

Ayrshire and Arran Sensory Locality Plan 2014-2024



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FOREWORD

I am delighted to be writing the foreword for the Ayrshire and Arran Sensory Locality Plan, which will ensure that people with sight, hearing or dual sensory loss have access to an integrated and localised service. It is the foundation-stone for a new approach to sensory service provision across Ayrshire and Arran.

This document represents the best of partnership working with NHS Ayrshire and Arran, East, North and South Ayrshire Councils, Action on Hearing Loss Scotland, RNIB Scotland and many other voluntary organisations, all contributing to a plan that streamlines and joins up provision to give greater consistency and accessibility.

There is an increased emphasis on prevention and anticipatory care, coupled with greater focus on working with people and developing wider partnerships, including education, voluntary sector and other public bodies.

This innovative Ayrshire and Arran Sensory Plan has been developed in response to a key recommendation set out within the National 'See Hear' Sensory Impairment Strategy. The plan recognises the need to rethink our approach to sensory loss.

We are an ageing population and, inevitably, sensory loss will be more common. So we need a bolder and more concerted plan, one that brings together the best in provision across Ayrshire and Arran and which can accommodate the increased need in the years to come.

We want a more inclusive society in which those at risk of developing sensory loss, or are already living with sensory loss, can live as independently and lead as fulfilling lives as possible.

This document is an important first step and I look forward to the implementation phase and on-going consultation with service providers and users within Ayrshire and Arran to ensure we get this right.

Eddie Fraser

Director for Health and Social Care

EXECUTIVE SUMMARY

The Ayrshire and Arran Sensory Locality Plan applies to children, young people, adults and older people living with sensory loss. Sensory loss includes varying degrees of hearing loss, sight loss and dual sensory loss. It also includes those with a recognised sensory loss; those at risk of developing a sensory loss and hidden or untreated sensory loss.

The Sensory Locality Plan is focused on three areas:

- 1. The services and support delivered across Ayrshire and Arran. Integrated, effective and efficient joined-up working is required across children, young people, adults 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, employment and emergency services is also essential to maintain social interaction and reduce isolation.**
- 3. The plan is also intended for parents, families, carers and the wider public. With a focus upon preventative measures and developing a wider awareness of sensory loss, it will enable communities to identify potential sensory loss in those they live with or care for.**

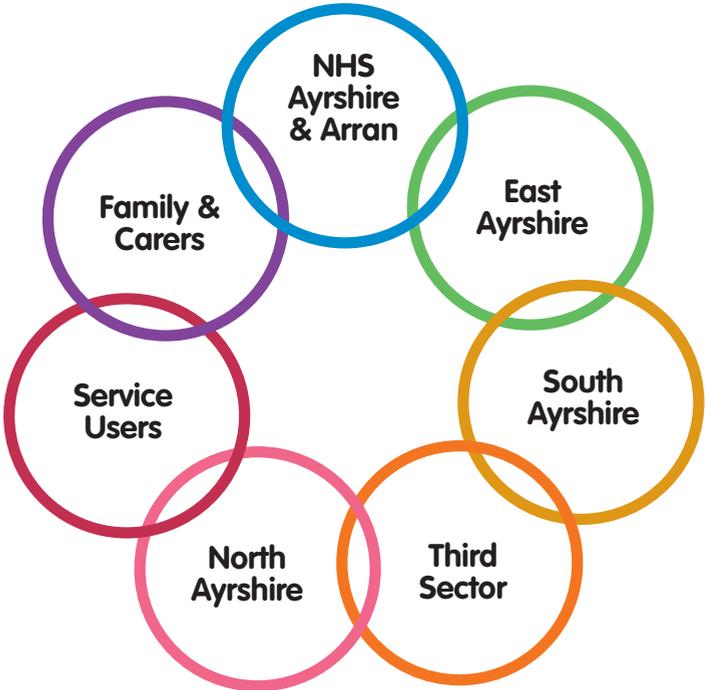
To improve the quality, reach, impact and outcomes for those with sensory loss across Ayrshire and Arran, the Plan and sets out the following priority areas of development and action for services:

- Learning and training
- Accessibility
- Decisive shift to prevention
- Person centred outcomes
- Clear and effective pathways
- Integrated and localised
- Flexible, adaptable and fit for the future
- Improving practise and performance

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. Key to the success of the Locality Plan will be person-centred local partnership working between statutory and third sector organisations.

OUR PARTNERSHIPS

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 loss (sight/hearing or dual sensory loss) in Ayrshire and Arran.

The project set out to:

- Introduce a 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

In March 2013, the Scottish Government launched a consultation on the National Sensory Impairment strategy. Partners in Ayrshire and Arran were keen to engage services users with the National Strategy and had an ambition to lead this work; building upon previous sensory loss action plans and the work of the project.

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 the National Strategy, Sensory Locality plan and wider services.

The following priorities were identified by participants:

- To provide appropriate and proportionate support for all people with sensory loss.
- 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 loss 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.

In April 2014, "See Hear: A strategic framework for meeting the needs of people with a sensory loss in Scotland" was formally launched.

The strategy offers the opportunity to lever change across sensory loss 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 checks 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 loss 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 loss. 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.**
 - **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.**
5. 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.
6. Agencies should review their compliance with the Equality Act 2010 and the UNCRPD Article 9 in relation to sensory loss, particularly in relation to communication, and give consideration to whether any future action may be required.
7. 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.

