

## Appendix 1

### Report of the Health Scrutiny Topic Team

#### Physical and Sensory Disability Services provided through contracts with the voluntary sector.

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## 1. Purpose of the report

Healthy Halton Policy and Performance Board at its meeting on 12<sup>th</sup> June 2007 agreed that contracts for services provided by the voluntary sector for people with physical and sensory disabilities would be selected as a work topic for scrutiny.

This report outlines why the services needed review and how this was undertaken and brings together the findings.

## 2. Why was this topic chosen?

Whilst only a small number of contracts exist providing for example, services for people who are blind, these contracts are very important given the complex needs of people receiving these services. Services for people with physical and sensory disability have been perceived nationally as Cinderella Services and a focus on such services will ensure that the importance of meeting the needs of people with physical and sensory disabilities are locally recognized and improved upon.

It is also important to explore the contribution these services make to the Vision for Physical and Sensory Disability Services in Halton, which includes a commitment to promote independence through the social model of disability. To achieve this a wide change in public attitudes towards disability from one where disabled people are defined by their impairment e.g. arthritic, epileptic (known as the medical model of disability) to one where there is an acceptance that society needs to make adjustments so that disabled people are able to take up the same opportunities and make the same choices as everyone else (the social model of disability) needs to be made.

## 3. Parameters of this scrutiny review

### Aims of the review

There are four key aims of this review:

- To ensure services provided to people with a physical and sensory disability are effective, appropriate and demonstrate value for money.
- To predict future needs to ensure services continue to meet expectations and are developed appropriately.
- To develop a methodology for identifying best practice which will be beneficial to other service reviews.
- To enhance collaborative arrangements between key services thus ensuring effective and efficient use of combined resources.

### Scope of the review

The scope of the review encompassed three voluntary sector contracts for the provision of services for adults with physical and sensory disabilities:

Service	Provider
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Information services for disabled people	Halton Disability Information Services
Care management, provision of equipment for people with hearing impairments and services for people who are deaf/blind	Deafness Support Network
Services for people with visual impairment	Vision Support

In addition to these services, Vision rehabilitation services based in-house within the PSD care management team will also form part of the review to explore the links with the voluntary sector and be considered in any recommendations for future service developments and provision. It is also acknowledged that the PCT contribute to Vision support services and this has been considered throughout the review.

### Key outcomes and outputs sought

- (i) To identify existing and future need within Halton for specific services, particularly in relation to deafness and blindness
- (ii) To ascertain how effective current provision is in meeting the need of this small group of people
- (iii) To look at future services, identify any service gaps and necessary service improvements
- (iv) To make recommendations regarding future service development and provision.

## 4. The Scrutiny Process

The Scrutiny Panel consisted of the following people:

Members:	Ellen Cargill	Officers:	Marie Mahmood
	Pamela Wallace		Angela McNamara
	Joan Lowe		Liz Gladwyn
	Margaret Horabin		Mark Holt
	Martha Lloyd Jones		
	Geoffrey Swift		
	Chris Inch		
	Kath Loftus		
	Robert Gilligan		

At its first meeting on 17<sup>th</sup> October 2007, the panel agreed the project brief (Appendix 2), which split the work into four distinct stages:

1. Strategic review:  
This was the first stage when the strategic relevance of the service as well as an assessment of demand would be conducted. If a negative response to stage 1 were found then the process would proceed to stage 4.
2. Desktop review of quality, performance and cost effectiveness:

This second stage was designed to identify any potential risk and provide the required detail for the scrutiny process.

3. Further evidence / service review investigation:  
Stage 3 would be required if specific risks had been identified at stage 2 and required more detailed follow up. Recommendations would come from this stage.
4. Outcome of a service review:  
This would be the final stage and involve taking the recommendations forward that have arisen from stages 1,2 and 3 of the review.

## **5 Evidence**

To enhance continuity this section will explore evidence relating to each of the three contracts individually under the headings strategic relevance, strategic objectives, demand for the service, performance, unit costs, visit findings, and benchmarking.

### **Halton Disability Service Contracted Service**

Halton Disability Service holds a contract with the Council to provide relevant information on services to disabled people in Halton including information on support groups, day centres, holidays and leisure.

In addition, Halton Disability Services will promote awareness within the community of the problems faced by disabled people with regard to access and associated issues enabling disabled people to reach their full potential.

It should be noted that the funding under this contract is being used by Halton Disability Services to contribute to the running of the Shop-mobility scheme but the Health and Community Directorate does not contract for this service. The review of this service will focus solely on the provision of information.

The service does not operate a telephone information service. It will respond to telephone enquiries but requests for information usually come via people calling in at the stores in Runcorn or Widnes to purchase equipment of use the shop mobility service.

### **Strategic Relevance**

This service does not undertake any statutory duties on behalf of the Council.

### **Strategic Objectives**

The information service can make a contribution to the Council's Strategic objectives in the following areas:

### A healthy Halton

This can be achieved through the provision of up to date information and signposting of individuals to appropriate support that will make life a more positive experience.

### Preventative agenda

Only if people are aware of services and support that they can access can the need for more costly services in the future be prevented or delayed. The availability of information on and signposting to, such services is at the core of prevention. Halton Disability Service has a role in this.

### Demand for the service

The 2001 census recorded 8,355 people living in Halton, aged 16-74 who had stated that they were either permanently sick or disabled. We also know that the rate of disability in the Borough (9.76%) is higher than both the England (5.52%) and North West Averages (7.75%).

From recent performance information the number of people using Halton Disability Service as an information source is summarised below.

	Runcorn	Widnes	Total
October	136	150	286
November	101	117	218
December	32	71	103
Total	269	338	607

- 84% of the enquiries were from people visiting rather than telephoning.
- 14% of enquiries came from people living outside the Halton postcode areas.
- 41% of enquirers were signposted elsewhere

People need a starting point to find information around potential support or services. For many, this is the Internet either accessed from home, through the library or other access sites based in the community. There are still those who do not have access to ICT or are not comfortable using it and this suggests that an information help line or drop in service is more appropriate.

### Performance

A mystery shopping exercise undertaken earlier this year raised some concerns around the quality of responses to telephone enquiries and there was no follow up through posting out a leaflet or referral to other sources of information. There does not seem to be a standard set of information available to staff/volunteers when handling requests/taking calls.

A monitoring visit undertaken in September 2007 highlighted

apparent breaches under the contract terms. The most significant of these is the lack of CRB checks for staff and volunteers and formal induction and training. Halton Disability Service were formally notified of the breach in December 2007 and a follow up meeting took place to agree actions to remedy this. In February 2008, the action relating to CRB checks had not been progressed and assistance with the process for volunteer checks was offered by another voluntary sector organisation. This offer had not been taken up in April and remains a cause for serious concern. The Council has limited powers to enforce checks on staff and volunteers employed on the shop mobility service as it does not commission this service.

