

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Penny Southern, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee - 22 January 2019

Decision No: 19/00005

Subject: **Assessment and Rehabilitation Services for People with Sensory Impairments**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care Directorate Management Team – 11 July 2018, 29 September 2018 and 5 December 2018

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: This paper outlines the proposal to implement a single assessment and rehabilitation service for people with sensory impairment in Kent. This will improve outcomes for Kent residents through reducing duplication, improving quality and aligning support into clear pathways. A new sensory operating model is being developed that aligns with the new promoting and supporting independence operational system within adult social care and that is ready for Local Care arrangements in the future.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION**, to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix A) to:

- a) **IMPLEMENT** a new arrangement for the provision of statutory assessment and rehabilitation services for sight impaired adults, assessment and habilitation for sight impaired children and statutory equipment assessment and rehabilitation for hearing impaired older adults aged 65 years and over; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, the undertake the necessary actions to implement the decision.

1. Introduction

- 1.1 Kent County Council has a statutory responsibility under The Care Act (2014) to meet peoples assessed unmet eligible needs, this includes specific duties related to people with sensory impairments.
- 1.2 By sensory impairment we mean the following:
 - Sight impairment refers to someone who is blind or partially sighted. It does not refer to someone who is short-sighted or long-sighted.
 - d/Deaf refers to someone who is deafened, hard of hearing or Deaf. The term d/Deaf will be used throughout the report. The “D” in Deaf refers to people who were either born deaf or became deaf in early childhood and use BSL as their first or preferred language and have their own culture.
 - Deafblindness is regarded as a separate unique disability. Persons are regarded as deafblind if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility.
- 1.3 Currently assessment and rehabilitation services for people with sensory impairments is fragmented, resulting in duplication and multiple points of access for people. These services are provided by Hi Kent, Kent Association for the Blind (KAB), Kent Community Health NHS Foundation Trust (KCHFT) and KCC in-house Sensory Services Team.
- 1.4 Services provided by KAB and Hi Kent are grant funded annually which is not sustainable in the longer term and there are significant issues relating to the current arrangement which need to be addressed.
- 1.5 Data indicates that the number of people within the population with sensory impairments will increase over the next decade both through older people living longer with age related sensory deterioration, and through younger people being born with complex, multiple sensory issues.
- 1.6 In addition, there is a strategic direction of travel towards Local Care and services which are integrated with health.
- 1.7 It is therefore important to design a service that not only improves outcomes now, but which is fit for the future.

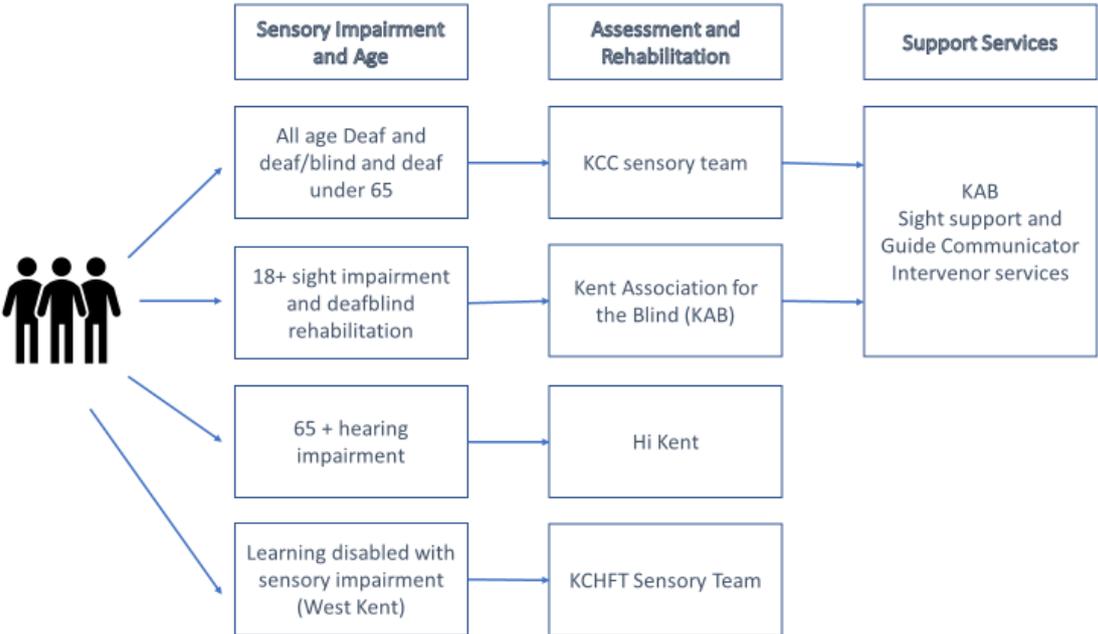
2. Strategic Statement and Policy Framework