THE PLAN

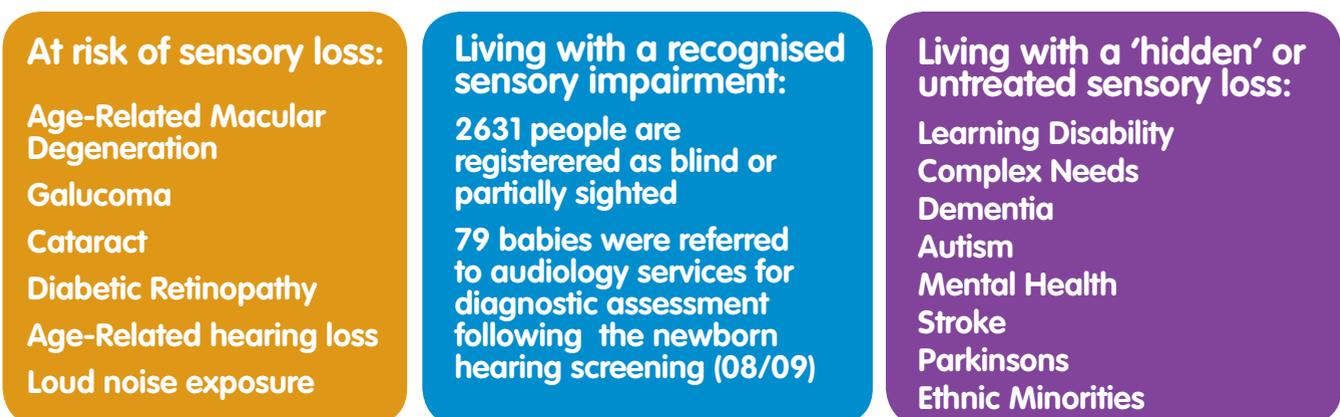
People who have a sensory loss should be able to expect the same access to employment opportunities, education, healthcare and social care as everyone else. They often require a diverse range of support, including a need to understand their condition, what this loss will mean for them, and being able 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 loss from cradle to grave, with the primary aim being to improve the outcomes for those people who use sensory services. Sensory loss 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 loss 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:



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



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 children and young people 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 these 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 loss 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 sensory 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 loss 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 onset of sensory 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 your chances of losing your sight through the development of Age-related Macular Degeneration (AMD). Smokers also tend to develop AMD earlier than non-smokers. There may also be a link between smoking and hearing loss, perhaps mediated through the socioeconomic or educational factors that make people more likely to become smokers.

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.

Mental Health well-being

The main concerns of those living with sensory loss are usually how to live, how to learn and how to communicate. Early onset of sensory loss can have a profound effect on a child's development, with adverse consequences for mental health, both in childhood and adult life. Sudden loss of a sense owing to an accident or illness can be equally devastating if the appropriate help, both practical and psychological is not given. And those who experience mild, but progressive sensory loss through ageing can experience a serious cumulative effect on their communication, confidence and independence. Communication is a key issue for those with sensory loss and difficulties here underlie developmental, psychological and emotional problems and delay or prevent appropriate assessment and treatment. Support on an emotional, counselling and practical basis is needed for those with sensory loss and their families to make fully informed choices.

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 hearing or sight loss is not the presenting condition or disability. Consequently hearing or sight issues may be “masked” by the primary condition or disability.

In Ayrshire and Arran, it is estimated that there are:

Learning disability

- 1663 people with a learning disability
- 1 in 10 of these people have a significant sight loss

Stroke

- 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.

Dementia

- 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.

Autism

- 620 people known to services living with autism
- It is estimated there could be a further 2743 people unknown to services.

Hidden and/or untreated sensory loss can lead to a withdrawal from social interaction. Sensory loss 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 glaucoma 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. 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 community groups.

Who is the plan for?

The sensory plan is focused on three areas:

1. The services and support delivered across Ayrshire and Arran. Integrated, effective and efficient joined-up working is required across children, young people, adults 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, employment and emergency services is also essential to maintain social interaction and reduce isolation.
3. The plan is also intended for parents, families, carers and the wider public. With a focus upon preventative measures and developing a wider awareness of sensory loss, it will enable communities 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 loss 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 loss 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 loss 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

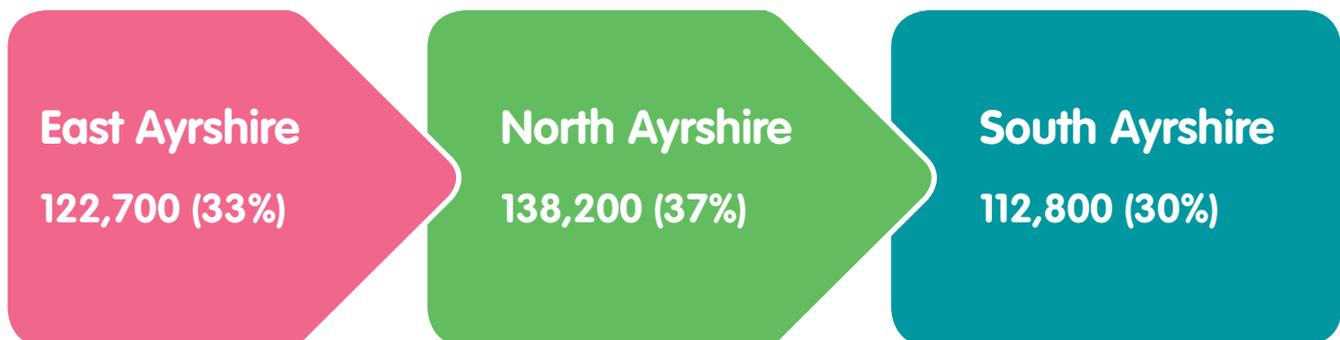
Ayrshire and Arran population

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:



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

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

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.