### **Unit Cost information**

Based on available information the service deals with around 2,500 information requests annually. The current funding for this service is £9,608.

Unit cost per enquiry = £3.84

This takes no account of the quality of information provided which in over 40% of cases is signposting elsewhere.

### **Members' Visit**

Councillors visited the Runcorn based service at Halton Lea.

Members felt that the shop mobility side of the organisation had some merits, however it was clear that the contract between Halton Borough Council and Halton Disability Services was not being adhered to. Information was not being provided in an appropriate way and now that Halton Direct Link is in place there is not a need for the information part of the service.

There were concerns raised about the fact that members didn't see the Widnes office, however some mystery shopping visits have taken place and mirror the experience from Runcorn.

Members felt that funding received by HDS was not being invested in effective information services and given the pressures on voluntary sector funding across the Council this resource would be better directed elsewhere.

### **Benchmarking**

The Council has a skilled staff team in place through Halton Direct Link and the contact centre, which already offers information to individuals on disability related matters.

## **Services for Sensory Impairment**

The Council contracts for the provision of services to Children, Adults and Older people who have a visual and/or hearing impairment and their carers, with Deafness Support Network and Vision Support.

## **Deafness Support Network (DSN)**

### **Legislative Background**

DSN undertakes statutory Community Care assessments in accordance with the National Health Service and Community Care Act 1990 S47(1) a. Once a need for a service has been established that meets Halton's Fair Access to Care eligibility criteria, a statutory duty falls on the Council to meet this.

Social Services for disabled adults are generally provided under Section 29 of the National Assistance Act 1948 in conjunction with Section 2 of the Chronically Sick and Disabled Persons Act 1970.

Councils with Social Services responsibilities also have a duty under Section 1(1) of the Chronically Sick and Disabled Persons Act 1970 to inform themselves of the number of persons in their area to whom Section 29 of the National Assistance Act applies.

Social Services for Children are generally provided under The Children Act 1989, Primarily Section 17 and Schedule 2.

### **Contracted service**

Throughout this report the word 'Deaf' (with a capital D) is used to denote an individual whose first language is British Sign Language (BSL), while the term 'D/deaf' – now widely recognised by care service professionals – refers to everyone with a hearing loss: Deaf, deaf, deafened, hard-of-hearing and Deafblind people.

DSN provides a range of services to children and adults who are D/deaf and is contracted by the Council to provide Social Work intervention by a qualified Social Worker with the relevant experience for the identified user group in accordance with the Policies and Procedures of Halton Borough Council, the Care management Handbook and within the legal framework outlined above.

Individuals are assessed to identify appropriate support and equipment that will enable them to remain independent despite their hearing impairment. Staff employed includes social workers, technical officers and a deafblind specialist. DSN also provide interpreter services at an individuals service review meeting for the benefit of people contributing to the review who do not understand BSL.

Equipment prescribed typically includes wake up alarms, amplification

devices and baby cry alerts. Halton Integrated Community Equipment Service (HICES) hold stocks of the equipment most frequently requested. Having assessed the need for such equipment DSN's Technical Officers will then deliver the equipment, setup and demonstrate its correct use.

Although the contract held is between Halton Borough Council and DSN, the level of the service and contract value was set some ten years ago when Halton became a Unitary Authority. The service has evolved over this time in response to the Council's requirements and work has been undertaken to draft a revised service specification.

### **Deafblind Services (Dual Sensory Loss)**

There is an accepted working definition of deafblindness. "Persons are regarded as deafblind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility" (Think Dual Sensory, DOH 1995)

The term dual sensory loss can be used interchangeably with deafblindness denoting the fact that combined losses of sight and hearing are significant for the individual even where they are not profoundly deaf and totally blind. It is the way in which one sensory impairment impacts upon or compounds the second impairment, which causes the difficulties, even if taken separately, each single sensory impairment appears relatively mild.

DSN also holds the contract for the Deafblind service to Halton as part of a tripartite agreement with Cheshire County Council and Warrington Borough Council. Halton is the smallest partner, contributing to and receiving 16% of the service.

A specialist worker who has experience and understanding of the needs of people (birth to death) who are Deafblind completes the assessments in accordance with Halton Borough Council Policies and Procedures and the legal framework.

This service was originally set up in response to LAC (2001) 8 " Social Care for deaf/blind children and adults Section 7 guidance, Local Authority Social Services Act 1970". This guidance was issued in May 2001 and withdrawn in February 2006. However at withdrawal, the DH noted that it expected Councils to continue to apply the principles of good practice enshrined in the guidance:

Identify, make contact with and keep a record of deaf/blind people in their catchment area including those who have multiple disabilities including dual sensory impairment;

Ensure that when an assessment is required or requested it is carried out by a specifically trained person/team, equipped to assess the needs of a deaf/blind person, in particular to assess the need for one to one human contact, assistive technology and rehabilitation;

Ensure services provided to deafblind people are appropriate, recognising that they may not necessarily be able to benefit from mainstream services or at those services aimed primarily at blind people or deaf people who are able to rely on their other senses;  
 Ensure that they are able to access specifically trained one to one support workers for those people they assess as requiring one;  
 Provide information about services in formats and methods that are accessible to deaf/blind people;  
 Ensure that one member of the Senior management includes within his/her duties overall responsibility for deaf/blind services.

**Strategic Relevance**

DSN undertake statutory assessments on behalf of the Council as outlined under the section on Legislative Background above.

**Strategic Objectives**

The services provided by Deafness Support Network contribute to the Council’s Strategic objectives in the following areas:

**A Healthy Halton**

Deafness Support Network offers statutory assessments of need, training in the use of equipment and assistive technology and ongoing evaluation and monitoring of service provision. These services promote independence whilst reducing risk of physical harm and impact on a person’s sense of self worth and mental health.

**Preventative agenda**

As already outlined the reduction in risk of physical harm reduces unplanned hospital admissions whilst building self worth maintains a person’s mental health and prevents the need for intervention.

**Demand for the service**

Hearing Impairment is the commonest Sensory Impairment worldwide. Whilst age related hearing loss is the commonest cause of hearing impairment in the UK. The number of people with a hearing impairment is rising as the proportion of the population over age 60 increases.

**Deaf and hard of hearing adults in UK**

	Deaf and hard of hearing adults	Severely or profoundly deaf
Total UK	9 million	688,000
Age 16-60	2.5 million	108,000
Age over 60	6.5 million	580,000

In the general population, those aged 70 or over,

- 71% have some kind of hearing loss
- In 37% of cases this is moderate
- For 6%, the hearing loss is severe.

