

**Open Report on behalf of Glen Garrod,
Executive Director of Adult Care and Community Wellbeing**

Report to:

Adults Scrutiny Committee

Date:

30 November 2016

Subject:

Lincolnshire Sensory Services Progress Report

Summary:

This item invites Adults Scrutiny Committee to consider a report entitled Lincolnshire Sensory Services (LSS) Progress Report.

The recommendations to re-procure the service were supported by the Adults Scrutiny Committee on 9 September 2015 and subsequently approved by the Executive Councillor on 14 September 2015. It was however requested that when the service had been up and running for a reasonable amount of time the provider would be invited to give the Committee a progress update.

Actions Required:

To consider the information presented in this report.

1. Background

The Lincolnshire Sensory Services (LSS) commenced 1 April 2016. It is a preventative and reablement service for both adults and children with a sensory impairment, both cognitive and acquired and their associated disabilities. The contract encompasses visual impairment (including blind and partially sighted), hearing impairment (including those who are profoundly deaf, deafened and hard of hearing) and dual sensory impairment (deafblindness).

Eligibility

To be eligible for a sensory service people will be:

- All ages including new-born;
- In need of short term support to remain in their own homes and community;
- Ordinarily a resident within Lincolnshire;
- Adults and children who are both non registered and registered blind, sight impaired, deaf, hearing impaired or have dual sensory loss or deafblind;
- Aged 18 plus have specific and identifiable vulnerabilities that render them in need of support services.

Service Delivery

The service provides the following activities:

- Assess need and produce support plans;
- Set up and maintain homes/tenancies;
- Support home management and life skills;
- Provide general support and promote well-being;
- Deliver advice, advocacy and liaison.

The Lincolnshire Sensory Service contributes towards Lincolnshire County Council achieving positive strategic outcomes for people in alignment with the following:

- Adult Social Care Outcomes Framework
- Public Health Outcomes Framework
- Children's Outcomes Framework

The service commissioned locally for adults and children with a sensory impairment and their associated disabilities where applicable will achieve the following individual outcomes:

- Build confidence;
- Develop communication skills;
- Develop independent living skills;
- Develop mobility skills;
- Gain opportunities to employment and/or access education.

Scope

The contractual arrangements have resulted in the following:

- A countywide Service with a single point of access for both children and adults with a sensory impairment.
- A Service that will ensure that there is a planned approach to working with relevant professionals and partner agencies.
- A Service that is both flexible and responsive to service user needs that will be delivered with the aim of promoting personalisation and enhancing quality of life for service users.

- A Service Provider who will ensure that the service is designed to address the needs of individual service users via the achievement of identified outcomes in their Support Plan.
- A Service Provider who will meet the specific needs of people with a sensory impairment whilst maximising the use of mainstream resources.
- A Service Provider who will value difference and will respect, support, and meet the needs and preferences of people with a learning disability, whatever their: disability, ethnicity, age, gender, sexual orientation (and identity), religion or belief.
- An affordable service that meets the Council's obligations in carrying out its duties to those with sensory impairment.

Service Delivery Model

The service is delivered by a local partnership comprising three organisations. Action on Hearing Loss, as prime provider and the Blind Societies, both Lincoln and Lindsey and South Lincolnshire as integral partners.

The structure is identified at Appendix A of this report.

Performance

The partnership has performed extremely well during the first two quarters of the contract. The team have worked hard to assess and provide services to a 190 caseload backlog. This backlog was cleared at the end of August even though there were a number of vacancies within the structure.