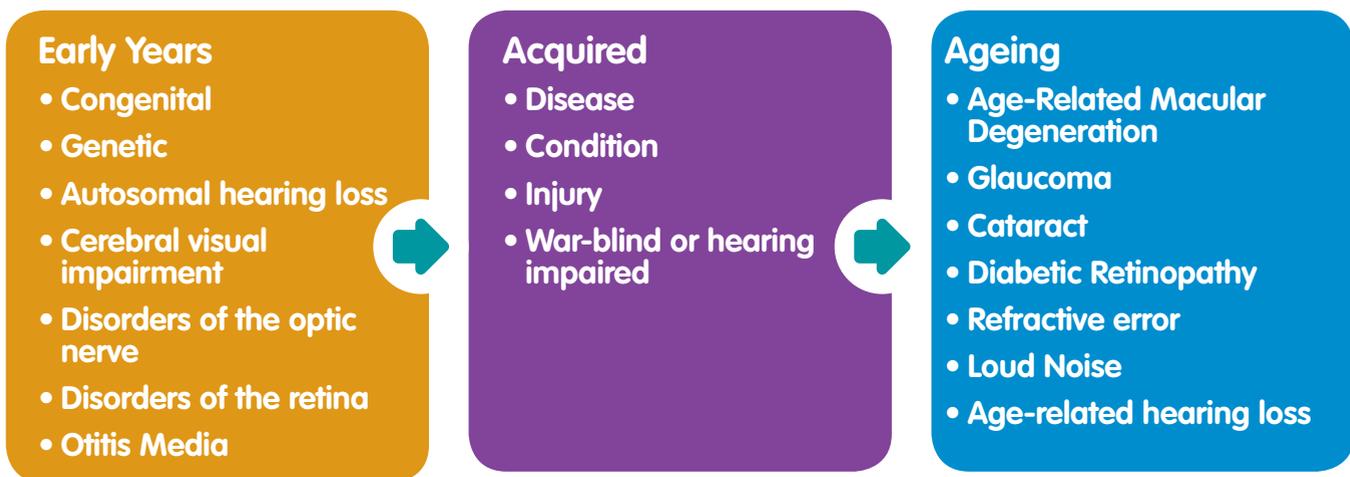
The number of people aged over 65 will increase from 69,200 to 106,800, a rise of just over 37,000 individuals.

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 loss. These often reflect the age of the sensory loss onset, as outlined below.



Prevalence of sensory loss 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 hearing and sight 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 loss due to the significantly higher incidence rate as people age.

Key health issues

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

- Smoking rates are 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 high-sugar soft drinks and a lower consumption of fruit a 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 loss 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 sensory loss and the wider policy agenda. There are direct correlations between the use of alcohol, tobacco and mental health and the increased risk of fire or contact with police services and therefore engagement with wider front-line services is required. 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 loss 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 loss 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 practise 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 loss in Ayrshire and Arran have already proved critical in delivering support to those with sensory loss. The services are varied and include the following:

- From Public Health, an older people's needs assessment has been conducted 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 loss.
- 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 and 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 clinics, mobile resources (including Community Health Improvement Partnership Van and Activator Bus) home visits and nursing care homes
- Outreach Services - offering community drop in clinics 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
- Support groups - to provide peer support and offer a variety of active living opportunities to improve health and well-being for those with sensory loss
- Sensory Themed Information and Equipment events - Events offering those with sensory loss, their family and 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
- Joint Sensory Support Groups throughout Ayrshire - providing peer support, signposting, information and advice
- Communication training to develop lip-reading techniques and coping strategies
- Connections volunteer service - providing volunteer visits to those in care homes, sheltered housing and people's own homes
- 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 and carers have the skills and tools to care for those with hidden sensory loss, ensuring sustainability

These services have been integral to the 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

Across Ayrshire and Arran, there are 140 individuals known to social work services aged 65 and over already living with a learning disability and a further 225 individuals nearing retirement age.

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 loss 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 loss 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 loss 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 loss.

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.

Deficit-Based Approach

- Conventional approach
- Meeting needs or delivering treatment
- Services set out to 'fix' problems for individuals or communities
- People are passive participants in their care
- High levels of dependency
- Does not support the active involvement of individuals



Asset-Based Approach

- Alternative approach
- Individuals are valued
- Co-operation and caring
- Promotes and strengthens assets already within the community
- Encourages peer support
- Self-Management

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 loss 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.

