

Sensory Strategy 2018 - 2021

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1. Introduction

1.1 Executive Summary

A UK Vision Strategy was developed in 2008 and set out a strategic framework for improving the UK's eye health and outcomes for people with visual impairment. A national project was established (EPIC) to help develop localised strategies across the country. Kent became one of the pilot projects in 2011 and decided to develop a wider sensory impairment strategy including deafness and deafblindness and covering both children and adults.

The strategy development was led by a Project Board including Commissioners and Managers from Health, Social Care and Education and supported by other appropriate stakeholders who formed a Consultative group. There was extensive engagement with sensory impaired people to ensure the strategy was well grounded in their experience and views.

The work also involved the development of a Sensory Needs Assessment. Research was carried out to consider national policy and guidance, prevalence and needs, and Best Practice elsewhere in the UK. It was also decided to delay the finalisation of the strategy to carry out a separate piece of work focusing on people with sensory impairments and learning disabilities who are known to be a high risk group.

The strategy addresses all three outcomes of the national UK Vision Strategy: public health, health and social care services and access to universal services but the main focus was on Outcome Two improving social care and health services. 258 service users contributed their experiences and views. The resulting analysis informed the development of a vision, a set of underpinning principles and eleven key outcomes to be delivered.

The Sensory Strategy was subject to a formal three-month consultation process and in 2017 the strategy was amended in the light of this feedback and updated to reflect national and local policy developments.

A separate implementation plan will outline how the actions to deliver the outcomes are to be taken forward.

1.2 Overview

This strategy looks at what services are required to meet the health and social care needs of children and adults who are d/Deaf, deafblind and sight impaired within Kent. It covers a three-year period from 2018 - 2021 and is deliberately written in a succinct and accessible style. A more detailed document, the Sensory Needs Assessment (JNA)

accompanies this strategy and is available at www.kmpho.nhs.uk/jsna/sensory-impairment. The Sensory Needs Assessment looks in detail at the numbers and needs of sensory impaired children and adults in Kent, and considers national policy, best practice and research. A more detailed separate document has also been produced by the sub group addressing the needs of people with sensory impairments and learning disabilities.

The term sight impairment refers to someone who is blind or partially sighted. It does not refer to someone who is short-sighted or long-sighted.

d/Deaf refers to someone who is Deaf, deafened or hard of hearing. The term d/Deaf will be used throughout to include people who are Deaf (British Sign Language users), who were either born deaf or became deaf in early childhood and use BSL as their first or preferred language. The focus of this term is on the 'D' in Deaf to indicate that they have their own language and culture.

Deafblindness is regarded as a separate unique disability. Persons are regarded as deafblind if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility.

1.3 National and Local Policy Context

1.3.1 National Policy

There is a wealth of government policy and initiatives which support disabled and vulnerable adults, including those with sensory impairments and details can be found on the Department of Health website (www.dh.gov.uk).

The Care Act (2014)

The Government is aiming to transform the way public services are planned, commissioned and delivered. A new Care Act was implemented in April 2014 which aims to make services more preventative, personalised and to deliver better outcomes for people who use services. More emphasis is to be given to supporting carers of disabled people.

The Care Act places some specific duties on Local Authorities to improve services for deafblind people including ensuring that they are assessed by skilled and trained specialists. It also requires the continuation of the sight impairment registration process. The Care Act can be accessed here at: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

The Children and Families Act 2014 and its supporting document, The Special Educational Needs and Disability Code of Practice require Education, Health and Care Plans for children and young people to fully take account of the implications of sensory impairment for teaching and learning on the child's development. The Children and Families Act can be accessed here:

<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

Children and young people with Special Educational Needs and Disabilities may have an assessment for an Education, Health and Care Plan and a personal budget. The assessment process will include advice from a teacher with a Mandatory Qualification for sensory impairment. The entitlement to a plan will continue until the age of 25 years, should the young person remain in education.

The Equality Act 2010 is also very significant for sensory impaired people. It requires all organisations that provide a service to the public to make reasonable adjustments to those services to ensure they are accessible to everyone. The Equality Act can be accessed here:

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

Accessible Information Standard (2016)

From 1st August 2016 onwards, all organisations which provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and are provided with support so they can communicate effectively with health and social care services. The Accessible Information Standard Specification and Guidance can be found here:

<https://www.england.nhs.uk/ourwork/accessibleinfo/>

The Public Health Outcomes Framework has a specific indicator related to preventable blindness including the rate of sight impairment certifications. The Public Health Outcomes Framework can be accessed here:

<http://www.phoutcomes.info/>

The UK Vision Strategy was developed in 2008 and set out a strategic framework for improving the UK's eye health and outcomes for people with sight impairment. It was reviewed in 2012 and subsequently a revised strategy developed for 2013-2018. New England Vision Strategy priorities have been developed in 2018. The priorities are:

1. Prevention: To improve eye health and prevent sight loss across England within diverse groups and the wider population.
2. Commissioning: To promote effective commissioning strategies across health and social care supporting an integrated and person-centred pathway.

3. Services: Adults, children, young people and their families have access to the right services, advice and support when eye health and sight loss problems arise.
4. Independence: Adults, children and young people can learn, relearn or retain key life skills on a continuing basis as driven by their needs with access to appropriate professional support, aids and adaptations including technology.
5. Self-determination: To develop and enable face to face and online peer support opportunities and self-help and self-advocacy resources to empower adults, children, young people and their families to achieve their aspirations.
6. 6. Inclusion: To promote inclusive environments and equality of opportunity to enable blind and partially sighted people to fully participate, contribute and live independently.

The England Vision Strategy can be accessed here:

<http://visionuk.org.uk/country-strategies/england>

Call to Action for Visual Impairment

In 2014 NHS England established a Call to Action for visual impairment with the aim of developing a long term sustainable plan to improve eye health and reduce sight loss. The focus is on developing preventative services in the community. Information on NHS England's Call to Action for visual impairment is here:

<https://www.england.nhs.uk/2014/06/eye-cta/>

Seeing it my Way 2013-18

This initiative is rooted in the work of the UK Vision Strategy. This is a partnership of organisations formed to transform eye health and sight loss services. The 10 outcomes of Seeing it my Way, which are all equal in value, are set out under the following conditions.

That I:

- understand my eye condition and the registration process
- have someone to talk to
- can look after myself, my health, my home and my family
- receive statutory benefits and information and support that I need
- can make the best use of the sight I have
- can access information making the most of the advantages that technology brings
- can get out and about
- have the tools, skills and confidence to communicate
- have equal access to education and lifelong learning
- can work and volunteer.

1.3.2 Local Policy

KCC Strategic Statement – our outcomes

In 2015 KCC developed a 5-year vision to improve outcomes for the people of Kent. These outcomes include ensuring children and young people get the best start in life and that older and vulnerable people are safe and supported with choices to live independently. This vision includes putting the customer at the heart of everything and ensuring that services reflect their needs and priorities.