Source: RNID

There are 23,000 people recorded as deaf/blind in the UK. In Halton, there are 17 people registered with a dual sensory loss (deaf/blind). DSN have undertaken assessments for 12 of these people and currently three are receiving support and rehabilitation training – the remaining 5 people only wished to be registered and not undergo a formal assessment.

**Registers of people who are Deaf or Hard of Hearing in Halton at 31 March 2007** (The DH has not requested this return for 2008)

Note: people who are deaf or hard of hearing and also blind and recorded on the Register of the Blind are excluded from this return.

<b>Date of Birth</b>	<b>Age</b>	<b>Deaf</b>	<b>Hard of Hearing</b>
On or after 1 April 1989	0-17	18	10
1 April 1942 to 31 March 1989	18-64	129	178
1 April 1932 to 31 March 1942	65-74	13	105
On or before 31 March 1932	75 or over	12	377
	<b>All Ages</b>	<b>172</b>	<b>670</b>

**Performance**

As DSN are undertaking statutory assessments they contribute directly to the Directorate’s performance reported to CSCI. Appendix 3 contains a summary for the period April to September 2007. Areas requiring improvement are:

- Waiting time from referral to end of assessment – the national target is 28 days and DSN did not achieve this for 22% of referrals.
- Carers’ assessments/services – of the 5 people receiving a service, none of their carers have been assessed separately as we would have expected. There has been some confusion over advice given to DSN over where responsibility lies for these assessments. This will be followed up and agreed with DSN.

**Unit costs - core service**

The core service typically assesses/reviews around 152 people annually, In 2007/08 this service cost £51,985.

Unit cost per assessment/review = £342

Joint carers assessments may also be offered and some people will access support through the technical officer services. BSL interpreter services are also provided at reviews.

**Unit costs Deafblind service**

The Deafblind service has assessed 12 people and is currently offering ongoing support and rehabilitation to three of these people. The 2007/08 annual cost is £7,583.

Unit cost per person = £632

Note: this compares to the cost of spot purchasing a social work assessment from Deafblind UK at £550 per full day or £300 per half day plus travelling time/costs. Based on the information above, there does not appear to be any significant financial benefit from the tripartite contract. However, DSN offer ongoing professional support to individuals within this unit cost and further work will be undertaken to determine this added value.

### **Benchmarking**

Appendix 4 summarises how some neighbouring authorities are delivering this service.

### **Members' Visits**

Councillors visited and met people accessing two other services offered by DSN. Both services are based in Northwich, one a 24-hour supported living scheme and the other day activities. Members also met the Chief Executive and Executive, Operations and had the opportunity to discuss the assessment and equipment service which is the focus of the scrutiny group.

Members were impressed with the service that was being offered by Deafness Support Network (DSN), however there were some key points raised:

- Would it be appropriate for us to have a similar supported living scheme in the borough rather than in Northwich?  
Our priority is always to aim to accommodate people within the Borough, however it is often difficult to identify suitable properties and surrounding environment.
- When DSN had a service available at the Old Police Station why did service users still travel to Warrington?  
People will go where there established contacts are and if they already had connections with people attending the group and social activities in Warrington then they would be prepared to travel.
- Although the service was impressive there is still a need to tighten the contract and monitoring arrangements.
- Some work will need to be done on the tripartite agreement with Cheshire and Warrington, as there are differences in monitoring processes.

## Vision Support

This service is based in the Independent living Centre in Collier Street Runcorn and offers a range of services to people of all ages who are visually impaired.

The term visual impairment encompasses a wide range of sight problems, including:

People who are formally registered as blind or partially sighted;

People who have sight problems that are outside the legal criteria for formal registration but which nonetheless cause them difficulties;

People whose eye condition is not permanent – for example, people awaiting cataract surgery who may need support in the interim

(Progress in sight – National Standards of social care for visually impaired adults. ADSS October 2002)

Vision Support do not undertake any statutory community care assessments. Two workers within the Physical and Sensory Disability Care Management and Assessment team perform this function. Those people who are assessed as having a low level need are referred on to Vision Support. Referrals are also made from other voluntary organisation such as Age Concern, Action for the Blind.

## Contracted service

Vision Support offers the following support to blind and partially sighted people under its contract with Halton Borough Council:

- Resource Centres at the Independent Living Centre and mobile unit visiting the Borough (3 days scheduled in April 2008)
- Rehabilitation assistance
- Advice on and provision of equipment
- Welfare Benefits Checks
- Visual Impairment Courses
- Braille Group
- IT Training

## Demand for the Service

The NHS Information Centre records the following numbers of people by age range who are registered blind or partially sighted in the year ended March 2006.

	Total	17 and under	18-49	50-64	65-74	75+
England	307,655	8,625	34,260	28,470	30,210	206,090
		3%	11%	9%	10%	67%
North West	50,210	1,605	5,630	4,960	5,470	32,545
		3%	11%	10%	11%	65%
Halton	670	20	95	70	70	415
		3%	11%	8%	12%	67%

The figures in Halton are in line with the National and Regional trend although

numbers registered in the over 64 age ranges are slightly higher and those for the 50-64 age group are lower than both the regional and national figures

**Registration of Blind/Severely Sight Impaired persons and Partial Sight/Sight Impaired persons at 31 March 2006** (this return is only collected every two years)

**Blind/Severely Sight Impaired and Partial Sight/Sight Impaired persons – Numbers on the register and new registrations**

<i>Age</i>	<i>Blind/severely sight impaired persons at 31 March 2006</i>	<i>New registrations of blind/severely sight impaired persons in the year to 31 March 2006 – Age on registration</i>	<i>Partial sight/sight impaired persons registered at 31 March 2006</i>	<i>New registrations of partial sight/sight impaired persons in the year to 31 March 2006 – Age on registration</i>
<b>0-7</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>1</b>
<b>5-17</b>	<b>8</b>	<b>0</b>	<b>9</b>	<b>1</b>
<b>18-49</b>	<b>57</b>	<b>1</b>	<b>40</b>	<b>4</b>
<b>50-64</b>	<b>38</b>	<b>3</b>	<b>31</b>	<b>3</b>
<b>65-74</b>	<b>27</b>	<b>3</b>	<b>43</b>	<b>3</b>
<b>75 and over</b>	<b>158</b>	<b>12</b>	<b>257</b>	<b>19</b>
<i>Total</i>	<i>292</i>	<i>21</i>	<i>382</i>	<i>31</i>

**Performance**

Vision Support keep comprehensive information on the number of people and type of support they are providing. They offer home support and undertake around 1,430 visits in a year. A further 4,680 contacts are made through the resource centre based at the Independent Living Centre. These would typically be advice relating to equipment, mobility training or IT training on specialist software. Outcomes for individuals that they have reported include:

- Helping people to maintain friendships and prevent social isolation by accompanied visits to meet friends and take part in social activities and shopping trips
- Supporting people with benefits advice and completion of claims to access benefits
- Expanding/developing peoples communication skills through IT training to access the internet and increase independence
- People being enabled to keep health appointments with support from rehabilitation assistants.