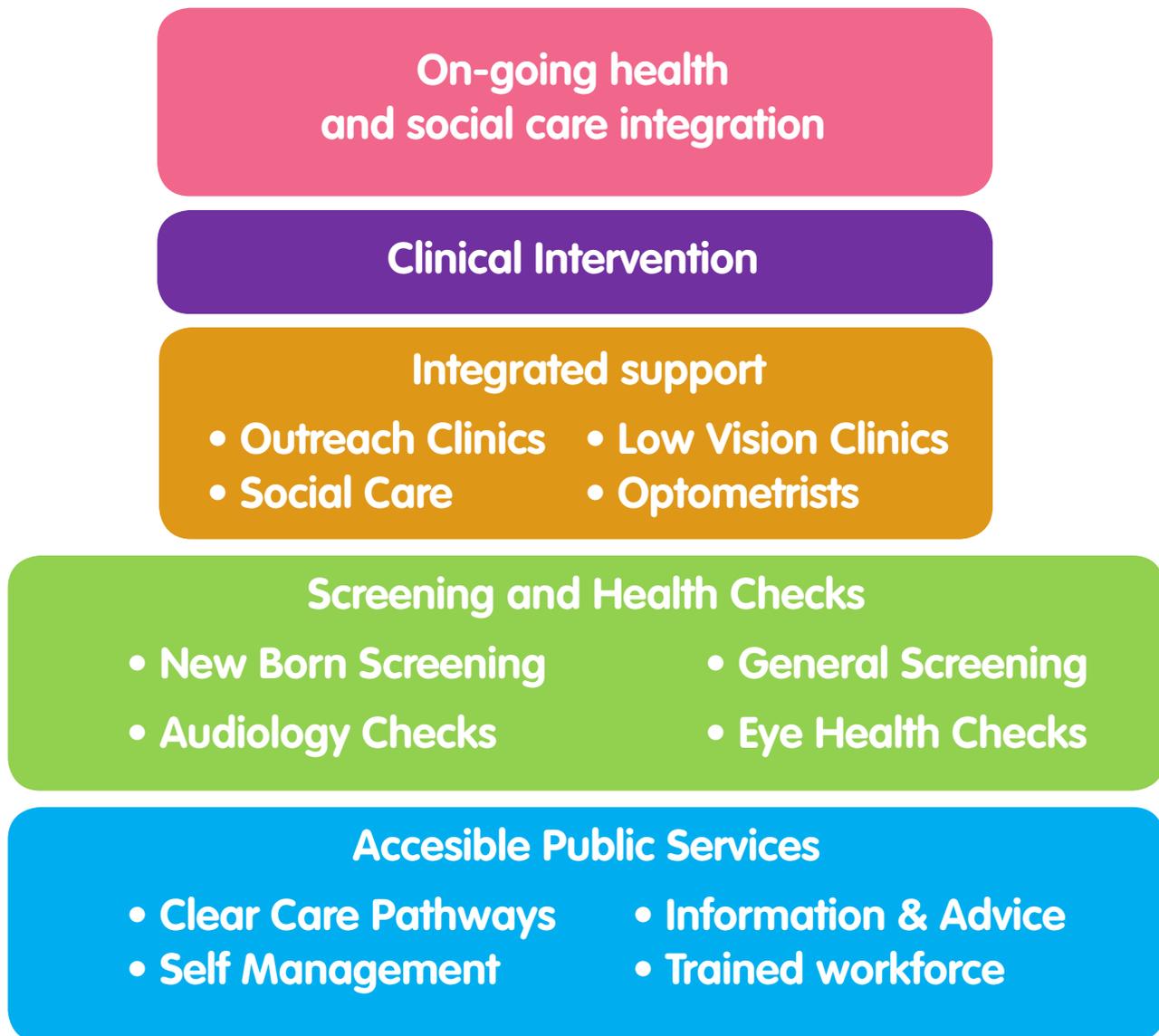
This model of delivery will provide a standardised, consistent and uniform approach to sensory loss across Ayrshire and Arran. It will provide one point of contact to access the sensory loss service, with a clear and effective referral pathway into the service.

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.

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

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

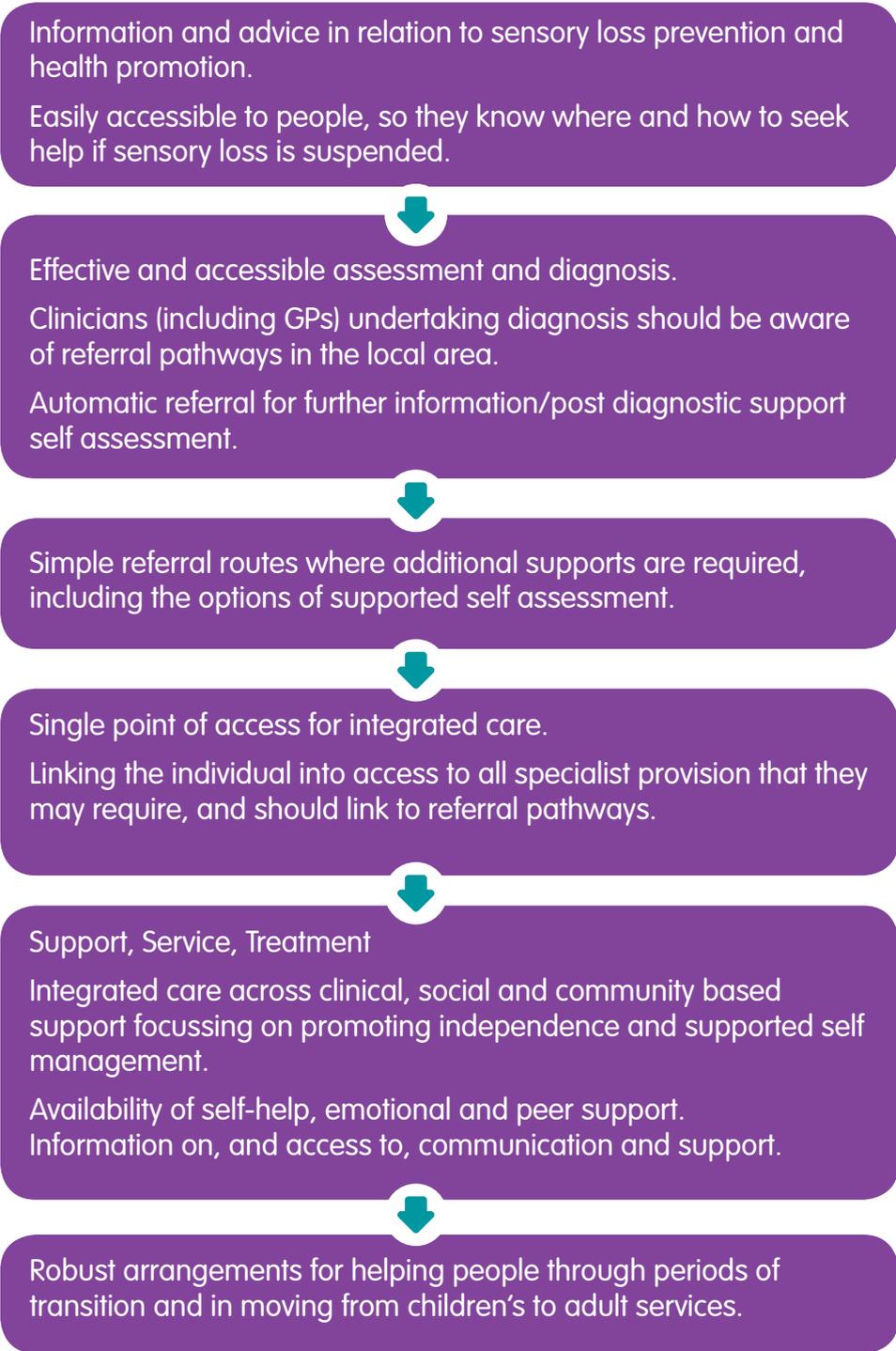
Model



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.