The KCC Strategic Statement can be found here:

http://www.kent.gov.uk/_data/assets/pdf_file/0005/29786/Kent-County-Council-Strategic-Statement.pdf

The Kent Health and Wellbeing Strategy

The Kent Health and Well Being Board have oversight of all health, social care and public health activity across Kent. A Joint Health and Well Being Strategy has been developed for Kent with a vision to: “Improve health outcomes, deliver better coordinated care, improve the public’s experience of integrated health and social care services, and ensure that the individual is involved and at the heart of everything we do. The Kent Joint Health and Wellbeing Strategy can be found here:

http://www.kent.gov.uk/_data/assets/pdf_file/0014/12407/Joint-Health-and-Wellbeing-Strategy.pdf

Transforming health and social care in Kent and Medway

People in Kent and Medway need safe, high quality, integrated and sustainable health and social care services that meet their needs now and into the future. So, the NHS, social care and public health in Kent and Medway are working together to plan how they will transform services to meet the changing needs of local people. The Health and Social Care Sustainability and Transformation Plan can be found here:

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/transforming-health-and-social-care-in-kent-and-medway>

Your Life, Your Wellbeing

KCC’s vision is to help people to improve or maintain their wellbeing and to live as independently as possible. ‘Your life’ your wellbeing’ details Kent County Council’s vision for the future of adult social care 2016 to 2021.

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/your-life-your-wellbeing>

Kent Integration Pioneer

The Government wants to see services being delivered in a more joined up way and Kent has been selected as a national “Pioneer” to lead the way in health and social care integration.

Information on the Kent Integrated Pioneer can be found here:

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/kent-integration-pioneer>

Kent and Medway Safeguarding Adults Board

The Kent and Medway Safeguarding Adults Board (SAB) is a statutory service which exists to make sure that all member agencies are working together to help keep Kent and Medway's adults safe from harm and protect their rights.

Information on Safeguarding adults can be found here:

<http://www.kent.gov.uk/about-the-council/partnerships/kent-and-medway-safeguarding-adults-board>

Kent Safeguarding Children Board (KSCB)

The Board sets the performance, policy and strategic priorities for KSCB. It is responsible for ensuring that statutory requirements are met and resources are in place to meet these. Its membership comprises senior representatives from all agencies responsible for child protection arrangements in Kent.

Information on Safeguarding children can be found here:

<http://www.kscb.org.uk/>

Social Care, Health and Well Being Community Support Market Position Statement.

This market position statement informs the market shaping and development of care and support in Kent. It can be accessed here:

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/market-shaping-and-commissioning-of-care-and-support>

Accommodation Strategy for Adult Social Care

This strategy identifies how the provision, demand and aspiration for housing, care and support services will be met for adult social care clients should they need to move to access care.

The Accommodation Strategy for Adult Social Care can be found here:

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/accommodation-strategy-for-adult-social-care>

Kent Adult Carers' Strategy

This strategy sets out KCC's vision for carers across Kent. It will build on the progress established through the carers grant funding and use the framework set out in the National Carers Strategy. In Kent we have committed to deliver the national strategy in five years rather the suggested ten.

The Kent Adult Carers' Strategy can be found here:

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/kent-adult-carers-strategy>

Kent's Strategy for Children and Young People with Special Educational Needs and Disabilities

The vision in Kent is to have a well-planned continuum of provision from birth to age 25 that meets the needs of children and young people

with SEND and their families. This means integrated services across education, health and social care which work closely with parents and carers and which ensure that individual needs are met without unnecessary bureaucracy or delay. It also means a strong commitment to early intervention and prevention so that early help is provided in a timely way and children's and young people's needs do not increase.

1.4 What we have done

Kent has been part of the Department of Health's programme to develop Local Vision Strategies under the umbrella of the UK Vision Strategy.

In looking at the development of a Local Vision Strategy it was agreed that a Strategy was required for all sensory services in Kent, one that would address the needs of d/Deaf and deafblind people as well as sight impaired people.

A framework based on the national UK Vision Strategy was drawn up to look at what improvements for sensory impaired people were needed in:

1. Public Health
2. Health and Social Care, and
3. Social Inclusion

A Project Board comprising Commissioners and Senior Managers from Health, and Kent County Council (Education, Children's and Adults Social Care) was established to lead the development of the Needs Assessment and Strategy.

This was supported by a Consultative Group made up of community, voluntary sector and other health and KCC representatives. A wide-ranging consultation exercise was also carried out with the public and staff through face to face meetings, questionnaires and feedback forms. We also considered information on prevalence and needs, national policy, research, and Best Practice from across the UK.

It was subsequently decided that a sub group of the Project Board should be set up to look at the specific needs of people with learning disabilities and sensory impairments. The same outcome framework document was used but adapted to address the specific issues for people with learning disabilities. The group reported to the health and social care integrated Learning Disabilities and Mental Health Management team.

The strategy has been updated in the light of feedback from the public consultation and changes in national and local policy and guidance in May 2017.

2. What we know

2.1 What service users and families say?

Service user forums were implemented for sight impaired, hard of hearing and d/Deaf service users across East and West Kent. For deafblind service users, discussions were held at current service user groups. In addition, discussions were held with sight impaired and hard of hearing service user groups.

An online questionnaire and service feedback forms were also provided to engage with the public. The main focus of the engagement was people's experience of health and social care services (Outcome Two of the national UK Vision Strategy) In total, 258 service users contributed their views and opinions on services.

Full details of all user engagement is in Appendix One. The key themes for sensory impaired adults were:

- Poor experience in health settings, this was not just relating to sensory services but all services
- Poor access to low vision services - it can take up to 3 months
- A lack of information, advice and guidance, particularly when newly diagnosed. Once issued with hearing aids, they were "written off" and for sight impaired service users there was "nothing else that could be done"
- A failure to provide joined up services and support for Eye Clinic Liaison Officers. The need for a similar model for d/Deaf and deafblind people to improve information and advice at point of diagnosis
- The real value of equipment provision, but a need to check that people know how to use the equipment they have been given and some concerns over the lack of opportunities to trial complex equipment for deafblind people
- The need for emotional support and peer support, particularly for those who are suddenly or traumatically deafened or sight impaired
- A concern that services should not always be about those who are newly diagnosed. Many people who are born blind still have the same need for assistance
- Deafblind people experience duplication in assessment
- Support for local clinics within the community, such as at GP surgeries or community centres. It means services are more local to service users and provided under one roof
- The need for flexibility in the provision of services – courses and programmes to be provided in the evening and at weekends
- The need for increased public awareness of sensory impairment
- The need for support to access local facilities.

The user forums also had many ideas for development of new services:

- Small groups for learning kitchen skills or technology demonstrations would be ideal for sight impaired service users
- Tailored training for carers and families on living with a sensory impairment to improve knowledge and understanding
- The need for integrated deaf and sight impaired clinics, so deafblind service users avoid going across various professionals and services
- The provision of clinics within community venues such as GP surgeries and community centres
- Access to sensory awareness training for personal assistants.