There are 21 indicators in total that are monitored on a quarterly basis. The full list of indicators is set out at Appendix B of this report. The latest quarter 2 key performance indicators are identified below:

| LSS KPIs | Baseline Q2 | Actual Q2 | Percentage Performance |
|--------------------------|-------------|-----------|------------------------|
| Referral | 331 | 306 | 92% |
| Other Services Referrals | 66 | 73 | 111% |
| Increased Confidence | 74 | 71 | 96% |
| Better Communication | 31 | 31 | 100% |
| Increased Independence | 97 | 95 | 98% |
| Increased Mobility | 33 | 33 | 100% |
| Gained Paid Work | 6 | 6 | 100% |
| Reduced Isolation | 26 | 23 | 88% |
| No. Paid Employees | 18 | 18 | For review |
| No. of Volunteers | 84 | 82 | For review |
| No. of Complaints | 3 | 3 | For review |
| No. of Compliments | 7 | 20 | For review |
| No. of Hours Paid | 7800 | 6803.4 | 87% |
| No. of Volunteer Hours | 800 | 608 | 76% |

Throughout the first two quarters, in addition to the management of the backlog, the service has received and delivered the following:

- 533 new referrals
- 117 referral to other services
- 424 positive individual outcomes
- 18 paid staff delivering 13,273 hours of delivery
- 82 volunteers delivering 908 hours of delivery

Case Studies

Specific case studies are requested each quarter. The LSS has to demonstrate through these case studies that the overarching outcome frameworks for Adult Social Care, Public Health and Children's are being met. A minimum of two case studies per outcome framework are required each quarter. The latest quarterly information in respect of case studies is identified at Appendix C of this report.

Integration with Health

Significant work has been undertaken by the partnership regarding integration with health. Examples of this activity is set out below:

- The partnership is working closely with Action for Blind People which is part of the RNIB group. As a result of this joint working an investment of £192,000 has been offered over a three year period. Match funding of £44,000 will need to be secured and if so will support two Eye Clinic Liaison Officers (ECLO) to work at Lincoln and Boston Hospitals. The benefits to both Health and Social Care of having an ECLO are identified at Appendix D of this report.
- The ULHT [United Lincolnshire Hospitals NHS Trust] Audiology Department agreeing to train LSS staff members to provide basic hearing aid repairs.
- The Accessible Information Standards Project Group has enabled LSS to work with the Hospital Trust to produce large print letters. Following receipt of feedback from Deaf people attending the Age UK drop in barriers were identified for Deaf people attending services within the NHS.
- Attendance at the Children's Hearing Services Working Group has led to the need to look at the development of a questionnaire to consider audiology. LSS will assist in the collation of this and will be attending the Parent Forum for HI [Hearing Impairment] children.

Process Improvement, Added Value and Service Development

The partnership will establish a Strategic Partnership Board which will be in place by January 2017. Key stakeholders have been identified to be represented on the Board. This will ensure further development of the service and effective referral pathways. It will also bridge any gaps in provision and avoid any duplication.

As well as the 32 drop in sessions identified within Action on Hearing Loss's original tender there are wider community activities that the service is delivering. Some of these are identified at Appendix E of this report.

The partnership continues to consider and review processes. An example is the Certificate Visual Impaired (CVI) process. In addition to this the Adult Care Performance Team cleansed the CVI data and an ongoing arrangement with the provider and commissioner has been established to ensure that locally we have accurate figures for future commissioning intentions. The service provider has also fed into the JSNA [Joint Strategic Needs Assessment] for sensory and physical disabilities.

A single sensory assessment tool has commenced and will be completed by the end of October ready to be uploaded to the MOSIAC system along with referral information when live.

The Service Provider has undertaken training of front line Lincolnshire County Council staff to raise awareness of sensory impairments. There are three further sessions planned.

In terms of continuous improvement, the partnership have very much welcomed the offer of a Peer Review. This will be undertaken by Jane Harrison of Children's Services. Areas of focus have been identified as mobility and orientation, provision for Deaf Blind Children and transition from Children's to Adults.

2. Conclusion

Lincolnshire County Council has a statutory responsibility to provide Sensory Impairment Services for residents of Lincolnshire. Evidence suggests that due to demographic profiling, and the prevalence of age related Sensory Impairments, there will inevitably be an increase in demand for this service in the future.

Through undertaking a recent procurement and awarding the services to a local partnership the last two quarters show that we have a dedicated team of people delivering high quality, value for money, effective service provision.

