SeeHear
A Commissioning Strategy for those living with sensory impairment in Halton
2014-2019
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Sight and hearing impairment at any age have a significant impact on the quality of a person’s life and their vulnerability to social isolation. Tasks that many of us take for granted such as catching a bus, shopping, paying a bill can be challenging to those with sensory impairment.

We all know that both sight and hearing deteriorate as we get older and both are contributing factors to falls in older people. Halton’s population is ageing and by 2020 the numbers of people aged 65 and over living with sight or hearing impairment will increase by more than 20%. Many will be living with impairment of both their hearing and sight. Significant levels of sight loss in the older population are preventable or treatable and by intervening early we can help to prevent or delay the consequences. Early intervention and diagnosis of hearing impairment would also reduce the isolation and communication issues associated with deafness.

The aging process is not an excuse to ignore the consequences of sensory impairment as a range of information and support is available including technology to help overcome these and assist older people with their daily lives and to maintain their independence for longer.

For younger people in the Borough greater awareness of volume levels on personal music players and at some entertainment venues could prevent long term noise induced hearing loss.

Commissioners need to consider the impact of an ageing population on local health and social care service provision. SeeHear is Halton’s first standalone commissioning strategy focusing on sight and hearing impairment for adults and older people. The strategy embraces a preventative pathway beginning with early detection through raising awareness of screening programs and sets out the strategic direction and priorities for health and social care services for people living with sensory impairment in Halton.

Developed by Halton Borough Council in partnership with Halton Clinical Commissioning group SeeHear sets out key objectives and priorities to improve quality of life for Halton residents living with sight impairment, hearing impairment or dual sensory impairment.

Councillor Marie Wright
Portfolio Holder, Health & Wellbeing

Dr Cliff Richards
Chair, Halton Clinical Commissioning Group
Why do we need a sensory disability strategy?

This is Halton’s first commissioning strategy focusing only on sensory impairment. Part 4 of the supporting evidence paper identifies population needs and challenges. SeeHear responds to these demands and sets the strategic direction and priorities for social care and health services for people living with sensory impairment in Halton. This includes people who are blind or sight impaired, people who are Deaf and use British Sign Language (BSL), people who are deafened or hard of hearing and people who have dual sensory loss often referred to as Deafblind.

At all ages’ deafness and blindness have a large impact on quality of life with combined deafness and blindness having an even greater impact. The focus of this strategy is to achieve outcomes which make a real difference to the quality of life and wellbeing of people living with sensory impairment.

- In Halton there is a projected 22% increase by 2020 in numbers of people aged over 65 with hearing impairment
- In Halton there is a projected 21% increase by 2020 in numbers of people aged over 65 with visual impairment
- 50-70% of sight loss in the older population is due to preventable or treatable causes
- 1 in 6 people have some form of hearing loss
- Rising numbers of older people means a growing number of individuals are affected by dual sensory loss
- Impairment of both hearing and sight loss contribute as risk factors to falls
- High levels of social isolation and mental ill health are experienced by those living with sensory impairment
- Older people with sight or hearing loss have a higher risk of dementia
- Significantly fewer deaf or blind adults of working age are in full time employment than those without sight or hearing impairment

SeeHear includes actions to meet the needs of young people in transition to adulthood and prevention and early detection of sensory impairment for children. Further support for children living with sensory impairment is outside the scope of the SeeHear strategy and will be steered through Halton Children’s Trust which oversees development of support for disabled children and their families including those living with sensory impairment.

Halton has previously implemented the “Physical and Sensory Disability Joint Commissioning Strategy 2007-2011”. This has been reviewed and refreshed to build on its achievements and inform and influence the development of this first standalone strategy to set the direction for development of local services for those living with sensory impairment over the next five years.
Those living with sensory loss want to retain their independence and remain active participants in society and to be able to reach their full potential like anyone else\(^1\). Overcoming the barriers experienced by people with sight and hearing loss and societal attitudes together with increased life opportunities and choices, and the availability of appropriate information and support means that a good quality of life is possible for the individual whilst wider society and economic benefits are achieved. This strategy promotes independent living so that individuals are empowered to define the outcomes they desire based on their own aspirations to participate in society, feel valued and lead a meaningful life. This approach also supports the recovery of improved mental health and wellbeing for people living with sensory impairment as they retain or develop new meaning and purpose in their life.\(^2\) This strategy has been developed within the context of a range of national and local policies, strategies and plans summarised below. Further details of how these influence the strategy can be found in the supporting evidence paper.