-
- Appropriate forms of communication
-
- Take full account of sensory impairment in all assessments
-
- Screening for sensory impairment at key times
-
- Agreed by all partner agencies
-
- Integrated systems
-
- Measurement of outcomes for the individual
-

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 loss. People may enter at different stages, particularly in relation to the nature of the onset of a sensory loss 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

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 loss across the area.

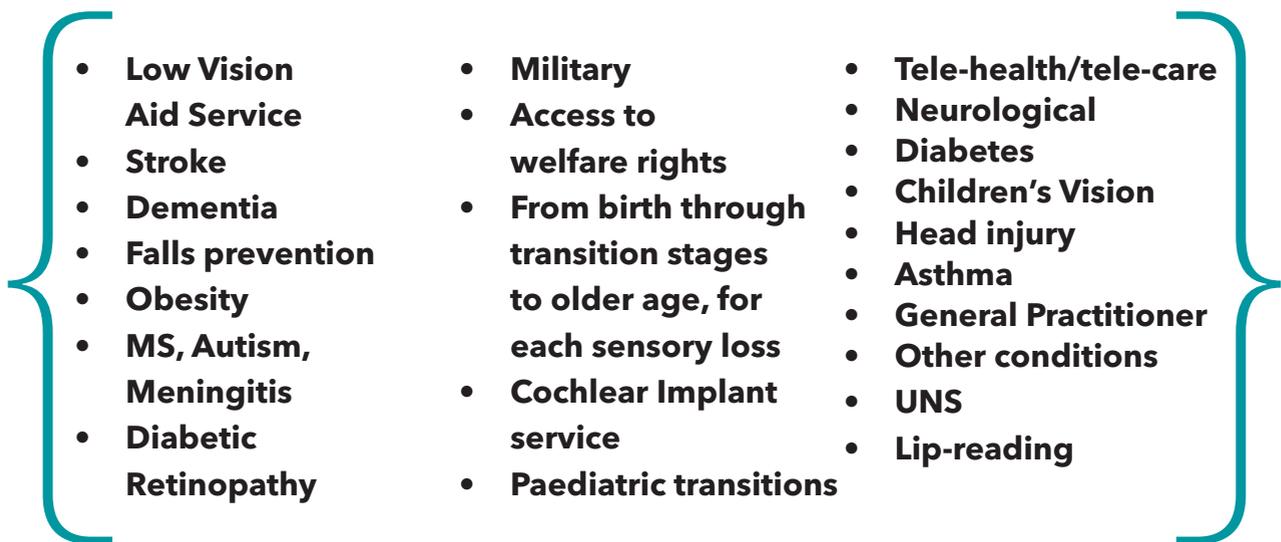
Initial scoping was undertaken to:

- Determine what care pathways currently exist for sensory loss
- 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 2014/15 and then 2015/16:



This extensive, but not exhaustive list highlights that sensory loss cuts across a number of different conditions and areas of care. With advancements in treatments and technologies, it also highlights that service users should be offered a pathway back into services at different intervals so that their needs and condition can be reassessed and reviewed. Once the care pathways have been developed, they will be communicated to service providers, users, parents, families and carers to ensure that their existence and use is widespread.

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 loss 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 loss. To create the workforce required to deliver the outcomes expected of Ayrshire and Arran's sensory loss 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 loss action plans; consultation with both service users and service providers and reflect the recommendations set out within the National 'See Hear' Sensory Impairment Strategy.

Learning and training

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

Develop awareness training for frontline staff in health and social care, as well as wider statutory and leisure services.

Awareness training for frontline staff on sensory loss is also essential. Frontline staff includes those directly involved in health and social care; those involved in the delivery of public services which those with a sensory loss use (including housing associations, transport providers, leisure facilities, banks and shops) 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 loss 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.

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, signposting and peer support.

The sharing of learning and adoption of practises and approaches found to

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 loss to educate staff and raise awareness of the challenges and solutions to Over the next ten years of the locality plan, our approach to providing a trained workforce will be providing support to partners to:



Key Priorities

- 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 training to support clinical staff in explaining what a person's condition is, how it may develop and the potential implications of this. This should also include training on sign-posting to further information and support.
- Develop the 'Champions' Model of training, with initial focus upon those with 'hidden' sensory loss
- Explore e-learning opportunities, in particular Learning Pro, developing a sensory loss module
- Explore the role of parents and carers in training and scope out methods to meet this need
- Develop support or training for parents, families or carers with children in the early years of sensory loss to aid decision making
- Raise awareness of the requirement to provide information in an alternative format.
- Ensure that training appropriately reflects that the needs of a person who loses their hearing or sight at birth, in comparison to a person who loses their hearing or sight later in life are very different.

Accessible

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.



**Develop a service
which is accessible
to use and
understand**

In addition to service 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 loss conditions, sensory loss 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.

Communication is critical for those with a sensory loss themselves and those who support someone with a sensory loss. Without the right tools to communicate with services, people lose their ability to remain independent, receive and understand confidential information and in many cases, make decisions for themselves. There is a need to anticipate communication needs; record and share these needs to reduce duplication and have the correct communication services in places at the right time, whether this is a BSL interpreter, lip reader or sighted guide/guide awareness.



Key Priorities

- Improve the quality and provision of information for those with a sensory loss;
- Provide training for front line health and social care staff on the provision of accessible information and the links with confidentiality. This includes the use of an interpreter for BSL users or BSL translated documents
- Ensure all information is available in accessible formats to meet the needs of patients, carers and other stakeholders generally and more specifically prior to appointments or assessments
- Explore the use of visual display boards, audio description and on-screen signing throughout front-line services
- 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.
- Develop information and communication on general health procedures to be available through wider public services, to enable individuals to be well prepared and informed prior to appointments or procedure

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.