Vision Support has also taken on an additional role in recent months by providing and managing Rehabilitation workers to undertake formal assessments on behalf of social care during in-house staff absence. This service has been valued.

### **Unit costs**

All funding streams from the Council and PCT contribute to the above services and it is not possible to split out who is paying for what. The unit cost is based on the total funding received of £90,469.

Unit cost per contact (home or resource centre) = £14.81

There is added value to this service through use of a mobile unit that visits the Borough each month and is fully equipped with accessible PC's as well as equipment.

### **Benchmarking**

See appendix 4.

### **Members'**

Councillors visited this service at the Independent Living Centre.

The service offers Support Workers, IT training, drop-in, equipment provision, Specialist computer packages, social groups.

During the visit it became clear that the normal chief officer was absent and the staff involved in the visit from Vision Support were from Chester. They had a basic knowledge of what was happening in Halton, but not the detail. It was explained that Vision Support was having some staffing difficulties at present that involved the current Chief Officer and they would let Marie Mahmood know the outcome of this. (Confirmation has now been received that a redundancy has resulted and this will be followed up to determine how the Halton Service will now be managed)

Key points from the visit:

- Software package was well received, but members were interested in how many service users would have access to it in their own home.
- There were concerns raised about access into the IT room, as it was cramped and very full.

This was followed up by a second visit by officers when it was confirmed that in most cases IT training is on a one to one basis and the room is an adequate size for this.

- Although Vision Support can demonstrate lots of activity (1400 visits, 4700 contacts), members would like to know how many service users actually use their service.
- Concerns were raised relating to the community bus that Vision Support were promoting at the visit as this does not appear to visit any sites in Halton.

On checking the schedule for April 2008, the mobile resource centre will be visiting Norton Priory, Ditton Community Centre and Grangeway Community Centre on three separate dates.

## **6 Conclusions**

### **Halton Disability Service**

There is little evidence of an effective information service being delivered and the lack of action relating to CRB checks for both staff and volunteers working on this and the shop mobility service is a real cause for concern as it is exposing vulnerable people to unnecessary risk.

### **Deafness Support Network**

Services for people with hearing impairment are generally performing well. Improvement is required to complete assessments within nationally set timescales and support for carers should be enhanced through assessment of their needs.

With regard to services for people with dual sensory loss (deafblind), it is recognised that DSN are able to follow on from assessment and provide ongoing support and rehabilitation. However further examination of the unit costs and added value needs to be undertaken with Warrington and Cheshire to evaluate the benefits of this service over spot purchasing.

### **Vision Support**

The resource centres are offering valuable support in demonstrating and helping people to select equipment and access training on IT to help with letter writing/reading. Some of the home visits by volunteers relate to benefits advice and form filling which can be offered through the Council's welfare benefits service and perhaps Vision Support need to be signposting here and freeing up volunteers time to support people in other ways.

## **7 Recommendations**

### **Halton Disability Service**

- i) The contract with Halton Disability Service for information services be de-commissioned and Halton Direct Link become the access point for information for disabled people living in the Borough.

### **Deafness Support Network**

- ii) Confirmation is sought from Warrington and the Cheshire Authorities that they wish to continue with the tripartite agreement with Deafness Support Network for both elements of the service and will work jointly to agree a standardised monitoring system for the contract.
- iii) Further benchmarking work is undertaken to consider alternatives including opportunities for partnership working e.g. with St Helens, to deliver the deaf/blind service.
- iv) Revised service specification be drawn up with Deafness Support Network that will lead to improved performance in areas highlighted in this report and that will capture evidence of outcomes for individuals.

**Vision support**

- v) Agreement be sought from the PCT for the Council to lead on commissioning services from Vision Support and a revised service specification incorporating both funding streams be agreed.
- vi) Further work be undertaken to examine the strategic vision of the Visual Impairment Rehabilitation Workers role, currently sited in the Assessment and Care Management Team and where this should be located in future.

## Appendix 2

### HALTON BOROUGH COUNCIL – PROJECT MANAGEMENT DOCUMENTATION

#### PROJECT BRIEF

<b>Project Name:</b>	Scrutiny Review of Physical and Sensory Disability Services		
<b>Project Description:</b>	To review the provision of services for people physical and sensory disabilities currently (PSD) delivered through contracts with three voluntary sector organisations.		
<b>Project Number:</b>		<b>Document / Issue No.:</b>	
<b>Project Sponsor:</b>	Audrey Williamson/SMT	<b>Project Manager:</b>	Marie Mahmood

Distribution: This document has been distributed to SMT, the Project Team and the Reference Group.

Name	Title	Date of Issue

#### SECTION 1 – WHY IS THE PROJECT TAKING PLACE?

##### Project Aims:

- To ensure services provided to people with a physical and sensory disability are effective, appropriate and demonstrate value for money.
- To predict future needs to ensure services continue to meet expectations and are developed appropriately.
- To develop a methodology for identifying best practice which will be beneficial to other service reviews.
- To enhance collaborative arrangements between key services thus ensuring effective and efficient use of combined resources.

##### Business Case: (An evaluation of the likely costs versus the expected benefits)

Resources to deliver the scrutiny review will largely be staff time with some limited travel costs arising from visiting projects of interest.

Benefits arising from project:

- Identification of best practice.
- Clarity as to the expectations and experiences of key stakeholders.
- Clarity as to the nature of current and future need in Halton especially in relations to deafness and blindness.
- Gaps in service provision addressed.
- Clarity as to what will be expected of future service provision for people with physical and sensory disabilities.
- Innovative practice leading to improved public perceptions of Halton Borough Council

Achievements to be measured by the successful delivery of the project aims above.

##### Project Scope:

This scrutiny review covers services provided by the Health and Community Directorate for people with physical and sensory disabilities.

**Project Priority:**

- High. To ensure services for people with physical and sensory disabilities are in line with legislation and policy guidelines, and deliver more outcome focussed services.

**SECTION 2 – WHAT WILL THE PROJECT DELIVER?**

**Project Deliverables:**

The scrutiny review process

This scrutiny review will gather evidence from the ongoing quality and monitoring process as well as focusing on whether the services are meeting key strategic priorities.

The process will be documented to ensure there is a clear robust audit trail. There are four stages to the review process, although not all services will have to go through each stage. The assessment at each stage must be evidence based.

These stages are summarised as follows:

**Stage 1 – Strategic review**

There are two aspects to the strategic level of the review. These are:

- strategic relevance of the service; and
- demand for the service.