\(1\) Fulfilling potential next steps - Department for Work and Pensions 2012

\(2\) No Health Without Mental Health (2011)
The Halton Better Care Board aims to ensure that an integrated system is developed and appropriately managed to ensure that the resources available to both Health and Social Care, including the Better Care Fund, are effectively used in the delivery of personalised, responsive and holistic care to those who are most in need within our community. This includes a remit to determine the strategic direction and policy for the provision of services to those with identified care and support needs to improve quality, productivity and prevention. The Board will oversee implementation of the SeeHear strategy and action plan and is accountable to both the NHS Halton Clinical Commissioning Group’s Governing Board and Halton Borough Council’s Executive Board.
Local Issues

Halton is committed to a focus on individual people, their health and wellbeing and supporting the communities in which they live. The major local issues relating to sensory impairment which have influenced this Strategy are examined in detail in Part 4 of the supporting Evidence Paper and are summarised under three themes as illustrated below.

Consultation

The views of Halton residents and other stakeholders have helped in developing this strategy to shape local support for those living with sensory impairment over the next five years.

The key themes from comments received are:

Early detection: uptake of some screening programs for preventable or treatable sight loss is low

Communication: need to recognise British Sign Language as a person’s first language and ensure appropriate support including BSL interpreters is available at the point of referral

Information and Communication Technology: apps, tablets and android phones are easily available and can support independence and avoid social isolation

Specialist Advocacy: currently available for D/deaf people through lottery funding need to review demand and sustainability before this ends.

Information: Better integration of information and advice services, better use of GP’s, libraries, local press

Residential Care settings: care home staff need training to support residents to manage their sensory impairment

These themes have been picked up within the action plan. They will be kept under review to ensure local views are listened to and where possible issues addressed.
People

- Number of people with sight or hearing impairment is higher than national and regional rates
- Significant increase in those aged 65+ with serious visual or hearing impairment
- Impact of dual sensory loss is problematic and disabling particularly in the older population
- 40% of deaf children have additional or complex needs
- The Journey into adulthood can be difficult for young people with sensory impairment

Health & Well-being

- 50-70% of sight loss in older people is preventable or treatable
- Sight and hearing loss are both risk factors in falls
- Sensory loss has an adverse impact on mental health and wellbeing
- Early diagnosis and intervention would significantly reduce the impact of sensory loss
- Poor communication creates barriers and leads to isolation and exclusion

Communities

- Accessible transport
- Impact of isolation in the community on ability of those with sight loss to be independent
- Impact of societal attitudes on ability of sensory impaired people to contribute to their community
- Staying safe
- Access to appropriate communication support
Our ambition, objectives and priorities

Our ambition for those living with sight and hearing impairment in Halton is:

To help us achieve this ambition the three themes of the national strategy Fulfilling Potential – Making it Happen (Office for Disability Issues, 2013) together with the UK Vision Strategy and best practice promoted by Action on Hearing Loss form the keystones of our strategy:

i. prevention and early intervention,
ii. appropriate support including rehabilitation
iii. inclusive communities.

Through the work in this strategy we aim to ensure the objectives and priorities outlined in Fulfilling Potential and the UK Vision Strategy and those identified in the Halton Clinical Commissioning Group Strategic Plan and Halton Borough Council Strategic Priorities are realised for local people.

(i) Halton residents understand the importance of looking after their sight and hearing
We will raise awareness and understanding of avoidable sight and hearing loss particularly focusing on people most at risk.

(ii) People living with sensory impairment will be supported to regain and maintain their independence for as long as possible
We will ensure that when permanent sight or hearing loss occurs, emotional and practical support, rehabilitation and specialist advocacy services will be provided in a timely fashion, enabling people to retain or regain their independence

(iii) People living with sensory impairment will have a positive experience of care and support
Care and support, wherever it takes place, should offer access to personalised, timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people’s dignity is protected.

(iv) People living with sensory impairment will have access to information and support to manage their health and wellbeing
Those living with sensory loss and their families will have access to information in appropriate formats, communication support and advocacy services to help manage their physical health and also their mental health and wellbeing.