The key themes for sensory impaired children and their families were:

- A need for improved communication between agencies and better information, advice and guidance
- Difficulties accessing specialist Speech and Language Therapy
- Parental concerns about accessing the curriculum
- Difficulties in using after schools clubs due to transport issues
- Events are too far away
- Parents finding the challenge of raising a child with sensory impairment to be great and require more support
- A lack of emotional support and counselling
- A lack of support regarding appropriate behaviour management advice
- Concerns re access to short breaks and direct payments
- Lack of understanding of the statutory assessment process
- Lack of awareness regarding sensory impairment in schools in general.

2.2 What we know about local needs

Sight Impairment

The numbers of people with sight impairment will increase. National figures indicate that between 2010 and 2030 the number of adults with sight impairment will increase by 64%.

By 2021, nationally 40% of the population will be over 50 – a significant proportion of sight impairment is related to age. Over 80% of sight impairment occurs in people over 60. As this population is set to increase by 21% nationally by 2020, there will be a significant increase in the number of people with sight impairment.

Older People within Kent

Within Kent, Thanet, Canterbury and Maidstone have the highest populations of over 75s and are therefore more likely to have a larger population of people with a sight impairment.

The number of older people in Kent is projected to increase by 67% by 2033. The largest increases will be in Dartford (32%) and Ashford (31%). However, east Kent coastal districts Shepway, Dover and Thanet will continue to have the largest proportion of older people in their population.

It is often expected that sight will deteriorate with age and therefore, people just 'accept' their sight is failing (UK Vision Strategy).

Registrations

There is a significant gap in the numbers of people registered as sight impaired and those who are predicted to have sight impairment. This will mean that services linked to registration are not being received by all those that could be eligible for them.

Hearing Impairment

Approximately 5% of over 85's in Kent will have a profound hearing impairment. The number of people aged over 85 with a moderate or severe hearing impairment in Kent is set to increase by 110% between 2010 and 2030.

By 2030 the number of people with a profound hearing impairment in the KCC area will have increased by 42% for those aged 65-74 and 59.7 % for those aged 75-84.

Between 2010 and 2030 there will be a 56.5% increase in the number of people aged 18 and over with a moderate or severe hearing impairment in the KCC area.

Of the 2,243 people in Kent with Down's syndrome, (Learning Disabilities Needs Assessment 2010) 1,570 have hearing problems.

Deafblind Numbers Known to Services

There is a gap of between 1,379 and 6,518 between those who are currently known to service providers and those who could be deafblind and living in Kent.

Increase in Numbers

There will be a significant increase in the numbers of people, particularly older people, who are deafblind by 2030. Sense forecast

this to be 86% for those who are severely deafblind and 60% for those who have any hearing and sight impairment.

Learning Disabilities

Kent's population of people with learning disabilities is estimated at 26,000, of which up to 8,000 people may have significant sight difficulties and 9,620 may have some degree of deafness. A significant number of these are likely to have a dual sensory impairment.

Additional information from the Sensory Needs Assessment is available in Appendix Two, including the recommendations for commissioning.

3. What we will deliver

3.1 Our vision

Our vision is to support d/Deaf, deafblind and sight impaired people of all ages to be independent, to have choice and control and to participate fully in society.

Based on what people have told us our services must be:

- Responsive – addressing the needs of individuals in a timely way
- Appropriate – providing specialist sensory knowledge
- Accessible – community-based services which take in to account communication and accessibility requirements of people
- Connected – ensuring service pathways within and between social care, health and education work together
- Informative – providing information, advice and guidance at every step along someone's journey
- Inclusive – children and adults with sensory impairment have the same access to a range of opportunities as those without impairments.

3.2 Our principles

These will be supported by the following principles:

- i) to ensure early intervention and prevention (including identification of sensory impairments and screening)
- ii) to deliver improved outcomes
- iii) to improve the quality of services
- iv) to ensure equity of access (for example through the use of BSL, translators and lip reading and promotion of the accessible information standard)
- v) to seek innovative improvements to service performance
- vi) to deliver value for money

- vii) to regularly engage with and seek feedback from individuals with sensory impairments and their families and carers
- viii) to co-produce services with service users and carers as well as with the voluntary and community sector
- ix) to increase the understanding of sensory impairment

3.3 Our outcomes

The Strategy is establishing the types of services we think are important to deliver within Kent over the next three years. It is informed by:

- What you have told us
- A consideration of policy, research and best practice
- Our own review of how services are delivered
- The Sensory Needs Assessment's recommendations for commissioning priorities (See Appendix Two)
- The need to redesign services to create efficiencies, improve outcomes and reduce costs in line with KCC's Transformation agenda
- The need to improve health and social care integration

From all these sources, eleven key outcomes have been identified as our priorities until 2021.

Linked to each outcome are details of why it was chosen and a statement as to our current position in relation to the outcome. Finally, we identify the key actions we are going to take to deliver it.

3.3.1 Outcome 1

The needs of sensory impaired children and adults are included and addressed within the public health and prevention agenda.

Case Study

My adult son is profoundly Deaf; we had no idea that when he developed diabetes he may lose his sight as well. It's so hard as we don't understand the messages being given to us about his health. I think lots of Deaf people won't understand about diabetes and it is so difficult if you lose your sight as well.

Case Study

Emma is a nine-year-old girl who was struggling to read regular sized print. Her school referred her to the Specialist Teachers for Sensory Impairment. Emma lived in an area of the county which does not have vision screening for four-year olds. A visit to a High Street Optometrist resulted in glasses but Emma's vision remained poor. The Optometrist referred her to an Ophthalmic consultant who diagnosed an underlying condition affecting her eyesight. Specialist advice has now been provided to her school to support Emma's access to books.

We are committed to this because:

- It is important to prevent avoidable sight loss, deafness or deafblindness
- Early diagnosis leads to improved outcomes for individuals.

Where we are now:

- Kent has a Joint Strategic Needs Assessment which reflects the needs of all residents in Kent and is in turn used to develop the Health and Wellbeing Strategy.
- A Sensory Needs Assessment has been developed which considers the needs of d/Deaf, deafblind and sight impaired people in Kent.
- A Local Professional Eye Health Network has been established in Kent by NHS England.

The following actions will be delivered:

1. Carry out health promotion campaigns to raise awareness of eye and ear health and the need for regular sight and hearing tests (particularly targeting those at high risk such as older people, those with diabetes and those exposed to loud noise)
2. Incorporate the message that unhealthy behaviours can impact eye health within other health promotion programmes, e.g. stop smoking and healthy eating programmes.
3. Ensure that all children receive a sight test, as part of an Orthoptist led vision screening programme for four-year olds.