Improve the coordination, integration, reach and effectiveness of sensory loss 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.

Over the next ten years of the locality plan, our approach to driving a decisive shift to prevention will be through providing practical improvement and support and will challenge partners to:



Key Priorities

- 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
- Build upon current 'shared care' models of practise within Optometry and Ophthalmology, with a view to piloting with other eye conditions
- Improve support for people with sensory loss, including those with 'hidden' sensory loss
- Develop sensory awareness training for all staff and services, building appropriate content into the core training regimes of different professional groups and organisations.
- Develop a public awareness campaign to raise awareness of the causes of sensory loss and how to tackle these.
- Provide emotional support at the point of diagnosis and explore the provision of counselling services to be available to those with a sensory loss throughout their life as required, and for those parents who have children with a sensory loss.

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 loss 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.

To develop a person centred approach to the delivery of sensory loss services in Ayrshire and Arran

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 carers 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.



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 loss. 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 Getting it Right for Every Child (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 ten years of this plan, our approach to improving the focus on personal outcomes will be supporting partners to:



Key Priorities

- Empower service users and carers by providing comprehensive, accessible and relevant information and advice
- Develop information provision on what is available to service users, including services, aids and adaptations to enable service users to be fully involved in their own outcomes
- Develop 'talking points' to use as an outcomes approach for adults and children's services, ensuring the person is being asked what they need or want
- Develop a set of minimum standards for the outcomes approach to be implemented. These standards should be developed for children, young people, adults and older people.
- Explore the use of 'Seeing it my way' in the development of outcome based approaches and scope out the development of 'Hearing it my way' or 'Seeing and Hearing it my way'
- 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 loss

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 assist 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.

Develop a service which is accessible to use, easy to understand and delivers effective outcomes.

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 loss pathways to reflect the local needs and the links with sensory loss 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 loss, those with an identified sensory loss, and people who may be living with a hidden sensory loss. It will also reflect the importance of prompting the outcomes based approach outlined earlier. Over the next ten years of the strategy, the approach to delivering clear and effective pathways will be providing support to partners to:



Key Priorities

- 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.
- The communication throughout a care pathway is critical and should include hearing support, BSL interpretation and accessible information at all stages of a care pathway
- Develop a care pathway from birth, through key transitional stages to older age for hearing, sight and dual sensory loss.

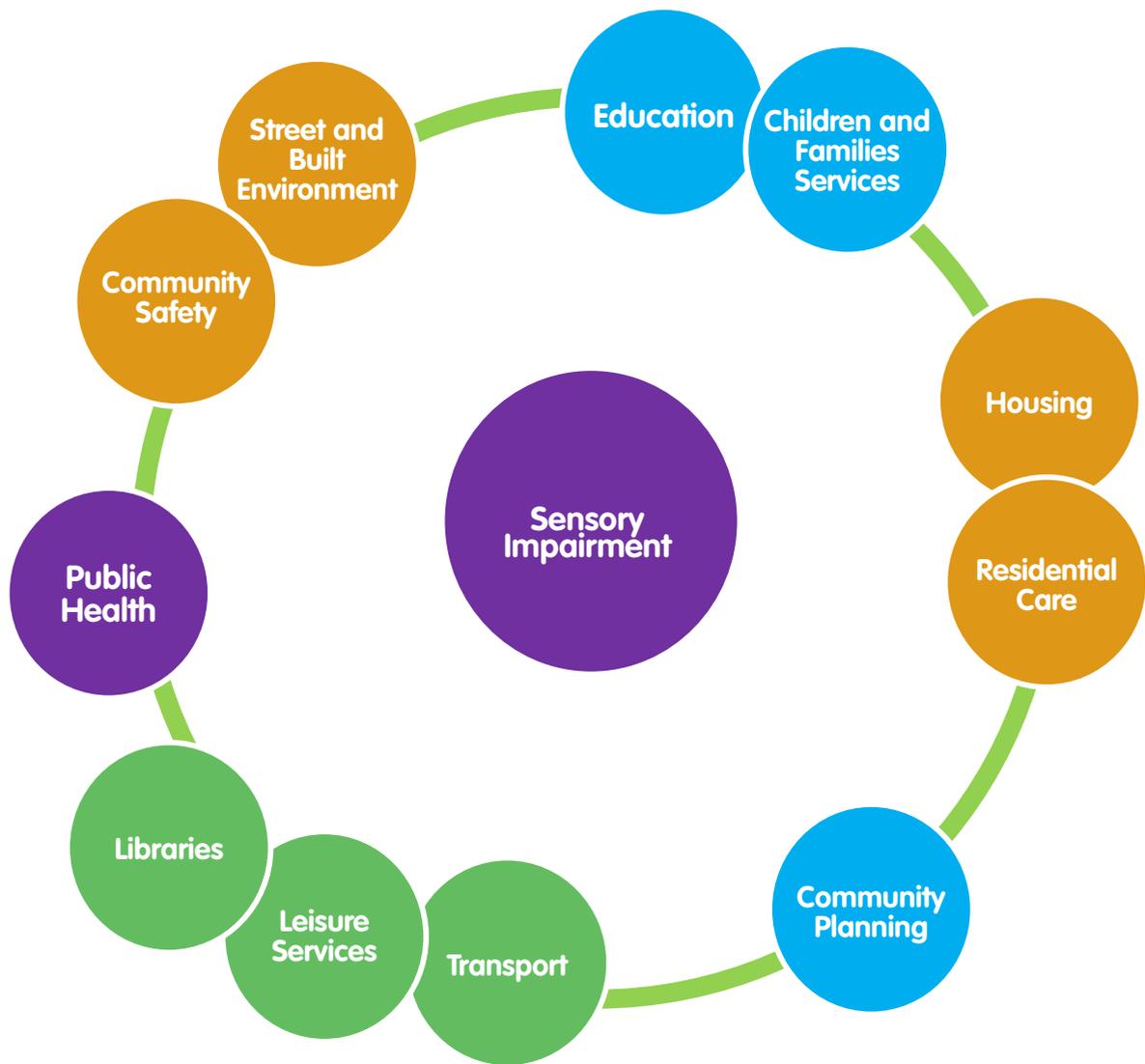
Integrated and Localised

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.