(v) People living with sensory impairment will shape future services
Local people living with sensory loss and their organisations/representatives will have opportunities to feed in their views, informing delivery of services. Whenever possible a co-production approach will be adopted recognising the assets of the area and how partners will work together to address current and future health and social care needs.

(vi) People living with sensory impairment will be supported to participate fully in the wider community
More people living with sensory loss will have a good quality of life with greater ability to manage their own lives, stronger social relationships and skills for living and working. There will be greater community awareness of the impact of sight and hearing loss and the need to make reasonable adjustments.

Key to delivery is person centred local partnership working across the statutory and voluntary sector, to overcome barriers faced. This strategy identifies five priority areas of work to meet the needs of local people.

Priority 1 – Raise awareness of avoidable sight and hearing loss and encourage early intervention and diagnosis when it does occur

Priority 2- Maximise independence and wellbeing of those living with sensory impairment through rehabilitation, technology, appropriate communication support and advocacy services

Priority 3 - Recognise the expertise and assets of people living with sensory impairment and use these to improve services

Priority 4 - Raise awareness of the barriers to social inclusion faced by people living with sensory impairment to build responsive, inclusive communities

Priority 5 – Ensure efficient and effective use of resources

This strategy aspires to meet the needs of people with sensory loss by using the best evidence of what works to increase the effectiveness and value for money of local services. This will be achieved by:

- Greater awareness of avoidable sight and hearing loss and earlier identification and intervention when they do arise;
- Enabling people living with sight or hearing impairment to remain independent and in control of their lives
- Improving the quality and efficiency of current services;
- Partnership working with people with sensory impairment to develop services
- Broadening the approach taken to promote the social model of disability and develop positive attitudes towards those with sight and hearing loss.
The accompanying evidence paper highlights significant numbers of people living with multiple long term conditions and sensory impairment and that whilst individually these conditions are generally not debilitating the combined impact can be disabling. This demographic change is set against a backdrop of on-going financial pressures across health and social care. Clearly a different approach is required to the traditional models of service provision to manage future demand.

Services for those with sensory impairment along with preventative support, earlier interventions and a range of informal support are essential in meeting Halton’s priorities. Whilst this strategy covers a five year period it will be kept under review and will evolve in response to changes in national and local drivers and emerging issues.
Our ambition, objectives and priorities

1. Raise awareness of avoidable sight and hearing loss and encourage early action when it does occur

i. Halton residents understand the importance of looking after their sight and hearing

vi. People living with sensory impairment will be supported to participate fully in the wider community

2. Maximise independence and wellbeing of those living with sensory impairment through rehabilitation, technology, appropriate communication support and advocacy

ii. People living with sensory impairment will be supported to regain and maintain their independence for as long as possible

3. Recognise the expertise and assets of people living with sensory impairment to build responsive, inclusive communities

iii. People living with sensory impairment will have a positive experience of care and support

4. Raise awareness of the barriers to social inclusion faced by people living with sensory impairment to build responsive, inclusive communities

iv. People living with sensory impairment will have access to information and support to manage their health and wellbeing

5. Ensure efficient and effective use of resources

v. People living with sensory impairment will shape future services
Implementing our priorities

National policy promotes the social model of disability as a way of thinking about how physical, social and environmental barriers can be removed so that disabled people including those with sensory loss can realise their aspirations and fulfil their potential. The approach to disability equality has a focus on inclusion and mainstreaming, with additional support provided where needed, and on the involvement of people in making decisions that will affect their lives. Fulfilling potential: Next Steps prioritises action for people around three themes:

i. **Early intervention and preventative approaches to impairment and disability** – enable people to build the lives they choose e.g. staying in education or employment and overcoming disability barriers, learning independent living skills and opportunities.

ii. **Independence, Choice and Control** – a focus on early intervention and prevention with access to independent information and advice to help people organise and plan care and support. Better support for people to remain in their own home through increased use of Assistive Technology and community based support which promotes dignity and choice and avoids isolation.

iii. **Inclusive, accessible communities** – enable disabled people to participate in their local area through safe inclusive access to key services, strong community links and affordable housing that can meet changing needs. Build community capability by developing User Led Organisations (ULO) and other community groups to play a key role in early intervention.