4. Deliver sensory impairment awareness training for health, education and social care staff to increase their awareness of:
 - Signs of possible impaired sight or hearing
 - The need for sight and hearing tests and early identification
 - Systems for referral onto appropriate services
 - (professionals in contact with children and adults with one or more risk factor will be prioritised)
5. Ensure all individuals aged over 12 years with diabetes receive a screening test, and barriers to attending screening are addressed.
6. Review current practice amongst health professionals regarding certifications of visual impairment and ensure consistency of approach.
7. Ensure the needs of d/Deaf, deafblind and sight impaired children and adults are reflected in the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.
8. Ensure that sensory impairment is included in the Risk Stratification system which enables the targeting of integrated care.

3.3.2 Outcome 2

Individuals are well informed about services, resources and information available; information is provided in line with the Accessible Information Standard

Case Study

Sarah had been having problems with her hearing for a while when she went to her Doctor. Her GP referred her to the local hospital for an appointment with an audiologist. She had a hearing assessment which diagnosed her deafness and she had a hearing aid fitted, but there were long waits between appointments. Staff she saw were often dismissive of her feelings and didn't understand what she was going through.

After Sarah was issued her hearing aid she felt 'written off.' She wasn't given any information about what would happen during the process or told about the long waiting times between appointments. There wasn't enough information on her condition and she would have appreciated a detailed printout on her deafness. She felt hopeless in this situation and did not know where to go for further support and advice.

We are committed to this because:

- Information is power, power to direct your own support and power to ensure you receive those services that are appropriate.
- Service users told us that they do not feel informed about their condition, or services and options available to them.

Where we are now:

- We recognise that we need to improve our provision of information, advice and guidance.
- There are gaps in the way services work together and who provides information, leading to a lack of information.
- There are positive outcomes from providing additional specialist support, e.g. Specialist Teachers, ECLOs, etc., so that children, families and adults feel more informed at the start of their journey.

The following actions will be delivered:

1. Improve the provision of information, advice and guidance to service users and families and carers, including ensuring it is timely (for example provided at diagnosis) and provided in key locations.
2. Improve the information available on the KCC website including the Local Offer and work with partner agencies to develop a seamless all age pathway describing the resources available and ensure there are appropriate links on the website.

3. Ensure that all information is provided in a range of media and in accessible formats.
4. Improve the information available to health, education and social care staff on sensory impairment services.
5. Continue to provide and further develop “drop in” services.

3.3.3 Outcome 3

Children and adults are supported and enabled to be as independent as possible.

Case Study

Quite a lot of sensory impaired people are isolated especially in more rural areas – it's hard to know of other people with similar conditions especially if you don't use the internet. There needs to be some sort of network where people can get in touch with someone going through the same experience – even if it's to meet up for a drink every couple of months. It's good to get out and meet people similar to you – then you don't feel so alone.

We are committed to this because:

- Adults with sensory impairment are acknowledged as experts in their own sensory impairment.
- Where support is given to maintain independence, people achieve better outcomes.
- Some sensory impaired people experience significant social isolation.
- Children and young people should be supported to gain independence and self-help skills to achieve the best outcomes.

Where we are now:

- KCC provides an enablement programme for service users but this is not always inclusive of those who are d/Deaf, deafblind or sight impaired.
- Several self-management and peer support pilot programmes have taken place in partnership with voluntary agencies such as Hearing Link, Kent Association for the Blind, Sense, Kent Deaf Children's Society and Guide Dogs for the Blind Association.
- Specialist programmes are delivered to children and young people to help them understand their sensory impairment and improve their independence.
- Family Days and Short Break opportunities have been provided to develop resilience and independence for young people and their families.

The following actions will be delivered:

1. Continue to develop self-management and peer support and mentoring programmes.
2. Continue to support Telecare and Telehealth provision, working to improve the accessibility and increase usage by d/Deaf, deafblind and sight impaired adults.
3. Ensure enablement services receive training in sensory impairment and improve links with specialist Sensory Services.

3.3.4 Outcome 4

d/Deaf, deafblind and sight impaired children and adults receive skills training (habilitation and rehabilitation) and equipment to increase their independence.

Case Study

David came to a meeting as he thought it was about equipment. He had been registered many years ago, but his vision had deteriorated, and he wanted more information on assistive technology. David was unaware he may be entitled to a re-assessment and possibly have his Certificate of Visual Impairment updated. He was also unaware of what equipment was available to help him maintain his independence and had become reliant on family members doing things for him.

We are committed to this because:

- Rehabilitation and the provision of equipment can help ensure a person remains independent and does not require ongoing support.

Where we are now:

- Sensory Services currently provides rehabilitation service to d/Deaf, deafblind and sight impaired people through KAB, Sensory Services and Hi Kent.
- Service users told us that they can find it confusing that there are two assessors and providers of deaf equipment (Hi Kent for people over 65 years and Sensory Services for people under 65 years and all British Sign Language users).
- Rehabilitation for deafblind adults also takes place in two organisations and can be confusing
- Habilitation for visually impaired children needs to have a wider focus including daily living skills
- Service users want easy access to view up to date equipment.
- Communication Aids are provided to further assist those with more complex needs.
- A local Hearing Aid Maintenance Service is appreciated by service users; there are inconsistencies in funding.

The following actions will be delivered:

1. Improve provision of habilitation and rehabilitation services for d/Deaf, deafblind and sight impaired children and adults through new contracts.
2. Improve provision of equipment services.
3. Continue to provide Communication Aids.
4. Provide opportunities for trialling equipment, particularly for more bespoke pieces of equipment and for deafblind children and adults.

5. Support children and adults to access training in Information Technology.
6. Review the provision of low vision aids in Kent.
7. Ensure the ongoing provision of a local hearing aid maintenance service.

3.3.5 Outcome 5

Services are responsive and personalised enabling children and adults to access opportunities appropriate to their needs.

Case Study

My hearing is getting worse and it would be useful for me to start lip-reading classes. But, they run during the day when I work, so trying to get regular time off is difficult. It would be useful if some classes ran during the evening or over the weekend, so it will be easier for me and working deaf people to attend.

We are committed to this because:

- Personalised services give children and adults with sensory impairment choice and control.
- There are unique needs relating to sensory impairment which require specialist intervention.
- Service reconfiguration recognises the need to do things differently whilst ensuring the provision of appropriate services.

Where we are now:

- Personal budgets and direct payments are available for those who are eligible.
- There is often a problem in recruiting appropriate Personal Assistants for those with a sensory impairment. Work has taken place through volunteer projects but there are still improvements to be made.
- KAB provides a Guide Communicator service and Sight Support Worker service and there are only a limited number of other specialist providers in Kent.
- Sensory Services run weekly “drop in” and “pop up” clinics across Kent for Deaf, BSL service users which achieve good outcomes.
- Currently there are specialist Case Managers for Deaf and Deafblind people who undertake complex casework, personal budgets, transition and safeguarding; there is a service gap with no equivalent for sight impaired people.
- Specialist advocacy services have been commissioned for Deaf, deafblind and sight impaired people who understand their needs and can communicate with them.
- There is a specialist Sensory Services team for all d/Deaf, deafblind and sight impaired children based alongside the Adults Sensory Services team.
- Specialist Teachers with additional qualifications in sensory impairment provide personalised support to children, families and schools.