3. Appendices - These are listed below and attached at the back of the report

| | |
|------------|-------------------------------------------|
| Appendix A | Partnership Staff Structure |
| Appendix B | Key Performance Indicators |
| Appendix C | Case Studies |
| Appendix D | Benefits of an Eye Clinic Liaison Officer |
| Appendix E | Added Value Wider Community Activity |

4. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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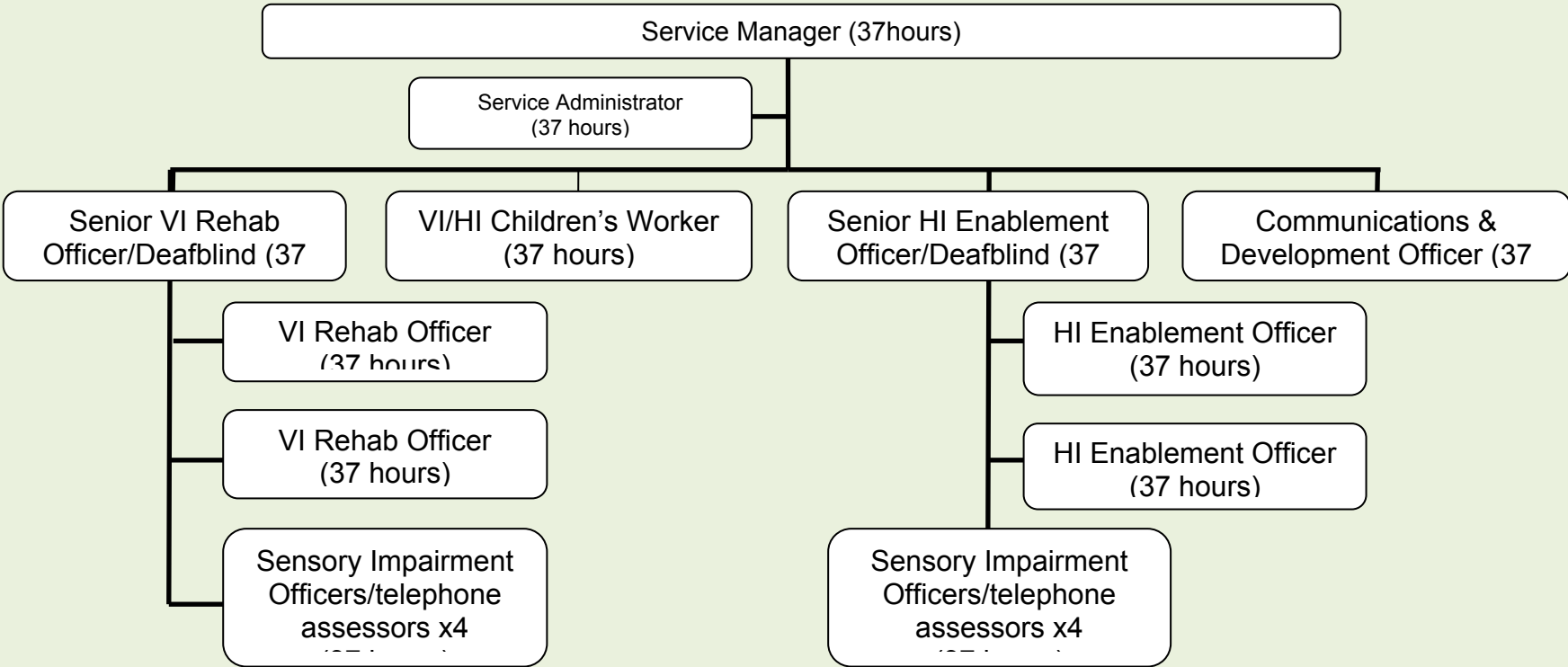
Appendix A – Partnership Staff Structure

Board of Trustees

Consortium Management Team



Service Delivery Team



Volunteers x 50

Support Functions including Volunteering, Finance, Legal, HR, IS, Education and Risk