Before considering other elements of the review process, HBC should be satisfied that a service is strategically relevant and that there is a demand for the service.

The first of these is a desktop exercise drawing upon evidence from providers, as well as assessing the extent to which the service contributes to the strategic priorities set out in other preventative strategies. It is important that in taking decisions on the strategic relevance and demand for a service, as with all other elements of the review process, a consistent and transparent process is followed. The key questions that will need to be asked in relation to strategic relevance are:

- To what extent do the needs being met by the service reflect corporate priorities?
- Does the service contribute to the Authority's agenda on homelessness/drug and alcohol/crime reduction/health improvement/domestic violence?
- Does the service contribute to the Authority's preventative agenda (i.e. by reducing or delaying the need for more costly services)?
- Does the service contribute to the strategic objectives of other stakeholders?

Where the service is clearly not of strategic relevance then HBC will need to explore, in discussion with the provider, whether the service can be changed. Where a service is strategically relevant, the review will need to assess the demand for the service.

The demand for a service will be assessed as a desktop exercise, primarily using information that is available to the programme, including the Supporting People strategic plan and performance and management information. The process should adopt a broad assessment of the demand for the type of service, as well as examine demand for the specific service being reviewed.

The following are sources of information that can be used to assess the demand:

- Information on existing and future needs:
  - a needs mapping exercise;
  - data on the needs of BME communities;
  - research studies;
  - demographic data;
  - people awaiting hospital discharge;
  - data from voluntary agencies.
- Supply data
- Performance data, such as:
  - trends in utilisation rates for the service; and
  - management data on reasons for service users leaving a service.
- Other relevant data, such as:
  - referrals and waiting list data

Where there is insufficient demand the service may need to be changed or decommissioned. It is possible that apparent low demand may be related to other factors such as a cumbersome referral process or criteria that excludes particular types of referrals. Some of these issues may already have been picked up through on going monitoring and these findings should be reported to a service review.

#### Further in-depth investigation

Where services are not strategically relevant, or where there are concerns over demand, it is essential to explore how the service can be changed or remodelled to be more relevant. In particular, contact should be made with providers to gain a better understanding of how the service can be made more relevant or demand increased. Contact with other stakeholders will also be important as they may have a view on how the service can be made more relevant.

Where the investigation finds that the concerns can be addressed through minor changes, e.g. a more open referral process, then discussions should take place with providers about making such changes. Where there is agreement over the introduction of these changes the review process can move to *Stage 2*.

Where the strategic review concludes that the service requires remodelling this will need to be specified precisely what is required in consultation with the provider and stakeholders. Remodelling can be implemented relatively quickly where the support service needs to be changed, but can take a number of years where new capital investment is involved.

In a few instances, the Authority may conclude that the service needs to be closed. Where this is the case the Authority should ensure that it has fully consulted the provider, service users and other stakeholders.

#### Outcome

Where the service is strategically relevant and there is a demand for it, the review process should move to *Stage 2* to assess quality, performance and cost-effectiveness.

Where the service is not strategically relevant, or where lack of demand is unlikely to be rectified, then the review of the service should move to *Stage 4*. Where a review moves to *Stage 4* HBC will need to recommend a course of action, such as remodelling or closure.

## **Stage 2 - Desktop review of quality, performance and cost effectiveness**

Once a service has been assessed as meeting the strategic review requirements, this will be followed by a desktop review of the service. This should cover the following:

- the quality of the service;
- the performance of the service; and
- the cost effectiveness of the service

### **Quality Of The Service**

HBC will need to obtain feedback from stakeholders and service users where possible. Sending stakeholders a simple questionnaire is one approach that can be adopted.

Service providers will need to complete annual self-assessments for each of the core service objectives. These self-assessment summaries will be fed into the desktop assessment of the service. This will enable HBC to establish whether there has been continuous improvement in the service and the most current level of quality assessed by the provider.

### **The Performance Of The Service**

The KPIs are intended to provide an indication of the performance of different types of services. A considerable amount of management information will be available to HBC as a result of collecting performance information. The KPIs will provide valuable management information on outcomes at a service level.

### **Cost effectiveness**

HBC will have information on the contract price of each service, which is effectively the cost of the service to HBC. A weekly unit cost of the service can be calculated and authorities should use this information when assessing cost effectiveness.

### **Recommendation**

*Stage 2* of the service review process will result in a recommendation to re-commission or to investigate further. Where a *Stage 2* review results in a recommendation to re-commission a service then the service review process should move to *Stage 4*, taking account of any minor changes that may have been agreed with the provider. Where the desk top review recommends a further in depth examination then *Stage 3* of the review process will be triggered.

### **Stage 3 – Further evidence/service review investigation**

*Stage 3* of the review process will involve a more detailed assessment of the quality, performance and cost-effectiveness of the service, where information gathered at *Stage 2* of the review process has not been sufficient to inform whether the service should be re-commissioned.

It may not always be appropriate for the review process to move to *Stage 3* as minor changes to a service can be recommended at *Stage 2* of the review process, without the need to gather more detailed evidence or to meet providers, service users and stakeholders. Furthermore, it is important to note that concerns about a service may already have been dealt with through the contract monitoring process. If this is the case,

and an action plan is in place, the service review will need to proceed to the next stage (*Stage 4*).

The following are possible reasons for a *Stage 3* review:

- Visits have highlighted serious concerns e.g. concerns about health and safety that cannot be resolved immediately;
- There are concerns about the performance of the service e.g. very low staffing levels;
- The desktop feedback from stakeholders highlights issues that need further investigation.

The most appropriate course of action should be taken to resolve the concerns that have been identified. This may only require applying one, or a combination, of the following options:

- Meetings with the provider
- Meetings with stakeholders
- Carrying out an service review investigation visit to assess the concerns raised about quality and performance (this may or may not involve meetings with service users)

#### Meetings with the provider

It may be necessary to meet the provider to discuss issues arising from *Stage 2* of the review process.

Some of these issues could be resolved almost immediately, with the provider undertaking to implement changes to the service or addressing the concerns in some other way. Other concerns may take time to address and will need to form part of an action plan with a clear timetable for delivery.

Where there are serious concerns about the provider's ability to achieve minimum standards, HBC need to consider what course of action should be taken. In the first instance this should involve working with the provider to improve practice but could also involve closure of the service or its transfer to another provider.

#### Meetings with stakeholders

Meetings may be required with stakeholders where there are concerns relating to the quality, performance or cost-effectiveness of the service.

Stakeholders may include the following:

- other funders e.g. a Health Authority providing Section 28a funding;
- referral agencies e.g. housing advice centre, voluntary agencies;
- relevant agencies represented on the Commissioning Body e.g. the health service; and
- service user representative bodies.