The following actions will be delivered:

1. All agencies to be encouraged to provide services in a flexible manner and at a time that meets people's needs.
2. Continue to provide services delivered by staff trained and skilled in working with d/Deaf, deafblind and sight impaired children and adults.
3. Expand the remit of the current case management service for d/Deaf and deafblind adults to include adults whose prime needs are sight impairment.
4. Develop and implement a specialist competency framework to ensure staff have the appropriate knowledge and skills.
5. Continue the development of Gateway Clinics to provide local services and explore other possible ways of delivering community clinics.
6. Work to stimulate the market to develop appropriate Personal Assistants and specialist support services.
7. Work to develop the Personal Budgets which will cover Education, Health and Social Care.
8. Ensure the provision of lip reading classes provided in the evenings and at weekends.

3.3.6 Outcome 6

Individuals with sensory impairments have access to emotional support programmes and appropriate mental health services.

Case Study

I lost my hearing at 25 and had a negative experience at the hospital. The consultant seemed reluctant to give me any help and I felt helpless. This had a real impact on me emotionally and I felt depressed. It wasn't until I was at a really low point that someone at the RNID told me I could access hearing therapy at the hospital.

We are committed to this because:

- Losing your sight or hearing can be traumatic.
- Living with sensory impairment especially a deteriorating sensory impairment can have a negative impact on your emotional wellbeing and lead to mental health difficulties.
- There is a need for specialist provision of mental health services for children and adults with all types of sensory impairment.

Where we are now:

- Delivering specialist mental health services in British Sign Language, in partnership with Deaf Children, Young People and Family Services (South East Coastal Outreach team).
- Piloting the provision of Eye Clinic Liaison Officer Posts in Eye Clinics in East and West Kent hospitals to provide emotional support at the point of diagnosis.
- Piloting self-management programmes for those who are traumatically deafened, hard of hearing or who lose their sight.

The following actions will be delivered:

1. Continue to support the provision of specialist d/Deaf mental health services.
2. Improve access to counselling and mental health services for sight impaired and deafblind children and adults and their families and carers.
3. Continue to provide and further develop self-management and peer support programmes and ensure they reflect the need for emotional support.

3.3.7 Outcome 7

Appropriate specialist services are provided for children and adults with learning disabilities.

Case Study

I worked with a young man with learning disabilities who was presenting some very challenging behaviour around meal times. Following an assessment by Sensory Services a new meal time routine was put in place. He now knows when he will be eating and can have choice over whether he eats or not. This has significantly reduced his challenging behaviour.

We are committed to this because:

- It is important to recognise that children and adults with learning disabilities are an “at risk” group with regard to sensory impairments.
- Sensory impairments will impact on their daily life causing difficulties in mobility, communication and accessing information.
- Children and adults with learning disabilities and sensory impairment require access to specialist services and may require support to access universal services.

Where we are now:

- People with learning disabilities and their families and carers may be unaware they have a sensory impairment.
- Improvements are required to eye and ear health services to make them more accessible.
- Specialist sensory services are provided for people with learning disabilities by a number of different agencies including Kent Community Health Foundation Trust (KCHFT), Sensory Services, KAB and there is some duplication and overlap.
- Access to Specialist Teachers with a Mandatory Qualification in Sensory Impairment is provided to all children who require that level of intervention.
- Intervenor support for deafblind children and young people is available to all.
- Social care services for children and young people with learning disabilities and sensory impairment is provided by the most appropriate team to meet the needs of the family.

The following actions will be delivered:

1. Raise the awareness of sensory impairment amongst children and adults with learning disabilities, their families, carers and professionals, including provision of Easy Read information.

2. Provide reasonable adjustments and staff training to ensure accessible eye and ear health care.
3. Develop an integrated care pathway and provide countywide specialist assessment and habilitation/rehabilitation services
4. Ensure learning disability services are accessible and meet the needs of d/Deaf, sight impaired and deafblind children and adults.
5. Develop sensory link professionals in each Special School for Profound, Severe and Complex Needs as a means of improving the dissemination of strategies to support pupils with sensory impairment.
6. Develop a protocol for working with Deafblind adults.

3.3.8 Outcome 8

Seamless all age, lifespan pathways are developed for sensory impairment leading to better outcomes for children, young people and adults; these are aligned to other relevant pathways.

Case Study

I initially went to my GP for a Certificate of Visual Impairment and I was referred onto Maidstone Hospital. When I arrived for my appointment I was met by a lady (an Eye Clinic Liaison Officer ECLO) who knew my name and nature of appointment. After my appointment with my ophthalmologist, I spoke with the ECLO. It was great, everything was done for me. Within 2-3 weeks the Blind Veterans' Society contacted me for further support and I was contacted by the Kent Association for the Blind. The system is so efficient, everything just flowed.

We are committed to this because:

- Every child and adult should be able to access appropriate services to meet their needs.
- It is important that all agencies work closely together to create clear pathways for children, families and adults.
- When services work together it leads to improvements in the health, wellbeing and educational outcomes for sensory impaired children and adults.

Where we are now:

- There is evidence of poor links between services, meaning that children and adults can experience long delays and poorer outcomes.
- There is confusion over what services are available and where to direct people.
- Services for sensory impaired people can be marginalised and connections with other social care services could be improved.
- Workshops have taken place to begin to develop sight impairment and deafness integrated pathways between health and social care (See Appendix Three)
- The transitions which take place in young adulthood are not as smooth and coordinated as they could be and no specialist Case Managers exist for sight impaired young people.
- Pathways developed for other services often fail to take account of sensory impairment.
- Parents are reporting some improvements in services such as the development over the last three years of the MSI Intervenor Service to families.

The following actions will be delivered:

1. Develop integrated lifespan pathways for sight impairment, deafness and deafblindness and publish these on kent.gov. Ensure the ongoing provision of Eye Clinic Liaison Officer posts in eye clinics.
2. Ensure that the needs of sensory impaired children and adults are included in the development of other care pathways.
3. Ensure there are improved links between Education, Sensory Services and other mainstream services, such as area Older People and Physical Disability teams, Learning Disabilities and Mental Health services.
4. Ensure the needs of young people who are d/Deaf, deafblind and sight impaired are fully considered in the development of new pathways and services.
5. Consider improvements in appointments for clinics for deafblind children and adults.
6. Continue to provide additional support for some children and adults at specialist appointments.
7. Develop an equivalent of the ECLO role for hearing impaired individuals.

3.3.9 Outcome 9

Reasonable adjustments are made to services to ensure that sensory impaired individuals have equal access to mainstream services.