Key Performance Indicators

| No. | Title | Target | Frequency of Collection |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------|-------------------------|
| Key Performance Indicators – General | | | |
| 1 | No. of Referral Received in Reporting Period | 331 | Quarterly |
| 2 | % of Referrals to Other Services | 20% | Quarterly |
| Key Performance Indicators – Service User Outcome Measures | | | |
| 3 | % of people who have increased confidence | 95% | Quarterly |
| 4 | % of people who have developed communication skills | 95% | Quarterly |
| 5 | % of people who have increased independence | 95% | Quarterly |
| 6 | % of people who have increased mobility | 95% | Quarterly |
| 7 | % of people supported to obtain paid work, participate in training, learning or work like activity | 90% | Quarterly |
| 8 | % of people who have reduced social isolation | 95% | Quarterly |
| Key Performance Indicators - Management Information | | | |
| 9 | Profile of total referrals broken down by Client Level Data | N/A | Monthly |
| 10 | No. of Repeat Referrals | N/A | Quarterly |
| 11 | No. of Referrals Not Acted On | N/A | Quarterly |
| 12 | Source of Referral | N/A | Quarterly |
| 13 | No. of New Cases Opened | N/A | Quarterly |
| 14 | No. of Active Cases | N/A | Quarterly |
| 15 | No. of Cases Terminated | N/A | Quarterly |
| 16 | No. of Items and Value of Equipment Issued | N/A | Quarterly |
| 17 | No. of Paid Employees | N/A | Quarterly |
| 18 | No. of Volunteers | N/A | Quarterly |
| 19 | No. of Complaints Received and Conclusion | N/A | Quarterly |
| 20 | No. of Compliments Received | N/A | Quarterly |
| Key Performance Indicators - Performance Service Credit Indicators | | | |
| 21 | Total number of hours delivered and breakdown of whether face to face contact or other means | TBC* | Annually |

Case Studies Quarter Two**Strategic Outcomes Framework demonstrated by Case studies:****Adult Social Care Outcomes Framework****Client 1**

Miss C is profoundly Deaf; sight impaired and has a mild learning disability. She has lived under the care of her mother for the whole of her life so struggles to understand how to live independently, manage finances and communicate effectively, this has previously been managed by her mother. Miss C is frustrated with her hearing loss as she faces difficulties with communicating which affects her confidence. Miss C moved into a home for a year funded by Lincolnshire County Council. This was to enable her to develop independent living skills. She is due to move on in December 2016.

Work completed

A needs assessment was completed. Assistance was given to enable Miss C to apply and be placed on the housing register. Miss C was enabled to understand how the process worked. Miss C moved into her own property and was enabled to set up new bill accounts for Anglican water, British Gas, and TV License. Benefits were checked. Adapted equipment was provided to ensure her safety in the home e.g. Pager alerting system. Additional professional input was provided and assistance given to enable Miss C to access interpreter support for meetings.

Outcomes

Miss C now lives in sheltered accommodation which has enabled her to develop confidence; choice and control over her life.

She understands her household finances and is able to pay her bills.

Additional on-going support is being provided by Care Plus and SENSE to enable her to maintain this independence.

Client 2

Mr H has Macular Degeneration but was not registered. Mr H has COPD and has to receive oxygen for 15 hours per day. He also has a hernia and is diabetic. He requested assistance with reading information. He is photophobic and was unable to go out in bright sunlight. He did not understand his eye condition and was unable to carry out simple tasks in the home.

Work completed

A referral was made for a Low Vision Assessment. Information was provided about his eye condition – wet ARMD. Information was provided on lighting that would assist him to see within his home. UV shields were provided to enable him to go out in bright sunlight. Training was given to enable him to make a drink safely and independently - equipment was provided to assist him: a liquid level indicator. He

was shown how to make his the font size on his I Pad larger – accessibility information was explained. A referral to the Blind society was made to provide long term support through membership to social events.

Outcomes

Mr H was provide with information and equipment to assist him to understand his sight loss which has enabled him to cope with this and maintain his independence. In addition he has access to the on-going support from the Blind society and their groups.

Public Health Outcomes Framework

Client 1

Ms A is profoundly Deaf and is a British Sign Language user. She requires a BSL interpreter to communicate. She has additional health problems – unbalanced hips; a back problem and asthma. She suffers with stress and depression.