Although *Stage 2* of the review process will include feedback from stakeholders about the quality and effectiveness of the service, at *Stage 3* it may be necessary to meet with stakeholders to discuss how to improve services or to obtain a more detailed

understanding of any concerns.

#### Service review investigation visit

A service review investigation visit may be required to visit the service and investigate concerns. A service review investigation visit investigates specific issues of concern and, where necessary, verifies any information provided. A visit may involve talking to service users.

#### Outcome

*Stage 3* of the review process will result in recommendations being made for *Stage 4*. These recommendations could involve a number of possible outcomes including:

- re-commissioning the service in its current form, where concerns can be addressed;
- renew contact with an action plan to improve or change the service;
- temporary extension to the contact with an action plan;
- change of provider;
- remodelling the service (i.e. major changes); or
- decommissioning the service.

#### Stage 4 - Outcome of a Service Review

*Stage 4* is the outcome of the service review process and involves taking the recommendations forward that have arisen out of *Stages 1, 2* and *3*. In particular the HBC will need to place these recommendations within a broader context, inform the Commissioning Body and report to elected members, where appropriate.

At *Stage 4* authorities should assess the outcome of a service review within a strategic context, as changes to an individual service should not be implemented in isolation. For instance a review may conclude that a service should be closed because of poor performance. However, monitoring data may indicate that other similar services may be performing less effectively. This may result in a decision to agree a short-term contract for the service to allow the other services to be reviewed, before a final decision is made.

*Stage 4* of the service review process will need to balance a number of issues. In considering possible outcomes the service review needs to consider the following:

- the diversity of providers (both in size and in the nature of the services offered);
- the needs of BME service users and
- re-commissioning high-risk services.

Finally, authorities should ensure that where providers need to be re-accredited that they have been assessed against the accreditation criteria. Where a provider does not meet the accreditation criteria, it should be given an opportunity to achieve the required standards within a year. A short-term extension to the contract can be made, or a notice period served on the provider. Providers should be notified as soon as possible of the outcome of a service review and receive feedback about any actions that may be needed to improve services.

#### Outcomes

The following are possible outcomes to a service review:

- Re-commissioning the existing service with no changes.
- Re-new contract with changes to a service.
- Re-new contract with action plan (possibly linked to short-term contact).
- Major changes or remodelling of a service.
- Transfer the service to another provider.
- Decommissioning a service.
- Re-providing of services.

Each of these outcomes will require HBC to carry out a number of tasks to implement the decision of the service review, for instance:

- negotiation of a new contract;
- action plan to implement and monitor changes against a timetable;
- assessing the implications of remodelling, and monitoring a remodelling plan; or
- assessing the implications of closure, and monitoring a closure plan.

#### Risk assessment

The outcome of the service review process should involve categorising a service according to risk i.e. high, medium or low risk. This does not mean that high-risk services should not be commissioned. However where high-risk services are re-commissioned or commissioned, the risks should be evaluated and managed through regular monitoring.

The risk assessment process is intended to identify those services where risk is greatest. This could be because:

- the service is provided by a new organisation;
- the processes for quality management are not in place;
- there is a volatile income stream;
- the services are provided in an innovative and as yet unproven way;
- the services are catering for new needs; or
- the way in which the service is provided can expose service users to risk.

#### Quality Criteria:

- Any changes in service provision will be in line with Government legislation, guidance and good practice, e.g., National Service Frameworks, Our Health, Our Care, Our Say White Paper.
- Measured through an evaluation of the project.

#### Other related work:

##### Involvement of providers

HBC should have contact with providers during each of stage of the service review process. This will ensure that providers have an opportunity to clarify any information that they submit, as well as create opportunities for authorities to have more in-depth discussions, should these become necessary. Authorities should always discuss any recommendations for major changes or decommissioning with providers before these are put to the Commissioning Body.

##### Involvement of stakeholders

Stakeholders should also be involved throughout the review process. Their involvement will depend on the extent to which the service receives a more in depth review, both at the strategic review stage as well as at the quality and performance stage.

HBC will need to gather feedback from stakeholders about the strategic relevance of the service, as well as feedback on quality and performance. This approach can simply involve the Authority

sending other stakeholders a questionnaire or, where a more in-depth review is required, meetings about the service.

Involvement of service users

Service user feedback will be an important part of the service review process. Some evidence of how providers involve service users may also need to be obtained. HBC is required to provide service users with copies of their published procedures and criteria for service reviews, as well ensure that there is an opportunity for service users to contribute to a review and to take account of their views.

**Constraints:**

- Staff capacity to deliver the project, i.e., complete the review, within timescale which is currently set for completion by March 2008.

**Assumptions:**

- That the core group will devote time to the project, including the development of appropriate service responses within their own service areas.
- That any changes to systems can be readily implemented.

**Known Risks:**

- None identified at this stage.

**SECTION 3 - PROJECT ORGANISATION**

Project Sponsors: Audrey Williamson, Health and Community SMT

Project Manager: Marie Mahmood, Divisional Manager Integrated Care, Learning Disability Assessment Services

Project Team: Cllr. Ellen Cargill  
Cllr. Kath Loftus  
Cllr. Bob Gilligan  
Cllr. Chris Inch  
Cllr. Pamela Wallace  
Cllr. Joan Lowe  
Marie Mahmood, Divisional Manager, Learning Disability Assessment Services  
Liz Gladwin, Joint Commissioning Manager.  
Martin Loughna, Service Development Officer (Health), Service Planning

Reference Group: Project Team members (as above)  
Angela McNamara, Divisional Manager, Health & Partnerships.  
Donna Ryan, Contracts, Planning & Commissioning.  
Mark Holt, Programme Officer, Vulnerable Adults Task Force.  
Amanda Lewis/Katy Pryce, Performance Management  
Halton PCT  
Halton Disability Service  
Halton Voluntary Action  
Age Concern

**Roles:** The Project Manager and Project Team will be responsible for delivering the project aims.  
 The Reference Group will individually or collectively be consulted by the Project Manager or Team at various stages within the project delivery and advised of progress through a series of meetings.

**Sign off:**

<b>Role:</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Project Manager</b>	Marie Mahmood		
<b>Project Sponsor</b>	Audrey Williamson, Health and Community SMT.		

### Deafness Support Network – Performance Interpretation Notes

#### **PAF D40 – Adults and Older Clients Receiving a Review**

##### **Rationale**

The rationale for this measure is that good performance management ensures that people's needs are monitored and reviewed, within six weeks of the start of a new care package and at least annually thereafter.

##### **Performance**

DSN have 5 existing clients receiving a service that should therefore receive a review at least annually.

DSN have however reviewed 36 clients. The reason being that the team is reviewing/re-assessing clients who are open to other Social Work Teams, to determine their needs for deafness support services.