In line with national policy, Halton Borough Council and Halton Clinical Commissioning Group are working collaboratively to move towards greater integration of services to improve quality of care and ensure effective use of finite resources.

This strategy places an emphasis on prevention and early intervention and promotes rehabilitation and reablement minimising the impact of sensory loss and thus avoiding or delaying the need for more formal care. The success of the strategy will depend on broader partnership working across voluntary, community and commercial organisations to achieve the best possible outcomes for Halton’s citizens.
How is it paid for?

The following financial breakdown is based upon current direct expenditure on funding for initiatives specific to those with sensory impairment. It does not reflect all of the wider universal and targeted activity that is commissioned locally. Expenditure, on areas such as Primary Care (GPs, etc), general health promotion, or voluntary and community sector activity, all have a direct impact upon the quality of life of people living with sight or hearing loss but does not fall within the direct influence of this strategy and action plan.

Planned Council and CCG Expenditure on Hearing and Vision Services 2014/15
How will we know if we have been successful?

When we have achieved our aims those living with sight and hearing impairment will be able to overcome environmental and social barriers to realise their aspirations and play a full part in society if they choose to.

There will be a high proportion of people feeling supported to manage their health and feeling safe and in control of their lives.

Those who live with sight and hearing impairment will be able to contribute fully to the community, have good levels of employment and be able to enjoy as much social contact as they would like.

Sensory healthcare will be important to everybody and levels of avoidable sight loss and hearing loss will reduce

The Overarching Outcome for this Strategy is that people living with sight or hearing impairment will have a high level of wellbeing and control over their lives and will feel motivated, fulfilled and valued participants in their local community. This will be achieved by focussing efforts on delivering against and achieving the five priorities.

It is important to make sure that real health and wellbeing improvements are delivered through the implementation of this strategy. The best way to achieve this is to use recognised measures to monitor the benefits arising from agreed priority actions and five high level targets have been set as a measure of success:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Target to measure success</th>
<th>2014/15</th>
<th>2015/16</th>
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<tbody>
<tr>
<td>1</td>
<td>Raise awareness of avoidable sight and hearing loss and encourage early action when it does occur</td>
<td>Preventable sight loss – number of Certificates of Visual Impairment issued Outcomes framework: Public Health 4.12 Note increased registrations may be positive if higher numbers of people access screening programs – low access levels are associated with areas of high deprivation</td>
<td>Trends to be monitored against 2010/11 baseline</td>
</tr>
<tr>
<td>2</td>
<td>Maximise independence and wellbeing of those living with sensory impairment through rehabilitation, technology, appropriate communication support and advocacy services</td>
<td>Overall satisfaction of people who use services with their care and support Outcomes framework: Adult Social Care Outcomes Framework 3a Overall satisfaction of carers with social services</td>
<td>Awaiting national metric</td>
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</table>
An ‘Outcomes Framework’ provides a template of how measures can be used to monitor different priority areas. We will use the current recognised outcomes frameworks covering the NHS, Adult Social Care and Public Health to inform our overall outcome measures and our performance indicators. As we achieve our desired outcomes we will review our priorities and change them if appropriate. More detail on these indicators can be found in the evidence paper.

It is also important that the quality of what we are delivering is monitored to make sure people have a positive experience. On-going customer feedback as well as activities such as local surveys and focus groups will be used to monitor current services and see where any improvements need to be made. The discussions that have taken place during the development of

<table>
<thead>
<tr>
<th></th>
<th>Outcomes framework Adult Social Care 3b</th>
<th>The proportion of disabled people who use services who have control over their daily life</th>
<th>80%</th>
<th>80%</th>
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<tr>
<td>3</td>
<td>Recognise the expertise and assets of people living with sensory impairment and use these to improve services</td>
<td>Commissioned services demonstrating co-produced and personalised approaches to service development</td>
<td>70%</td>
<td>80%</td>
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<tr>
<td>4</td>
<td>Raise awareness of the barriers to social inclusion faced by people living with sensory impairment to build responsive, inclusive communities</td>
<td>Proportion of people who use services and their carers, who reported that they had as much social contact as they would like</td>
<td>2013/14 baseline to be inserted</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Ensure efficient and effective use of resources</td>
<td>Maintain quality of life for people with long term conditions higher than England average</td>
<td>2013/14 baseline to be inserted</td>
<td></td>
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<thead>
<tr>
<th></th>
<th>Outcomes framework Adult Social Care 1b</th>
<th>Percentage of items of sensory equipment delivered within 7 working days</th>
<th>97%</th>
<th>97%</th>
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<tr>
<td></td>
<td>Outcomes framework Adult Social Care 1l</td>
<td>Public Health 1.18 2013/14 baseline to be inserted</td>
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<td></td>
<td>NHS 2 2013/14 baseline to be inserted</td>
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It is also important that the quality of what we are delivering is monitored to make sure people have a positive experience. On-going customer feedback as well as activities such as local surveys and focus groups will be used to monitor current services and see where any improvements need to be made. The discussions that have taken place during the development of
this framework should continue throughout the lifetime of the Strategy and to help in the development of the next JSNA and Strategy.
**PRIORITY 1: Raise awareness of avoidable sight and hearing loss and encourage early action when it does occur**