Work completed

The LSS Deaf enablement officer assisted Ms A to have a Fire service home safety check and a new fire alarm was provided. Other equipment advice was provided. Ms A requested and was enabled to refer to Sign Health services – BSL Healthy Minds who were able to provide counselling sessions for her. Deaf club information was also provided.

Outcomes

Ms A attends a local Deaf club and this is assisting with her mental health issues. She has been provided with counselling from Sign Health and reports that this is helping her to understand the issues that are affecting her. This support has enabled her to continue to live independently.

Client 2

Mr M has had a stroke which has affected his vision and his processing skills and in addition he has a tremor. He wanted to be able to go outside and develop some independence.

Work completed

With support from the LSS Rehabilitation Officer and Trainee Rehab Officer he was provide with a white stick which enabled him to walk into the garden. He was then provided with a long cane and further training which enabled him to go shopping into town. His wife was taught sighted guide techniques to assist him when necessary.

To develop his processing skills his wife was using flash cards. The Trainee Rehab set up the speech programme on his computer so that he was able to use his keyboard (each letter was spoken to him) she is now teaching him how to touch type.

A one cup boiler was provided to enable him to make a drink safely (his wife would not allow him to do this as she felt with his tremor he would not be able to pick up the kettle).

Outcomes

Mr M has been enabled to be independent – he now feels he can do something for his wife – make a cup of tea. He is now more mobile and take exercise as he is able to walk into town and go outside which he has been advised will reduce his risk of further strokes.

Children's Outcomes Framework

Client 1

Miss B is 11 years old and is sight impaired with Macular Retinal Dysfunction. She has a rare genetic condition which causes her difficulties with breathing and is also asthmatic. She was referred into the service by the SEST education team for assistance. She lives with her grandparents who reported that they had not received any support at home previously.

Work completed

After a needs assessment she was referred for an OT assessment for equipment in the bathroom as she was struggling to see to wash and shower. A Liquid level indicator and safe pouring techniques were taught to enable her to make a drink. Bump ons were fitted to enable her to use equipment in the kitchen independently. A writing guide was provided and a referral to Calibre Talking Books made to assist her to access information.

A referral to the Guide Dogs mobility team was made and they taught her the route from home to her new school.

A referral was made to the BID Lincolnshire chance to meet project to enable Miss B to have contact with other sight impaired children.

Outcomes:

Miss B's developed increase confidence and independence and her grandparents were pleased with the service as they now had access to services and a contact point for further information.

Client 2

Master M is 16 and has Downs syndrome and is hearing and sight impaired with some behavioural issues. He is a member of the travelling community. His mother requested assistance to apply for benefits to assist her to provide for Master M.

Work completed

An assessment of need was carried out. It was determined that Master M did not require any equipment or intervention at home as the community provided all the support that Mum felt she required. However as his Mum was unable to read or write

assistance was required to apply for benefits. Telephone calls and assistance with form completion enabled Mum to apply for the Family fund payment.

Outcomes

Master M's mum was really pleased with the support received – her application to the family fund was successful and she now had access to services should she need assistance.

Benefits of an Eye Clinic Liaison Officer

Eye Clinic Liaison Officers (ECLOs) are early intervention support staff that provide information about eye conditions and services, plus emotional support, within an eye clinic setting. ECLOs are key in helping patients understand the impact of their diagnosis and providing them with emotional and practical support to deal with their sight loss and maintain their independence.

- ECLOs have time to dedicate to patients after their consultant appointment, so that they can discuss the impact the condition may have on their life. They are also able to discuss and provide practical advice on treatment regime compliance (eg. attending AMD injections clinics, the importance of using eye drops prescribed for glaucoma) and self care.
- ECLOs provide an efficient and effective role in the certification of visual impairment (CVI) of patients, saving clinicians' time and ensuring that the CVI is appropriately followed up by registration with the local authority and the assessment for rehabilitation and mobility services that follows takes place appropriately.
- They have established referral routes into relevant local specialist services (eg Falls Prevention, employment retention, rehabilitation, low vision services, social support and welfare benefits).
- While clinical staff are expert in eye conditions ECLOs are expert in the range of services and supports that are relevant to people with sight loss and ensure that patients can access these in a timely fashion, fulfilling a role that clinicians cannot deliver in modern ophthalmology departments.

