developments and products, such as mobiles and smart phones. I will be able to access ongoing training and advice so that I can really make the most use of technological devices and equipment. This means that:

- I will obtain the information and material I require in the format of my choice.
- I will receive information at the time when I need it.
- The professionals advising me will have the information I need or they will know how to obtain it.
- As they become available, I will have access to and be taught to use new technologies that make it easier for me to get information.
- If I have additional disabilities and if required, I will be provided with information in easy to read formats.
Outcome 7: That I can get out and about

Definition: I will be able to travel outside my home confidently and safely and on my own terms. This means that:

- I will receive training delivered by a qualified professional to help me travel safely. I will be issued with any equipment I may need to maintain my independence when I am out and about.
- I will be able to access transport services that take my mobility and sensory restrictions into account.
- Access to public buildings and spaces, shops and transport services will continue to improve so that I and others with sight loss can make full use of them.
- I will have the opportunity to meet others.
- I will be able to participate in sporting, leisure and social activities

Outcome 8: That I have the tools, skills and confidence to communicate

Definition: I may need to learn new ways of reading, writing and keeping in touch. This might include using new and different forms of technology. This means that:

- I will need to know what products and services are available, how to access them and receive support to use them.
- I want to be able to keep up to date with new products and technology that becomes available.
- I will be able to access training in an environment that takes my sight loss into account

Outcome 9: That I have equal access to education and lifelong learning

Definition: As a blind or partially sighted child, young person or mature learner, I will have access to education, with specialist teaching support across the curriculum and appropriate learning materials. I am likely to need special equipment and magnification or speech technology on my computer and I may find it useful to learn Braille. This means that:

- My school, university or college will understand my eye condition and the effect it has upon me.
- My school, university or college always offers all materials in my preferred format at the same time as my sighted peers receive it.
• Adjustments are made to the environment and ways of working that enable me to participate fully in school, university or college life.
• My educational and support needs will be met during my transitions between schools and to further education.
• I will be taught computer skills, if I want them.
• I will have access to Braille teaching if I need it.
• I will be taught to use new technologies as they become available and have access to free or low cost solutions.
• I will have access to life skills training if I want it.
• If I have additional disabilities I may need easy to read information and tactile clues.

Outcome 10: That I can work and volunteer

Definition: I will be able to work or volunteer and play a full part in society. In order for me to do this, I may need to access training and skills development. Employers will treat me equally alongside other colleagues. This means that:
• If I am already in work, my employer will know how to support me to learn new skills and different ways of working that will help me to retain my job.
• I have the support of an advocate in retaining my employment.
• If I am looking for work I will receive training in my chosen field and support in the search for a job.
• I will not to be discriminated against in the workplace or where I volunteer because of my sight loss.

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APPENDIX C: “SEEING AND HEARING IT MY WAY”

1. That I can work and volunteer
2. That I have someone to talk to
3. That I understand my sensory condition and the onward process for accessing services
4. That I can access information
5. That I have help to move around the house and to travel outside
6. That I can look after myself, my health, my home and my family
7. That I can make the best use of the sight and hearing I have
8. That I am able to communicate and to develop skills for reading and writing and for signing and lip reading
9. That I have equal access to education and lifelong learning
10. That I can access and receive support when I need it
APPENDIX E: AYRSHIRE AND ARRAN SENSORY LOCALITY PLAN CONSULTATION RESPONSE FORM

Respondent Information

1. Name/Organisation:

2. Title:

3. Postal Address:

Consultation Questions

1. Please provide your overall thoughts and comments on the Ayrshire and Arran Sensory Locality plan
2. What difference will this Sensory Locality plan make to you as a service provider, service user or parent/carer.

3. Does the Sensory Locality plan adequately reflect the ‘cradle to grave’ approach?

   If not, what else needs to be included?
4. Every individual has a unique journey through sensory impairment services. This includes being referred to a service, accessing a service and receiving support. This is often referred to as a ‘care pathway’.

Within the Ayrshire and Arran Sensory Locality plan, a programme of care pathways are outlined and will be mapped to determine if they work and how we can improve them for service users. (insert page number where care pathways are listed)

Please list the top 5 care pathways for you and explain why these are important.

Are there additional priorities that you feel should be included?

5. Do you have anything you wish to add to the Sensory Locality plan or any other general comments that have not been covered by the questions?