**Preventable sight loss - number of Certificates of Visual Impairment issued**  
(Outcomes Framework: Public Health 4.12)

**Trends to be monitored against 2010/11 baseline**

**Why is this a priority?**  
Though related to aging some conditions leading to sight loss can be avoided through greater awareness of the potential problems and good eye care.

In younger adults and children noise induced hearing loss can become permanent but is avoidable if the risks are known.

Sensory loss can often have a slow onset and individuals may not be aware that their loss is increasing, or may feel reluctant to ask for assistance. There is also the important group of people who have, or may have, ‘hidden’ sensory loss.

Early identification of sensory impairment can have a positive impact in reducing negative outcomes (e.g. it could reduce the risk of falls, avoid social isolation and depression).

**What do we want to achieve?**
- Early detection in childhood
- Reduce avoidable sight loss
- Those with sensory loss remain active members of their community
- Improved access to information and advice for those with sensory loss to self-manage their condition, keep healthy, active and well

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<thead>
<tr>
<th>Ref No</th>
<th>ACTION</th>
<th>SUCCESS MEASURES AND OUTCOMES</th>
<th>TIMESCALE</th>
<th>RESOURCES</th>
<th>RESPONSIBILITY</th>
</tr>
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<tbody>
<tr>
<td>1a</td>
<td>Seek NHS England response to the Merseyside Eye Health Needs Assessment</td>
<td>Informed commissioning and targeting of local eye care services</td>
<td>March 2015</td>
<td>Staff training</td>
<td>Public Health</td>
</tr>
<tr>
<td>1b</td>
<td>Explore use of ICT for broadening access to audiology and eye screening in schools</td>
<td>Early detection and intervention</td>
<td>December 2015</td>
<td>Investment in ICT Staff training</td>
<td>Public Health</td>
</tr>
<tr>
<td>1c</td>
<td>Increase uptake of screening programs through an “every contact counts” approach</td>
<td>Early detection and access to rehabilitation Reduction in health inequalities</td>
<td>March 2016</td>
<td>Staff time</td>
<td>Public Health with NHS England</td>
</tr>
<tr>
<td>1d</td>
<td>Analyse factors affecting registration of blindness locally</td>
<td>Increased recognition of sight loss and access to support</td>
<td>March 2015</td>
<td>Staff time</td>
<td>Commissioning Manager and Performance team</td>
</tr>
<tr>
<td>1e</td>
<td>Understand the needs of hard to reach groups e.g. homeless and positive promotion of health checks</td>
<td>Reduction in health inequalities</td>
<td>March 2016</td>
<td>Staff time</td>
<td>Halton Clinical Commissioning Group Health Improvement Team</td>
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<tr>
<th>Priority</th>
<th>Activity</th>
<th>Target Date</th>
<th>Responsible Team</th>
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<tbody>
<tr>
<td>1f</td>
<td>Actively promote smoking cessation to those at higher risk of losing their sight</td>
<td>December 2017</td>
<td>Public Health and Health Improvement Team</td>
</tr>
<tr>
<td>1g</td>
<td>Accessible information on: • Preventative measures • Managing sight and hearing impairment • How to access support</td>
<td>March 2016</td>
<td>Public Health Divisional Manager Assessment and Care Management</td>
</tr>
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**PRIORITY 2: Maximise independence and wellbeing of those living with sensory impairment through rehabilitation, technology, communication support and advocacy**