- 2.1 The proposal will enable KCC to fulfil its duties under the Care Act, including new legal requirements to meet the needs of deafblind people. (individuals with a combined hearing and vision impairment)
- 2.2 The proposal also supports the KCC strategic outcomes that children and young people get the best start in life and that older and vulnerable residents are safe and supported with choices to live independently.

2.2 Further, the proposal has been developed considering the Sensory Strategy adopted by KCC in July 2018, specifically the ambition to implement seamless sensory lifespan pathways leading to improved outcomes for children, young people and adults.

3. The Current Service Arrangement

3.1 Currently the assessment and rehabilitation of sensory impaired people in Kent is fragmented between several different providers (see below).



3.2 Services for children with sensory impairments are also fragmented and provided through three different teams/agencies:

- KCC Sensory Services and Education Specialist Teaching and Learning Service work in partnership with KCC Social Care and currently joint fund KAB to provide a habilitation service which delivers assessment and habilitation as well as training to education staff. They also manage and partly provide an Intervenor service for children and young people
- In-house Sensory Children and Families Team provide social work and specialist interventions and support for all children and young people with sensory impairments (d/Deaf, deafblind and sight impaired)
- KAB provide statutory assessment and habilitation services for children and young people, as well as a short breaks service to provide a number of activities for unaccompanied children plus family events. This is funded through an annual grant.

3.3 Evidence suggests that people are experiencing visits from multiple professionals as a result of this fragmentation and that people experience differences in the type and quality of support received.

- 3.4 Other issues include the merging of preventative and statutory functions through grants provided to Hi Kent and KAB. There can be conflicts of interest for example Hi Kent assess for equipment but also sell equipment direct to the public. KAB carry out assessments of need which may indicate the need for a specialist support service which they are the sole providers of.
- 3.5 A significant amount of ongoing resource is required to ensure the organisations have access to policy, training, knowledge of resources etc to ensure that they are able to provide comparable assessments to those provided for other client groups. Some complex Care Act assessments for sight impaired people have to be carried out in-house.
- 3.6 The nature of the sensory impaired client population is changing with more older dual sensory (sight and hearing) impaired people and increasing numbers of congenitally multiply impaired individuals. This increasing level of complexity requires staff to have a higher level of skill and knowledge.
- 3.7 Recognising that this position has evolved over time, consideration must now be given to resolving these issues.

4. An Opportunity for Change – a new Sensory Operating Model within Local Care

- 4.1 In order to ensure that any potential solution will address the current issues, and align with the Sensory Strategy any proposal should demonstrate the ability to:
- Maximise opportunities for cost efficiencies and cost savings
 - Provide a streamlined pathway with a multi-disciplinary offer for sight impaired/d/Deaf and Deafblind people
 - Align with Adult Social Care and Health operating models with differentiation between voluntary sector wellbeing offer, statutory assessment/rehabilitation and commissioned support services
 - Maximise KCC management control of the statutory service and allow for flexibility in approach (to adjust to Local Care changes)
 - Meets legal requirements (Care Act 2014 – particularly in relation to new legislative requirements for Deafblind people).
- 4.2 Three options have been identified regarding the future provision of the assessment and rehabilitation service and assessed against these critical success factors. (see Appendix 1). Based on this assessment, the preferred option is to bring statutory assessment and rehabilitation functions in-house and integrate within the Sensory Services Team.
- 4.3 This will include habilitation services for sight impaired children, which will also be based in the Sensory Services team. A partnership approach will continue between Education and Social Care with an internal Service Level Agreement being put in place.