Case Study

A Deaf man who used sign language had been experiencing severe leg pain and he went to see his GP. No interpreter was provided, and he was left ignorant of the Doctor's advice to keep mobile and walk around; instead he went home and rested in bed for 3 weeks.

His situation deteriorated, and he was admitted to the Medway Maritime Hospital for an emergency amputation of his right leg above the knee due to complications from Deep Vein Thrombosis. No one informed him that this was to happen and following the operation, the service user was very shocked to find his leg missing. He was traumatised and in considerable pain. No interpreter was available, and he had to rely on a parent and sister, neither of whom have any signing ability.

During his stay in hospital, which was several months, his biggest frustration was not the recovery process, but the communication barriers and isolation as there was no communication support. He was not able to make himself understood or to understand any of the daily and brief discussions regarding his treatment and care by nurses and health professionals.

We are committed to this because:

- This is enshrined in the Equality Act 2010.
- It is vital that all services health, social care and education provide are accessible.
- Accessibility needs to be embedded in all that we do.
- This is not just about the formats that children and adults receive information in but also about how we provide services.

Where we are now:

- We acknowledge the feedback from service users regarding the variable experience they have in accessing services.
- Deaf BSL users report particularly poor experiences in accessing health services.
- The Kent d/Deaf and Deafblind Interpreting Service provides interpreting services as a public partnership.
- The experiences of d/Deaf, deafblind and sight impaired people can be improved if service providers have an awareness of their needs through training.

- A Black and Minority Ethnic (BME) project has been carried out to improve sensory impairment services for these communities.

The following actions will be delivered:

1. Continue to provide access to quality interpreting services and communication support for d/Deaf and deafblind people and develop video interpreting services.
2. Improve access for d/Deaf people using primary and secondary health care such as booking appointments and obtaining communication support.
3. Improve the provision of information, advice and guidance in accessible formats.
4. Develop and provide training for all health and social care professionals working with children and adults with sensory impairment in order to improve access and have a positive impact on their experience of services.
5. All sensory specialists in children's social care services and education to receive training on MSI/deafblindness.
6. Involve service users in delivering training to professionals.
7. Ensure generic services provided or commissioned by KCC meet the needs of d/Deaf, deafblind and sight impaired children and adults.
8. Continue to provide appropriate services and outreach work with BME communities.
9. Ensure health and social care environments are 'sensory friendly' and provide information and advice to others regarding 'sensory friendly' environments.

3.3.10 Outcome 10

Children and adults with sensory impairments experience equality of opportunity and feel fully included in their community.

Case Study

David was made redundant from his job. He had severe sight impairment and a hearing loss. He had previously tried to hide his disability and had been reluctant to use a white cane. However, he had a number of mobility lessons from KAB and his confidence grew. He eventually got a job and KAB assisted him in learning new routes and advised his employer about ensuring a safe and accessible environment.

We are committed to this because:

- We recognise that children and adults with sensory impairment do not just have health, social care and education needs. Ensuring that someone has access to education, employment, leisure or transport is vital.

Where we are now:

- KAB currently provides Assistive Technology support workers to adults to assist in working with information technology.
- Specialist equipment and training is provided to children with sensory impairment who require assistive technology.
- The focus of Short Breaks for children with sensory impairment has seen the improvement of independence skills and their participation in community activities.
- Universal services such as employment, transport and leisure facilities do not always take account of the needs of d/Deaf, deafblind and sight impaired people

The following actions will be delivered:

1. Improve the information, advice and guidance that is given by all professionals to inform children and adults of appropriate information technology and other communication support that could improve their independence.
2. Ensure the provision of training in information technology is available to d/Deaf, deafblind and sight impaired people.
3. Health, social care and education to use ICT to signpost universal providers to information, advice and guidance on working with children and adults with sensory impairment.
4. Continue to support individuals in accessing benefits, employment, education, leisure activities and transport.

5. Review existing sensory impairment user groups and develop effective mechanisms for ongoing service user engagement; facilitate the engagement of these groups with universal services to improve their provision for people with sensory impairments.
6. Improve d/Deaf and deafblind people's participation in and access to universal services in Kent through the further development and extension of the Deaf Community Worker role.
7. Develop appropriate peer support and mentoring schemes for individuals with sensory impairments.

3.3.11 Outcome 11

Families and carers of sensory impaired receive help and support in their caring role and their own needs as carers are addressed.

Case Study

Jane was supporting her parents, Bill and Mary, who live independently in the community. Bill is profoundly Deaf, aged 72 years and has some heart/mobility issues. Mary is also profoundly Deaf and has a visual impairment causing her difficulties in dealing with paperwork, communicating with others and getting out and about. Jane contacted KCC saying she felt at breaking point as she was supporting her parents every day to manage their paperwork, shopping and medical appointments. Bill and Mary had become completely dependent on Jane and appeared to be unable to make any decisions or take any action without first referring to their daughter. Jane explained this situation had been the same all her life, where she felt she needed to support her parents, even as a child making phone calls etc. on their behalf. The pressures had increased to a point where Jane was feeling over stretched and resentful that she was not able to spend quality time with her parents and was purely a care provider. She also felt guilty that she had reduced time for her own husband and children. Sensory Services offered a carers assessment which resulted in the provision of a Guide Communicator. This Support Worker provided support to Mary, her deafblind mother whilst at the same time providing Jane with a break from caring and relief from some of her caring responsibilities.

Case Study

In a survey in 2008, of parents of deafblind children, they reported they felt very isolated and knew no other parents of deafblind children. "You are so shocked by what has come your way that you need the help."

Families with deafblind children can now access Family Days. These events bring together families and provide supported experiences of community activities. Freya is a young deafblind girl whose parents bring her along to the Family Days. They were not able to attend a recent Family Day at a children's theatre production, however, they were empowered by attending the group so they booked tickets for another day so their daughter could experience the show. This was their first independent trip to the theatre with Freya.

We are committed to this because:

- It is important to work with the wider support network and ensure that people with sensory impairment have access to appropriate support.

- Living with a child or adult with a sensory impairment and providing regular support can at times be very stressful and demanding and there needs to be better emotional/psychological support for the whole family.
- Families and carers living with someone with sensory impairment may need help to support the disabled person and/or support to manage their own needs as carers.

Where we are now:

- Improvements could be made in the provision of information and support to carers of sensory impaired children and adults.
- A significant number of children and adults with sensory impairment use Information and Communication Technology to access information and maintain contact with their wider network of family and friends.

The following actions will be delivered:

1. Provide information, advice and training to parents, families and carers of children and adults with sensory impairments to help them in their caring role.
2. Ensure all specialist sensory services are appropriately addressing the needs of carers and signposting onto carer's organisations.
3. Ensure the needs of child carers are addressed.
4. Develop appropriate peer support for families and carers with sensory impairments.
5. Ensure organisations working with carers have awareness and understanding of sensory impairment and the resources available.