**Overall satisfaction of people who use services with their care and support**  
(Outcomes framework: Adult Social Care 3a)

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<th>Target 2014/15 %</th>
<th>Target 2015/16 %</th>
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<tr>
<td>Awaiting national metric</td>
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**Overall satisfaction of carers with social services**  
(Outcomes framework: Adult Social Care 3b – biennial return)

<table>
<thead>
<tr>
<th>Target 2014/15 %</th>
<th>Target 2015/16 %</th>
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<tbody>
<tr>
<td>Awaiting national metric</td>
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</table>

**The proportion of disabled people who use services who have control over their daily life**  
(Outcomes framework: Adult Social Care 1b)

<table>
<thead>
<tr>
<th>Target 2014/15 %</th>
<th>Target 2015/16 %</th>
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<tr>
<td>80%</td>
<td>80%</td>
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**Percentage of items of sensory equipment delivered within 7 working days**  
(Local indicator)

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<thead>
<tr>
<th>Target 2014/15 %</th>
<th>Target 2015/16 %</th>
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<tr>
<td>97%</td>
<td>97%</td>
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**Why is this priority?**

Increases in life expectancy mean people are living longer with sensory impairment both those losing their sight and hearing later in life and those born with a loss.

There is significant evidence of those living with sensory impairment experiencing communication difficulties when accessing services including GP’s and hospital appointments. The use of family members to provide communication support is not an acceptable practice; it reduces the person’s control, privacy and could lead to...

**What do we want to achieve?**

- An enabling and preventative approach
- Maximise independence and good quality of life
- Equal access to Health Improvement and Health Promotion initiatives
- Access to the right support to avoid unplanned hospital admissions
- Those with care and support needs feel safe, respected and maintain their dignity
dependency. It also leaves the service provider open to liabilities if there is miscommunication of information.

Many of those with sensory loss say they are not confident in managing their own health.

Residents in Care Homes who have a sensory impairment need access to appropriate support in managing their impairment.

- Qualified interpreters and other communication support provided when accessing services
- Access to specialist advocacy support to maintain independence and choice
- Systematic approach to the management of sensory impairment in residential care settings

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<tr>
<th>REF NO.</th>
<th>ACTION</th>
<th>SUCCESS MEASURES AND OUTCOMES</th>
<th>TIMESCALE</th>
<th>RESOURCES</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Ensure self-management of care needs information is readily available in a range of formats</td>
<td>Increased numbers of people feeling in control of their health</td>
<td>March 2015</td>
<td>Staff time, Internet links to partner agencies</td>
<td>Commissioning Manager, Providers</td>
</tr>
<tr>
<td>2b</td>
<td>Further develop Care and Support for You portal to offer online information in appropriate formats on support to maintain independence</td>
<td>Number of hits on portal</td>
<td>December 2015</td>
<td>Staff time, IT support</td>
<td>Divisional Manager Independent Living</td>
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<tr>
<td>2c</td>
<td>Review Transition Strategy and Protocols to ensure remain in line with Support and Aspiration (DFE 2012)</td>
<td>Increased numbers of young people reporting a positive experience of transition</td>
<td>September 2014</td>
<td>Staff time</td>
<td>Commissioning Managers Adults and Children Transition Group</td>
</tr>
<tr>
<td>2d</td>
<td>Increase the use of Assistive Technology (including telehealth and telecare) people to be better supported at home</td>
<td>Increased numbers of people using AT</td>
<td>Ongoing across lifetime of strategy</td>
<td>Investment in technology</td>
<td>Divisional Manager Independent Living</td>
</tr>
<tr>
<td>2e</td>
<td>Raise awareness of and increase access to ICT equipment to support independence and prevent social isolation</td>
<td>Increased numbers of people using ICT</td>
<td>Ongoing across lifetime of strategy</td>
<td>Staff time</td>
<td>Divisional Manager Assessment and Care Management</td>
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<tr>
<td>2f</td>
<td>Review access to and impact of support available at Halton Independent Living Centre to inform service</td>
<td>Report to be prepared</td>
<td>March 2015</td>
<td>Staff time</td>
<td>Commissioning Manager</td>
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<tr>
<td></td>
<td>Task</td>
<td>Description</td>
<td>Timeframe</td>
<td>Resource</td>
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<tr>
<td>2g</td>
<td>Jointly review pathways to and co-ordination of CCG and HBC low vision services including counselling and emotional peer support</td>
<td>Integrated, seamless pathway for those with visual impairment</td>
<td>September 2015</td>
<td>Staff Time</td>
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<td></td>
<td>Commissioning Manager Halton Clinical Commissioning Group</td>
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<tr>
<td>2h</td>
<td>Implement the proposed cross-Government strategy on hearing loss</td>
<td>Local strategy/actions will be in place</td>
<td>December 2015</td>
<td>Staff Time</td>
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<td>Commissioning Managers Halton Clinical Commissioning Group</td>
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<td>Public Health Adult Social Care</td>
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<tr>
<td>2i</td>
<td>Work with care homes to develop staff awareness of the impact of sight and hearing loss and ensure residents are accessing sight and hearing checks and aids are working</td>
<td>Trained staff Improved communication and participation for care home residents.</td>
<td>March 2016</td>
<td>Staff time Training</td>
<td></td>
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<td></td>
<td>Commissioning Manager</td>
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<tr>
<td>2j</td>
<td>Review the demand for specialist advocacy services for D/deaf people currently funded through Big Lottery</td>
<td>Specialist advocacy services in place</td>
<td>October 2015</td>
<td>Capacity in voluntary sector.</td>
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<td>Commissioning Managers</td>
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<tr>
<td>2k</td>
<td>Ensure all health and social care services are providing appropriate communication support from the point of referral</td>
<td>Interpreters are accessed appropriately On-going through lifetime of the strategy</td>
<td></td>
<td>Divisional Manager Assessment and Care Management</td>
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<td>Commissioning Managers</td>
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</table>
PRIORITY 3: Recognise the expertise and assets of disabled people and use these to improve services.