#### **PAF D39 – Percentage of Adults and Older People Receiving a Statement of their Needs and How they will be met**

##### **Rationale**

The rationale for this indicator is that all clients should be provided with written statements of their need and the services to be provided, giving a clear expectation of what will be delivered.

##### **Performance**

All DSN clients in receipt of a copy of their care plan.

#### **PAF D55 part 1- Waiting Time for New Clients from Referral to First Contact with the Client**

##### **Rationale**

Users and Carers should receive practical help soon after they have been referred to Social Services so that support can be provided in a timely manner. The first part of this joint PI seeks to measure the time between referral and the first contact with the client – e.g. telephone call, which should be within 48 hours.

##### **Performance**

DSN have assessed 46 new clients aged 18+ since April 2007. All of whom had their assessment started within the 48 hour timescale. 33 of those clients were aged 65+.

#### **PAF D55 part 2 - Waiting Time from Referral to End of Assessment –**

**Rationale**

The second part of this joint indicator seeks to measure the time between referral and completion of assessment, which should be within 28 days.

**Performance**

Out of the 46 clients, 10 of those clients were not assessed within the 28 day timescale. 6 of those 10 clients were aged 65+.

This demonstrates a need for improvement in the timescales from referral to completion of assessment, as a significant proportion are not meeting the national target of 28 days.

**PAF E82 – Assessments of Adults and Older People Leading to Provision of Service****Rationale**

This PI measures the number of assessments leading to the provision of a service. In order to access services someone must be assessed and then determined as eligible for receiving services.

**Performance**

Of the 46 new clients assessed since April 2007, only one assessment has led to a service.

However, caution is required when interpreting this measure. Firstly, performance for DSN for this measure will be low and this is due to the provision of equipment. DSN clients often receive equipment, which does not meet the criteria to be recorded in service package. Services are defined as having an ongoing cost.

Therefore this measure needs to be interpreted in conjunction with PAF D54, which demonstrates the level of equipment provided.

**Assessments of New Clients Aged 65+****Rationale**

This PI measures the number of assessments for older people as a percentage of the local population 65+, to determine if there is a fair distribution of assessments throughout the local area. A low figure may indicate a problem with referral processes for example.

**Performance**

33 new older Clients have been assessed by DSN, this represents 2.01% of the older people's population (16,450) for Halton and represents an increase in the performance of this measure in comparison with the position at September 2006. It is important that the DSN performance is considered as a contributory figure in the overall number of assessments 65+ undertaken for the borough.

## **PAF D56 - Waiting Time for New Clients from Completion of Assessment to all services Fully Provisioned**

### **Rationale**

Users and Carers should expect practical help soon after assessment, which should be within 28 days

### **Performance**

There are no clients receiving a service following assessment. Caution is required when interpreting this measure. As previously stated, performance for DSN for this measure will be low and this is due to the provision of equipment. DSN clients often receive equipment, which does not meet the criteria to be recorded in service package. Services are defined as having an ongoing cost.

Therefore this measure needs to be interpreted in conjunction with PAF D54, which demonstrates the level of equipment provided.

## **PAF D54 – Delivery of Equipment under £1000**

### **Rationale**

Small items of equipment can make a tremendous difference to the quality of life of service users and may make it possible for service users to remain at home. The timeliness of the delivery of these items is an important factor and the target timescales for the provision is within 7 working days

### **Performance**

This measure combines the delivery of equipment for Deafness Support Network and the Visual Impairment service. There were 59 pieces of equipment delivered in total for DSN/VI between April 07 and September 07 and all of these items of equipment were delivered within the 7 day timescale, demonstrating good performance in the timeliness of delivery.

## **Carer Assessments/Services**

### **Rationale**

Carers may need support and short breaks as a result of the care they provide. The number of carers receiving an assessment can indicate the extent to which councils are working with and for carers.

### **Performance**

DSN has undertaken 0 separate carer assessments and 3 joint assessments since April 2007. The team has 5 existing clients in receipt of a service so we would expect all 5 carers to have had an assessment and this therefore suggests room for improvement. Carers who have declined an assessment are recorded, and there are 0 for DSN.

**PSD WORK TOPIC - VOLUNTARY SECTOR CONTRACTS**  
**BENCHMARKING**

**HOW OTHER AUTHORITIES PROVIDE SUPPORT FOR THE DEAF AND**  
**BLIND**

1.0 HALTON

1.1 Deaf/Hearing Impaired

Deafness Support Network (DSN) provides a range of services to children and adults who are deaf and is contracted by the Council to provide Social Work intervention by a qualified Social Worker with the relevant experience for the identified user group.

DSN undertake community care assessments for equipment to enable individuals to remain independent despite their hearing impairment, provide training in the use of equipment and ongoing evaluation and monitoring of service provision. Once a need for a service is established which meets FACS eligibility criteria, a statutory duty falls on the Council to meet this. Halton Integrated Community Equipment Service supply the equipment and DSN technical officers then deliver and set up the equipment and demonstrate correct use.

DSN also provide general information on services for the deaf, signposting as required and low level advocacy. They also provide a 24hr supported living service and day activities, however, this work topic is only concerned with reviewing the assessment and equipment service.

1.2 Blind/Visually Impaired

Contract with Vision Support who provide support for the visually impaired.

Vision Support do not undertake any community care assessments, 2 rehab workers within PSD Care Management perform this function. Those who are assessed as having a low level need are referred to Vision Support, who also take referrals from other voluntary organisations such as Age Concern and Action for the Blind.

They are based at the ILC and service provision includes a signposting service, rehab assistance, advice on and provision of equipment, welfare benefits checks, visual impairment courses, a Braille Group, IT training/specialist computer packages, low level advocacy (which is not recorded as advocacy), support people into DPs and on one off shopping trips for clothes, etc, via employed rehab officers and volunteers.

1.3 Deafblind

A deafblind service for those with dual sensory loss is included in the contract Halton has with DSN who employ a specialist worker as part of a tripartite agreement, working across the Cheshire, Halton and Warrington. Halton is the smallest partner accessing 16% of the service

## 2.0 KNOWSLEY

Messages left for Kevin O'Neill 3.4.08, 7.4.08 & 10.4.08. Limited information below has been obtained from Knowsley's website.

### 2.1 Deaf/Hearing Impaired

Assessments are carried out by Social Workers. Support is provided in conjunction with Knowsley Deaf Association. 2 drop in sessions are held per week – one at Huyton One Stop Shop, one at Kirkby One Stop Shop.

### 2.2 Blind/Visually Impaired

Christopher Grange training centre provides advice and training in all areas of sight loss. Access to the services is gained through a care management assessment.

### 2.3 Deafblind

?