4. Next Steps

How we will monitor progress

Within this strategy we have outlined our vision, the 11 outcomes we will deliver on and the actions we will take to deliver these outcomes. This strategy will form the commissioning intentions for services for sensory impaired people for the period 2018-21.

A separate prioritised Implementation plan will be developed. As part of the action plan we will look to establish a set of key performance indicators linked to the delivery of the action plan. We will also develop processes that identify the risks to service delivery and quality as part of ongoing governance for the delivery of the action plan

Some of the actions within the strategy are currently being implemented. There will be opportunities for elements of the strategy to be actioned through the recommissioning of services for sensory impaired children and adults and the redesign of in the in-house specialist teams planned for 2017-19. Work on the development of all age lifespan pathways for sensory impairment is also planned during this period.

There will also be opportunities for service improvements in line with the Sensory Strategy within wider transformation changes currently taking place within KCC Adult and Children's services and through increased integration with Health.

A Sensory Collaborative will be established comprising stakeholders, from Social Care, Housing, Education, the Voluntary Sector and services users and carers. The Collaborative's role will be to assist with and monitor the implementation of the Strategy Action Plan. There will also be close working with the Local Eye Health Network (LEHN) to take forward sight impairment developments.

5. Appendices

Appendix One - The Development of the Strategy

Sensory Strategy Stakeholder and Service User Engagement

Project Board

A multi-agency project board comprising health, social care and education commissioners and managers set the overall strategic direction and steered the development of the strategy.

Stakeholder Consultative Group

Specialist providers, including KAB, Hi Kent, Royal Association for Deaf People, Guide Dogs for the Blind, Kent Deaf Children's Society, other voluntary and community organisations, KCC and Health staff, formed a consultative group who met quarterly and advised on the formation of the strategy.

Wider stakeholder engagement

Wider stakeholders were identified and kept informed via regular bulletins.

Service user engagement

The aims of consulting with service users were to:

- Explore the priorities within health and social care for sensory impaired people
- Gather personal views and experiences
- Review current services, identify service user gaps and service user pathways
- Explore how information, advice and guidance (IAG) is received and how it could be improved.

A number of different qualitative approaches were used including semi structured interviews, questionnaires and focus groups.

Individual feedback

This was gathered via:

- An online survey for sensory impaired adults
- An online survey for parents
- Distribution of questionnaires by staff working for specialist sensory services in KCC (adults and children), KAB and Hi Kent
- Completion of questionnaires at Hi Kent hearing aid maintenance clinics and KAB exhibition
- Interviews with Deaf, British Sign Language users at Gateway clinics.

The total number of adult service users who responded via the above methods was 109.

The total number of parents who responded was 24.

Service User Focus Groups

The aims of consulting with service user groups were the same as outlined above but an additional aim was included to:

Review the Sensory JNA recommendations

Separate service user focus groups were set up across Kent for sight impaired, hard of hearing and Deaf service users. In addition discussions were held with existing ongoing sight impaired, hard of hearing and deafblind user groups.

In total 11 focus groups were held, engaging with 125 service users.

Total number of service users involved in the development of the strategy was 258

Staff Engagement

Staff working with sensory impaired adults and children in KCC, KAB and Hi Kent were sent questionnaires.

68 questionnaires were sent out to those working with adults and 51 were returned - a response rate of 75%.

Appendix Two - Recommendations for Commissioning from JNA Sensory Impairment, Chapter Refresh June 2017:

Special emphasis on whole systems approach

In policy terms the outcome of this needs assessment will be the development of a joint strategy and plan. This will include a detailed action plan which will provide a framework to implement the recommendations listed below:

- Ensure consideration of sensory impairment issues and services in DH long-term conditions agenda, including risk stratification and integrated health and social care teams.
- As part of a Sensory Public Health Improvement Strategy carry out health promotion campaigns aimed at raising people's awareness of the need for regular sight and hearing tests, targeted particularly at risk groups e.g. older people, diabetics, young people at risk of hearing impairment from the effects of loud music and noise in the workplace.
- Improve the provision of information on services and the support available; ensuring it is available at key locations and in accessible formats.
- Develop and implement clearer pathways for accessing services; and improve processes for joined up assessment and delivery of services, for example eye clinic liaison officer posts.
- Carry out sensory impairment awareness training of health and social care staff to help them identify individuals with sight and hearing impairments and refer onto appropriate services.
- Transform services by developing new ways of working e.g. clinic approach for equipment assessment and provision to achieve efficiencies and meet increasing demand.
- Ensure sensory environmental audits are carried out to improve access for those with sight or hearing impairments e.g. colour contrast and loop system.
- Establish on an ongoing basis self-management and peer support programmes for sensory impaired people.
- Continue to develop personalised services for sensory impaired people, maximising opportunities for choice and control.
- Ensure sensory impaired people benefit from the opportunities to be gained from new technologies including Telecare and communication aids.
- Ensure the development of appropriate health and social care services to meet the specific needs of people with learning disabilities who have sensory impairments.
- Ensure the development of appropriate emotional support and mental health services for sight impaired, D/deaf and deafblind people, particularly at the point of diagnosis.
- Ensure consistent availability of communication support for D/deaf and deafblind people across all health settings.
- Ensure effective joint working between health and social care services for sight impaired people and D/deaf people for those with a dual sensory impairment.