Benefits for both Lincolnshire County Council and the NHS are directly attributable to the ECLO service and set out below:

- Increased Independence in the Home
 - Through both its practical and emotional impact sight loss can have a significant impact on someone's ability to remain independent in their own home, often resulting in a greater need for support in daily life. Therefore a valuable outcome that ECLO support can help- deliver at the point of diagnosis is information and confidence to remain independent in the home.
- Increased Emotional Wellbeing
 - ECLO studies show that 59% of respondents reported increased wellbeing measured by optimism about living with sight loss after receiving the service. This in turn reduces the high risk of depression.

- Job Retention
 - The employment rate for blind and partially sighted people is consistently below that of the general population. ECLO studies show that of those of working age after receiving the service 33% reported increased confidence to retain a job they were in.

- Welfare Spend
 - There are several benefits and tax credits that people with sight loss and their family may be eligible for to support daily living. The studies show following ECLO support 32% of respondents increased welfare payments.

- Reduced Fear of Falling
 - The costs of falls to the NHS has been estimated recently at over £2 billion a year in Health and Social Care costs. (Age UK 2010). Therefore reduction of the likelihood and frequency of falling through training, education and awareness raising is a highly valuable outcome. Eleven percent of respondents reported reduced fear of falling as a direct result of the ECLO support they received.

- Decreased Demand on Health Professionals
 - The ECLO role is designed to be part of / and embedded into the eye clinic operations. One significant saving as a result of the ECLO is a reduction in re-admission to nurse / clinician appointments.

- Non-Valued Outcomes
 - There is also non-value outcomes that can be evidenced as a result of the ECLO Service. These include increased registration and increased service uptake.

Added Value Wider Community Activities
Current Groups in the Lincolnshire County Council Area.

Horncastle

Friendship Group

Last Tuesday of the month 2pm – 4pm at Sellwood Gardens Community Room.

Lincoln

Monday Club,

Alternate Mondays 10am – 1.30pm at the Community Centre, St Clements Court, Newport. Contact Brenda on 01522 822327.

Reading Group,

2nd Wednesday of the month 1.15pm – 3pm at Lincoln Library.

Creative Writing Group

Alternate Thursdays 11am – 1pm at Involve@Lincoln, Mint Lane. £1 to include tea and coffee. Contact Michaela 07968 270150.

Busy Bees Craft Group

One Wednesday a month 2 – 4pm at the Abbey Neighbourhood Office, Belmont Street. £1.50 to include tea and coffee. Contact Michaela 07968 270150.

Louth

Reading Group,

1st Tuesday of the month 10am – 12 noon at Ramsgate House, Pleasant Place.

Social Group,

Last Wednesday of the month 1.30pm – 3.30pm at Ramsgate House, Pleasant Place.

Mablethorpe

Reading Group,

Last Thursday of the month 10.15am – 11.30am at Mablethorpe Library.

Friendship Group,

3rd Monday of the month 2pm – 4pm at Peter Dyer Court, Seacroft Road.

Ten Pin Bowling Group,

Alternate Wednesdays from 10.30am at the Mirage Centre, 9-19 High Street.

Skegness

Social Group,

Alternate Wednesdays 2pm – 4pm at the Philip Grove Community Centre.

Reading Group,

1st Tuesday of the month 2pm – 3.30pm at the Philip Grove Community Centre.

Bowling Group,

Every Wednesday 9am – 11am at Pier Bowling, North Parade.

Spilsby

Friendship/Craft Group,

1st Friday of the month 10am – 12 noon at the New Life Church, Church Street.

In addition just starting a group to run monthly in Gainsborough and another one for Louth.

The iPad sessions generally run one a one to one basis when someone has been identified as needing this. The Resource Centre is also available for anyone to drop into at any time Monday – Thursday each week.