- 4.4 A new Sensory Operating Model is being developed (see appendix 2) to align the Sensory and Autism Teams to the wider Adult Social Care and Health structure and to be ready for Local Care arrangements in the future. This model comprises five core functional elements:
- Commissioned specialist Sensory wellbeing and prevention services
 - Front door service
 - Assessment and Rehabilitation/Enablement service
 - Complex service
 - Commissioned specialist sensory Care and Support Services
- 4.5 The new Sensory Operating Model will deliver the following benefits:
- An equitable service for sensory impaired people alongside other client groups (for example assessment and enablement services for all other client groups are delivered in-house, with wellbeing and ongoing support services commissioned externally)
 - Meet legal requirements, particularly regarding deafblind people;
 - Meet KCC strategic objectives
 - Provide an all age specialist sensory social care service with improved transition
 - Provide specialist Sensory Teams based on the Local Care Model and with clear pathways
 - Provide multi-disciplinary Sensory Teams with strong single sensory approaches better able to meet the needs of those with dual sensory impairments and more complex needs
 - More effective intensive rehabilitation programmes with robust risk assessments, and improved measurable outcomes for service users
 - Reduced costs through reduction in service duplication, efficiencies and reduced demand for care and ongoing support packages
 - Improved skills training and workforce development for practitioners (including ensuring practitioners are fully trained as Rehabilitation and Habilitation Workers to national standards and implementation of a sensory competency framework)
 - Effective supervision and performance management by qualified social care practitioners (Nurse, Social Worker, Occupational Therapists)
 - Agility and the ability to adapt and change services in response to Local Care or other agendas
 - Strong partnership approach, working closely with the voluntary sector providers delivering Specialist Sensory Wellbeing Services and ongoing Care and Support Services.
- 4.6 Voluntary sector agencies providing specialist sensory services are key elements of this model. Preventive services currently provided by KAB and Hi Kent include specialist information and advice services, Resource Centres, Talking Newspapers, peer support groups, Hearing Aid Maintenance services. KAB currently provide Support Work services including Sight Support Workers, Guide Communicators and Intervenors. However, there is a need for more of these services including an urgent need for Deaf Support Workers.

- 4.7 Under the proposal, these preventative services will be commissioned as part of the wider commissioning of community-based wellbeing support for older and vulnerable residents for January 2020.
- 4.8 It is intended that specialist support for people with sensory impairments will be commissioned through a separate process for April 2020.
- 4.9 Both of these future commissioning activities will provide opportunities for the current providers to receive funding for their preventative and ongoing support services and the opportunity to further develop these services.
- 4.8 Finally, it is proposed that authority to implement the decision is delegated to Corporate Director for Adult Social Care and Health.

5. Financial Implications

- 5.1 Following a financial assessment, the proposal to bring assessment and rehabilitation for sensory impaired people in-house has been determined to be cost neutral in 2019-2020. This is because the primary costs associated with the delivery of the service relate to staffing costs.
- 5.2 Following a reconfiguration of the existing in-house team as part of the implementation of the sensory operating model, TUPE'd staff would transfer to KCC grades as of April 2020, at which point there would be a cost implication. (see appendix 3). Several ways to mitigate these costs have been identified with a final decision being made closer to the time and following a period of close performance monitoring.
- 5.3 It is also expected that this option will result in cost saving through a reduction in duplication and cost avoidance through improved outcomes, specifically in relation to rehabilitation services reducing the need for ongoing support.

6. Property Implications

- 6.1 This proposal will impact on the accommodation requirement for the in-house team. A business case to consider this is in development.

7. Legal Implications

- 7.1 Legal advice will be sought in regarding to TUPE.

8. Equality Implications

- 8.1 An Equality Impact Assessment has been completed in conjunction with the Equality and Diversity Team and concluded there will be minimal impact on protected groups, as the proposal is to change the provider of the service. The EQiA is attached as Appendix 4.

9. Conclusions

- 9.1 Following an options appraisal, the proposal is to improve outcomes for people with sensory impairments by decommissioning the assessment and rehabilitation services commissioned externally through Hi Kent and KAB.
- 9.2 This will involve bringing statutory Assessment and Rehabilitation Services for sight impaired adults, statutory assessment and habilitation for sight impaired children and statutory equipment assessment and rehabilitation for hearing impaired adults over age 65 into the existing in-house Sensory Team.
- 9.3 This proposal will address issues with the current service configurations and ensure the service can integrate with the new operating model for sensory and be ready for Local Care arrangements in the future.
- 9.4 There will be opportunities for the existing providers (HI Kent and KAB) to develop their preventative and ongoing support services as part of future commissioning plans.

10. Recommendation(s)

10.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION**, to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix A) to:

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11. Background Documents

Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015-2020

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

Sensory Strategy 2018-2021

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

Voluntary and community sector (VCS) policy

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/voluntary-and-community-sector-vcs-policy>

12. Contact details

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