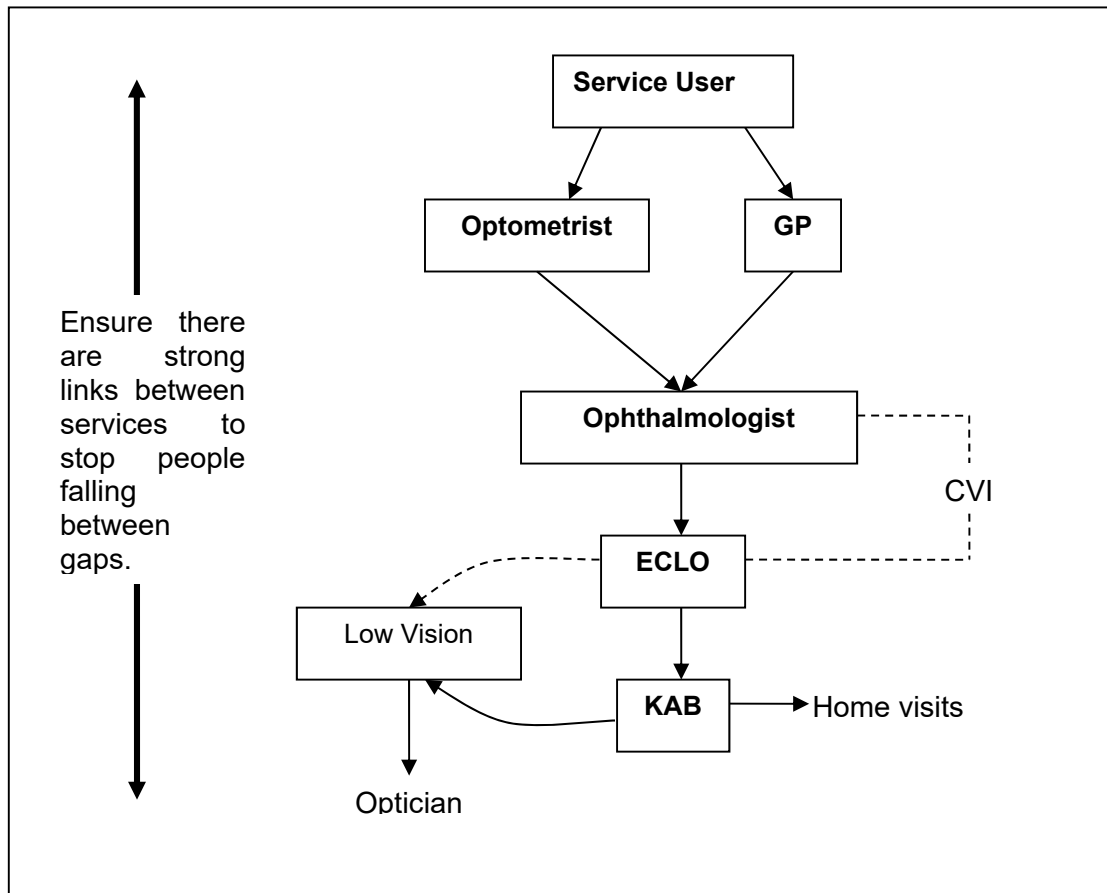
- Ensure an effective low vision service for sight impaired adults and children.
- Establish child centred clinics, with a multi-disciplinary approach facilitating access to a range of services.
- Develop consistent vision screening for children in schools.
- Further work to be carried out on locality prevalence rates, service mapping, current levels of activity, pathways and the identification of additional unmet needs and gaps in services.
- Wider engagement with service users and other stakeholders.
- Development of a Sensory Commissioning Strategy and Implementation Plan.
- Closer working with the falls service to better understand the impact that sensory impairment has upon falls prevalence.
- Ensure the impact and burden of glaucoma care is managed with appropriate use of step down care to primary care practitioners / optometrists. Ensure equitable consistent and timely access to care for glaucoma.
- Ensure the burden of age related macular degeneration care is managed with appropriate use of step down care to primary care practitioners / optometrists. Ensure equitable consistent and timely access to care for macular degeneration care.
- Ensure the burden to the health economy is minimized when commissioning services for age related macular degeneration using safe and effective therapies.
- Ensure equitable consistent and timely access to care for cataract services with appropriate use of step down care to primary care practitioners / optometrists for pre and post-operative assessments.
- Health and Social Care partners to support any current plan(s) developed by the diabetic eye screening service commissioners and providers so as to reduce DNA rates.

Data on the Sensory Impairment, Chapter Refresh for June 2017 is available at the following link:

http://www.kpho.org.uk/_data/assets/pdf_file/0008/72386/Sensory-Impairment-2017.pdf

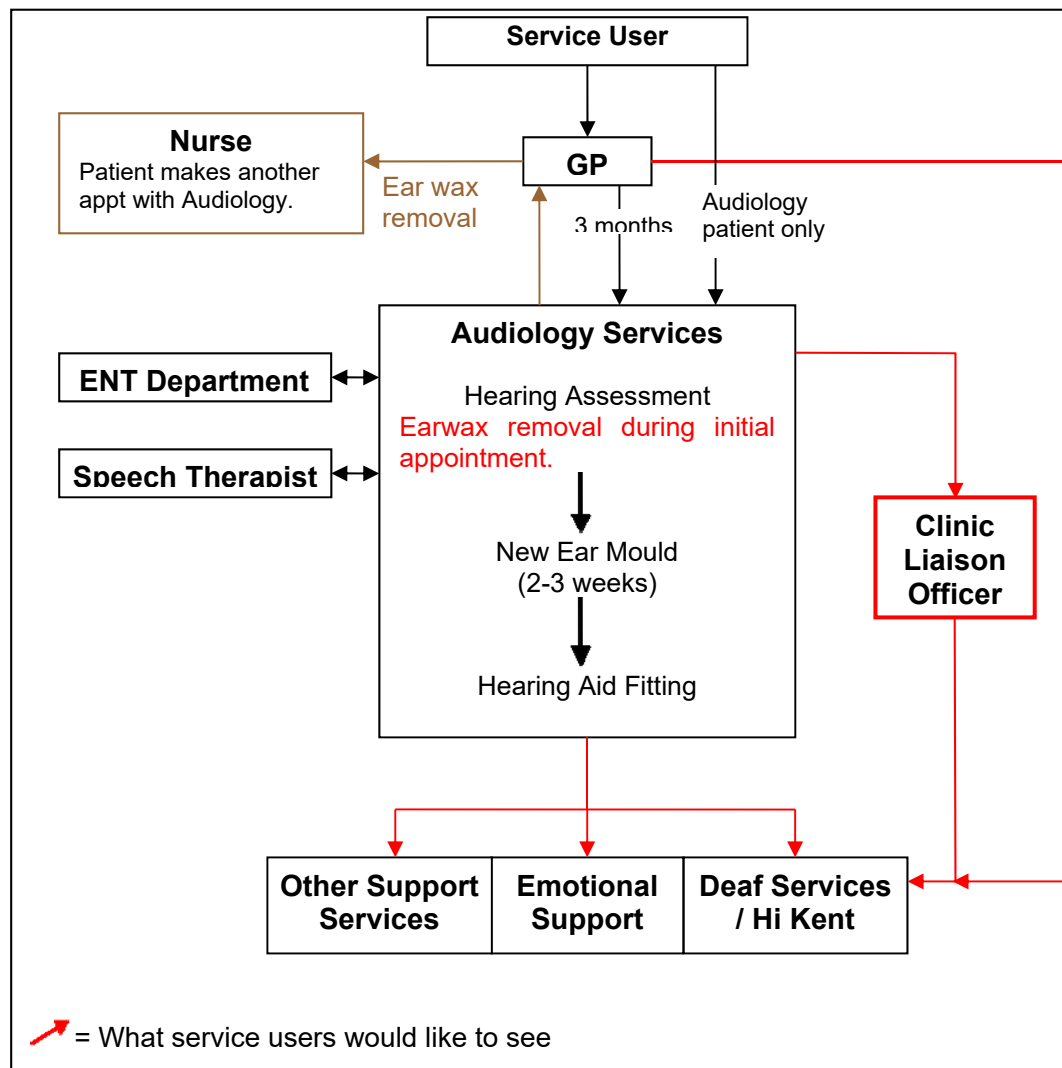
Appendix Three: Integrated Pathways for Health and Social Care

Vision Impairment



Source KCC Sensory and Autism Services 2018

Deafness



Source KCC Sensory and Autism Services 2018