### 2.4 Other Known Providers

Deaf/hearing impaired:

- Knowsley Deaf Association

## 3.0 ST HELENS

### 3.1 Deaf/Hearing Impaired

St Helens give a grant to the Deafness Resource Centre, which covers the cost of an interpreter and equipment provision. The Centre is not LA owned, therefore, also seeks funding from elsewhere. Initial assessments are done by a dedicated LA Social Worker who then refers the client to the Equipment Officer based at Centre for equipment needs. The Social Worker also provides a drop in service at the Centre one afternoon per week. The Centre also provides information, advice and an advocacy service.

### 3.2 Blind/Visually Impaired

St Helens have a Resource Centre for the visually impaired, which is part of the Millennium Centre owned by the LA. Two Rehab Officers, a Social Work Assistant and admin employed by the LA are based at the Centre, therefore, this service is provided in-house. The team provide a full service -

assessments, provision of equipment, training on correct use of equipment, etc.

### 3.3 Deafblind

Specialist assessments for those who are deafblind are spot purchased from Deaf Blind UK. There are 4 known people with dual sensory loss in St Helens.

### 3.4 Other Known Providers

Blind/visually impaired:

- Henshaws Society for Blind People – provide care and support across Greater Manchester and Merseyside.

## 4.0 LIVERPOOL

### 4.1 Deaf/Hearing Impaired

Similar set up to Halton. Liverpool have a contract with Merseyside Society for Deaf People (MSDP). MSDP employ 2 and a half Social Workers to carry out assessments. Equipment is provided by the LA's equipment service. Sefton, Wirral and Liverpool have a tripartite agreement with MSDP. MSDP also provide general information, signposting, advice on equipment and benefits advice.

### 4.2 Blind/Visually Impaired

Assessments are undertaken in-house for the visually impaired, however, equipment is provided via Bradbury Fields (local organisation providing services for the blind and partially sighted across Liverpool and Knowsley) who have a rehab unit.

### 4.3 Deafblind

Services for the deaf/blind are spot purchased from Deaf Blind UK.

### 4.4 Other Known Providers

Blind/visually impaired:

- Henshaws Society for Blind People – provide care and support across Greater Manchester and Merseyside.

## 5.0 CHESHIRE

### 5.1 Deaf/Hearing Impaired

Have a contract with DSN for social work assessments and technical services.

It is likely that Cheshire will continue to use DSN when the LA splits into 2. They are switching to a prescription model of equipment provision, which the Dept of Health promotes as the way forward. This involves an assessment being carried out by DSN and the issuing of a prescription to the individual for their equipment. This prescription can then be taken to any high street retailer and used to obtain the equipment prescribed. Cheshire anticipate DSN coming on board with this in 2008/09 and moving away from using a LA equipment service.

## 5.2 Blind/Visually Impaired

Cheshire provide a full in-house service for the blind/visually impaired via rehab officers who carry out assessments, issue equipment (from the LA's equipment service) and train clients on the correct use of equipment. The service is small and comprises of 9 staff decentralised across Cheshire. Provision includes advice, guidance, information, teaching communication skills and advice and training on all aspects of independent living.

## 5.3 Deafblind

Service provision is included in the contract with DSN and is a tripartite agreement with Warrington and Halton(see para. 1.3 for more details).

## 5.4 Other Known Providers

Blind/visually impaired:

- Guide Dogs for the Blind Association have previously been used by Cheshire to provide professional supervision to staff in the visually impaired team.
- IRIS Vision Resource Centre in Crewe (equivalent of Vision Support) – small local organisation, not funded by the Council but used for low level support.
- Macclesfield Eye Society in Macclesfield – small local organisation, not funded by the Council but used for low level support.

Tend not to use Vision Support.

## 6.0 WARRINGTON

### 6.1 Deaf/Hearing Impaired

Have a contract with DSN for social work assessments and technical services.

### 6.2 Blind/Visually Impaired

Sensory Support Team - provision is in-house. Assessments are carried out by a Social Worker; 2 rehab officers provide mobility training, training on daily living skills, etc. Warrington has an SLA with the Blind Society in Warrington who provide low level support – advice, information, social inclusion.

A suggestion was made by Warrington to have a joint rehab service across Warrington and Halton as the rehab officers are under used in Warrington and they are looking to review the service. Dependent on the take up of service in Halton, the suggestion was to have 3 rehab officers covering both areas if Halton was in a similar position.

### 6.3 Deafblind

Service provision is included in the contract with DSN and is a tripartite agreement with Cheshire and Halton (see para. 1.3 for more details).

Warrington has 3 people with dual sensory loss and are looking at whether that aspect of the contract with DSN is value for money.

### 6.4 Other Known Providers

Blind/visually impaired:

- Guide Dogs for the Blind Association – some LAs purchase a rehab service from them, which includes including training on daily living skills, communication skills and mobility training.

Deaf/hearing impaired:

- Royal National Institute for the Deaf (RNID) – provision of social work services and interpreter services.

## 7.0 TRAFFORD

### 7.1 Deaf/Hearing Impaired

Deaf and Hard of Hearing Service - provision is in-house and includes social work support, assessment and care management, advice, information, guidance and advocacy. The team includes a Social Worker who carries out assessments and an Equipment Officer who provides equipment to individuals, fits it and trains on correct use. All staff have BSL skills, however, Trafford also have a contract with RNID to provide BSL interpreting services for those who need to communicate with Social Services teams.

They also have close links with the deaf community – the Social Worker will attend evening sessions with the Deaf Club and holds a weekly drop in session at the Resource Centre.

### 7.2 Blind/Visually Impaired

Visual Impairment Service - provision is in-house and includes Rehab Officers and a Technical Officer. Provision includes information and advice, specialist assessments, help to develop independent living skills, mobility/orientation training, issue of equipment, referral to Talking Book Service and referral to Wireless for the Blind.

### 7.3 Deafblind

Provision is in-house via a Social Worker. Provision includes social work support, assessment and care management, specialist rehab assessments, advice, guidance and assistance leading to independent living and deafblind awareness to staff and relatives.

Reviewing Officers will undertake reviews for all of the above. Social Workers will carry out hearing and sight loss assessments for children, adults and older people.

#### 7.4 Other Known Providers

Blind/visually impaired:

- Henshaws Society for Blind People – Individuals identified as needing specific equipment can be taken to Henshaws to try the equipment out first. Henshaws also provide awareness training on behalf of the LA to those who are newly blind.

Deaf/hearing impaired:

- Fire Service – Trafford have set up a joint fund with the Fire Service to pay for deaf alerters in people's homes. The LA makes referrals to them, they pay for half the cost and fit them.
- United Response - provide care in 4 supported living flats in Trafford designed for those with visual or hearing impairments.
- RNID – provision of BSL interpreting services.