Develop an integrated service which provides seamless provision and access across Ayrshire and Arran.

Ayrshire and Arran's Sensory loss 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 Impairment Team that works across Ayrshire and Arran and provides 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 ten sensory loss teams, one in each local authority, to a model of one sensory loss 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 delivery across the local area. It will we anticipate, enable a single, clear and effective referral pathway into the service. This will provide those with a sensory loss with a responsive, seamless, person-centred approach which will meet their individual needs.

The shift to a Pan-Ayrshire and Arran sensory loss 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 ten years of the strategy, the approach to providing an integrated and localised service will be providing support to partners to:



Key Priorities

- Implement a pan-Ayrshire sensory service
- Provide a consistent and high quality service across Ayrshire
- Raise the profile and promote the role of the service in the wider community including in both urban and rural areas
- Provide one point of contact to access Sensory loss 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, leisure and emergency services.
- Develop and deliver 3 local implementation plans to ensure the local population needs are met
- Share learning across wider cross-sector programmes
- Develop a pathway to share information and communicate what services are available to those with a sensory loss

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:

Develop a sensory loss service which is flexible, responsive and forward looking.

- 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 these changing circumstances and challenges and to ensure it remains fit for purpose. This will require reflection on the changing needs of those with a sensory loss 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 tele-care/tele-health, increasing its emphasis on promoting prevention. Over the next ten years of the plan, the approach to providing a flexible, adaptive and fit for the future service will be providing support to partners to:

Key Priorities

- Build on local assets and increase community capacity through the development of volunteer's resources
- Develop peer support networks for children, young people and their families and carers and also adults and older people.
- 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.

Improving Practise and Performance

Reliable information is basic to understanding the prevalence of sensory loss 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

Provide reliable information to understand the prevalence of sensory loss 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.

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 loss 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 will be 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.

To improve the practise and performance of sensory services over the next ten years, partners will be supported to:



Key Priorities

- **Develop a structure where those with sensory loss are involved on a continuous basis when evaluating or improving services**
- **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 loss 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**
- **Develop a set of standards to monitor the quality of service development**
- **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 loss support services for people living with sensory loss in Ayrshire and Arran and to drive forward the joint sensory locality plan in response to the Scottish Governments 'See Hear' Sensory Impairment strategy.

This group reports on the developments in sensory loss and the locality plan to the three local partnerships including the NHS and Councils.

To ensure that the sensory locality plan is as inclusive as possible, a formal consultation period was launched with an engagement event. The event brought together around 170 service-users and providers to have their say and ensure that the sensory locality plan included the key issues to improve services for those with a sensory loss in Ayrshire and Arran. People were encouraged to respond to the consultation individually, as part of a group or organisation or both.

In addition to this, four further focus groups were held with:

- **Parents, carers and families of children and young people with a hearing loss**
- **Adults and Older people who use BSL as their first language**
- **Adults and Older people with a sight loss**
- **Adults and Older people with a hearing loss**

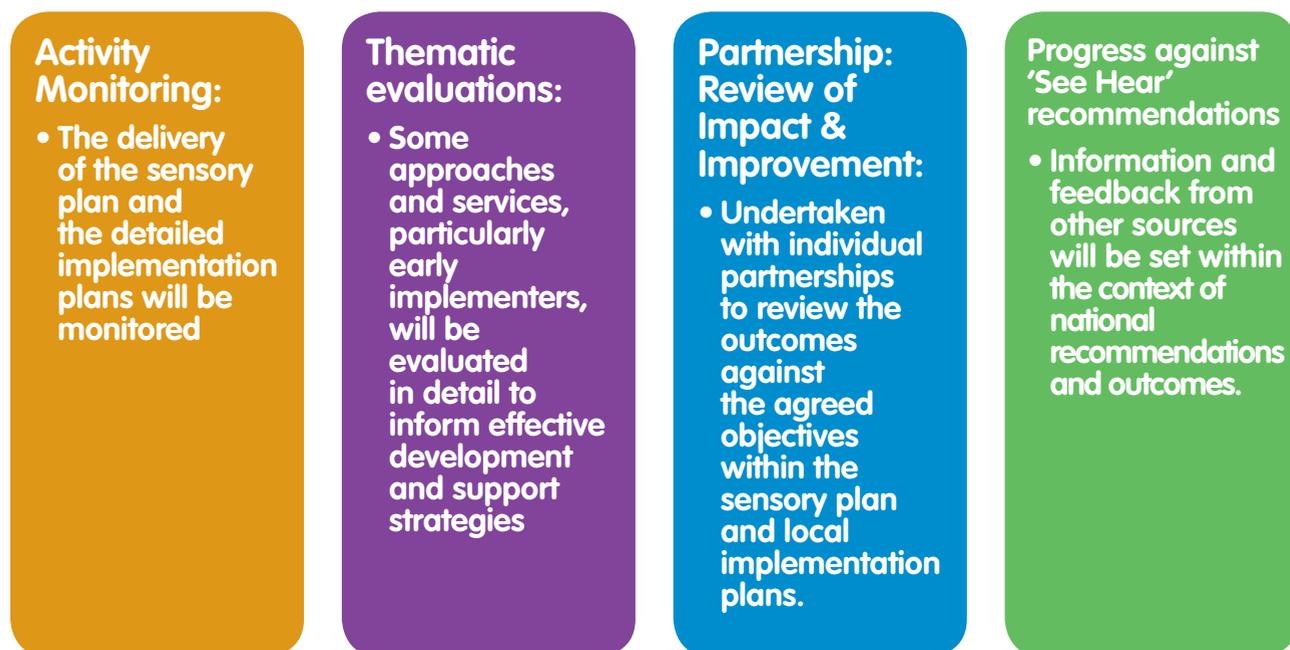
The intention had been to hold a fifth focus group with parents, carers and families of children and young people with a sight loss, but unfortunately, due to a combination of difficulties, this was not possible