Commissioned services demonstrating co-produced approaches to service development
(Local indicator)

Target 2014/15 70% 
Target 2015/16 80%

Why is this a priority?

Traditional models of support begin by exploring eligibility and entitlement to services which can undermine the resilience of people. By adopting an asset or strengths based approach people who use services, their families and the wider community contribute their in-depth knowledge of their requirements and how best to meet them to assist in the design, commissioning and provision of support and services rather than being passive recipients of services.

By placing the emphasis on more effective social care interventions, supporting the unpaid relationships and informal networks a person already has in place they are left better informed, connected and confident.

What do we want to achieve?

- co-design, including planning of services;
- co-decision making in the allocation of resources;
- co-delivery of services, including the role of volunteers in providing the service;
- co-evaluation of the service;
- social care professionals and people who use services work in equal partnerships towards shared goals;
- people who use services and carers having an equal, more meaningful and more powerful role in services;
- people who use services and carers are involved in all aspects of a service – the planning, development and actual delivery of the service;
- power and resources are transferred from managers to people who use services and carers;
- the assets of people who use services, carers and staff are valued;

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<tr>
<th>REF NO.</th>
<th>ACTION</th>
<th>SUCCESS MEASURES AND OUTCOMES</th>
<th>TIMESCALE</th>
<th>RESOURCES</th>
<th>RESPONSIBILITY</th>
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<tbody>
<tr>
<td>3a</td>
<td>Develop protocol and actions for taking forward co-production in Halton</td>
<td>Co-production protocol in place</td>
<td>September 2014</td>
<td>Staff time</td>
<td>Commissioning Manager</td>
</tr>
<tr>
<td>3b</td>
<td>Implement Care Management Strategy to focus on the strengths and natural support already in place of those requesting an assessment</td>
<td>New working practices embedded</td>
<td>April 2015</td>
<td>Staff time</td>
<td>Divisional manager Assessment and Care Management</td>
</tr>
<tr>
<td>3c</td>
<td>Work in partnership with local User Led Organisations on policy and service development</td>
<td>Co-produced policies and service improvements</td>
<td>On-going through lifetime of the strategy</td>
<td>Staff time</td>
<td>Commissioning Manager Voluntary Sector</td>
</tr>
</tbody>
</table>
### PRIORITY 4: Raise awareness of the barriers to social inclusion faced by people living with sight and hearing loss to build responsive, inclusive communities

**Proportion of people who use services and their carers, who reported that they had as much social contact as they would like**

(Outcomes framework: Adult Social Care 1l, Public Health 1.18)

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<tr>
<th>Target 2014/15 %</th>
<th>Target 2016/17 %</th>
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</table>

2013/14 baseline to be inserted

**Why is this priority?**

The prevalence of sight and hearing loss will rise due to an aging population and many people also have additional health conditions and are likely to be at risk of isolation through the interaction of their conditions with social and environmental factors.