Whilst the groups gave excellent feedback and comments to drive forward the sensory locality plan, ensuring that it was relevant and useful, it was noted that there was no specific input from children and young people themselves. We acknowledge this gap and will be developing strategies and methods to ensure that children and young people are included within further consultations on the development of the three implementation plans and evaluation of service improvements.

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 ten years. Interim implementation reviews will take place in 2018 and 2021.

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:

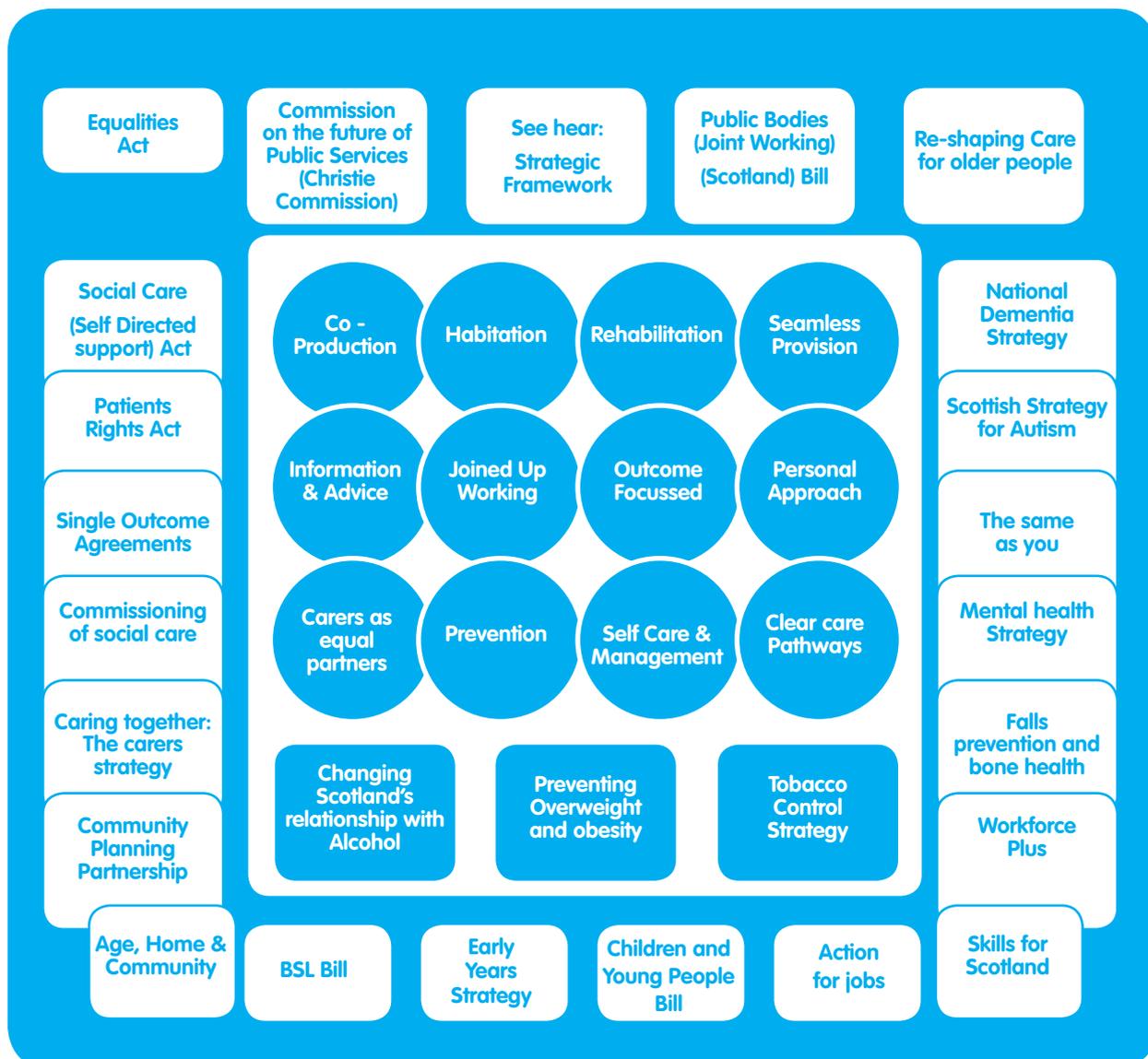


Progress made towards meeting the objectives set out within each local council implementation plan will be reviewed annually, with full reports and feedback being given to the Strategic Alliance Group for consideration and action, where required.

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 loss, they all have a strong relevance to those people with a sensory loss.



See Hear: A strategic framework for meeting the needs of people with a sensory loss in Scotland

See Hear, due to be published by the Scottish Government in early 2014, sets out a cradle to grave framework for sensory loss 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 loss.

- It recognises that different types of sensory loss will require different responses
- It recognises that the responsibility for systems of care lies with the statutory agencies, but can be delivered across a 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 loss to ensure that needs are recognised and responded to in an outcomes focused 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 loss 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 loss.

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 loss 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.
- 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

APPENDIX C:

"SEEING AND HEARING IT MY WAY"

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

APPENDIX D: PARTNERSHIP ORGANISATIONS