Profoundly Deaf BSL users require appropriate communication support when accessing services. Consideration needs to be given to providing written information in appropriate formats as English is not a first language.

Interventions are required to remove the barriers to improve quality of life for those living with sight and hearing loss.

**What do we want to achieve?**

- Inclusive local communities where everyone’s voice is heard and they can realise their aspirations.
- Improved access for disabled people to accommodation and support options to maximise independence

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<th>RESPONSIBILITY</th>
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</thead>
<tbody>
<tr>
<td>4a</td>
<td>Work with voluntary sector and User Led Organisations to ensure impact of sensory impairment is addressed by statutory services throughout the development and implementation of policies and services.</td>
<td>Equality impact assessments</td>
<td>On-going across timelines of specific policy development.</td>
<td>Staff time Voluntary Sector capacity</td>
<td>Commissioning Manager</td>
</tr>
<tr>
<td>4b</td>
<td>Facilitate dialogue between local transport providers and local residents living with sight and hearing impairment.</td>
<td>Local concerns regarding transport are listened to.</td>
<td>December 2014</td>
<td>Staff Time</td>
<td>Logistics Manager</td>
</tr>
<tr>
<td>4c</td>
<td>Ensure working age adults living with sight or hearing impairment have access to support to retain or gain employment.</td>
<td></td>
<td>Ongoing across lifetime of strategy</td>
<td>Staff time</td>
<td>Division Manager Employment Learning and Skills</td>
</tr>
<tr>
<td>4d</td>
<td>Service specifications prompt providers to</td>
<td>Commissioned services will make all reasonable</td>
<td>Ongoing across life time of strategy</td>
<td>Staff time</td>
<td>Commissioning Managers</td>
</tr>
<tr>
<td>review compliance with the Equality Act in regard to sensory impairment and in particular communication needs and consider if further adjustments are required.</td>
<td>adjustments in supporting those with sensory impairment</td>
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</table>
## PRIORITY 5: Ensure efficient and effective use of resources

### Maintain quality of life for people with long term conditions higher than England average
(Outcomes framework: Adult Social Care 1a, NHS 2)

2013/14 baseline to be inserted

### Why is this priority?
Halton is committed to empowering to take control of the decisions made regarding their sensory impairment and avoid or move away from dependency on formal care.

Both the Council and Clinical Commissioning Group face significant funding reductions accompanied by pressures on the system arising from increased life expectancy and increased numbers of people living with multiple long term conditions. Closer integration between health and social care to deliver better, more joined up services adopting a preventative approach with early intervention are key to addressing these challenges.

### What do we want to achieve?
- Good quality, locally provided care and support which strives to reduce the impact of sensory loss
- People with complex long term conditions enabled to remain independent in their local community
- Utilise Better Care Fund to commission more integrated and joined up pathways for those living with sensory loss
- Achieve value for money

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<tbody>
<tr>
<td>5a</td>
<td>Use integrated commissioning, contract monitoring and safeguarding arrangements to consolidate service specifications and quality standards of complex care</td>
<td>Percentage of providers rated good through local quality assurance reviews</td>
<td>April 2015</td>
<td>Staff time</td>
<td>Commissioning Manager, Quality Assurance Manager</td>
</tr>
<tr>
<td>5b</td>
<td>Review care pathways for sight and hearing impairment and effectiveness of mainstream interventions and links to other services.</td>
<td>Integrated person centred pathway</td>
<td>December 2015</td>
<td>Staff time</td>
<td>Divisional Manager, Assessment and Care Management, Commissioning Manager, Halton Children’s Trust</td>
</tr>
<tr>
<td>5c</td>
<td>Review contracting arrangements for equipment and minor adaptations to inform future procurement and value for money</td>
<td>Targets for delivery of equipment and completion of adaptations met</td>
<td>March 2015</td>
<td>Staff time</td>
<td>Commissioning Manager</td>
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