



Bracknell Forest Sensory Needs Strategy

2015-2020

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Executive Summary

If you need help to understand the language in this document, there is a Glossary on page 97 to explain what some of the words and terms mean. Words in this document that are explained in the glossary are underlined.

This Bracknell Forest Joint Commissioning Strategy for People with Sensory Needs 2016 – 2021 takes account of the needs of people with sensory needs and their carers, and responds to the priorities identified within the Bracknell Forest Health and Wellbeing Strategy “Seamless Health”, national policy, and current best practice in line with national and local research.

Worldwide, it is estimated that 39 million people are blind and 246 million have low vision. 360 million people, have disabling hearing loss and of this number about 70 million Deaf people use sign language as their first or preferred language.

Many people are now living longer and healthier lives and so the world population has a greater proportion of older people. People are at increasing risk of developing sensory needs as they get older; the majority of people with sensory needs are aged over 65. The average life expectancy in Bracknell Forest is higher than the national average and the most notable projected population increase is in people aged over 65.

People who are Deaf, Hard of Hearing, Blind, have low vision or are deafblind can experience significant isolation, reduced employment levels and often face barriers to accessing information and services. Additionally people with sensory needs may face physical harm due to an increased risk of falls and delayed response to emergencies such as domestic fire.

Improving access to information, early intervention, prevention and improving the knowledge and awareness of the whole community are all important in achieving better outcomes for people with sensory needs and their carers.

In producing this strategy, people with sensory needs and their carers were asked for their views. The consultation exercise identified that people with sensory needs and their carers in Bracknell Forest have the following priorities:

- Better Communication and Access
- Access to Information and Advice
- Better Awareness of Sensory Needs
- Continuation of the Sensory Needs Clinic and Assistive Technology
- Support throughout the community to maintain independence
- Holistic and joined up services
- Better support for carers
- Prevention of the development of Sensory Needs

This strategy proposes the above evidence based priorities which the Sensory Needs Partnership Board will incorporate into an action plan.

What's in a name?

Many terms are used to describe people who do not hear well, including deaf, hard of hearing, hearing impaired, Deaf (specifically with a capital "D"), deafened, oral, signing deaf, and speaking deaf. Similarly, people who do not see well may be described as blind, visually impaired, sighted, sight impaired, low vision, visually challenged. These are simply examples of the many terms used. What may be a reasonable description of one person's sensory experience is unlikely to be accurate for the next.

Using the term 'impaired' or 'loss' can have negative connotations. Firstly, this places the disability before the person. Secondly, it establishes "hearing" or "seeing" as the standard and anything different as "impaired" or "substandard".

Carefully chosen words are used throughout this document. However, this strategy accepts that it is not possible or desirable to link a single description to a large number of people with different experiences.

For the purposes of this strategy, people who experience a lower level of hearing or sight which impacts on their life in some way are referred to as needing support to meet their Sensory Needs or Dual Sensory Needs where both hearing and sight is affected. The terms Deafblind, Deaf, Hard of Hearing, Blind and "partially sighted" will also be used.

Introduction

Worldwide, it is estimated that 39 million people are blind and 246 million have low vision. About 90% of people who are blind or have low vision live in developing countries¹. Over 5% of the world's population, 360 million people, have disabling hearing loss² and of this number about 70 million Deaf people who use sign language as their first or preferred language.

With many people now living longer and healthier lives, the world population has a greater proportion of older people. The leading causes of problems with hearing and sight are age related; therefore as people get older, they are more likely to develop Sensory Needs. Indeed, 82% of people living with blindness are aged 50 and above³ and approximately one-third of people over 65 years of age are affected by disabling hearing loss⁴.

Overall, visual impairment worldwide has decreased since the early estimates in 1990s. This is despite an ageing global elderly population. This decrease is principally the result of a reduction in visual impairment from infectious diseases through:

- overall social and economic development such as health, life expectancy and levels of education and employment;
- wide spread public health action;
- increased availability of eye care services;
- awareness of the general population about solutions to the problems related to visual impairment (surgery, glasses, etc.).

Estimates suggest that by 2031 the UK economy will lose £24.8bn in potential economic output due to lower employment rates for those with hearing loss than across the rest of the population.⁵ The direct costs to the NHS of addressing hearing loss were estimated to be £450 million in 2013. This figure does not take into account the proportion of adults with undiagnosed or unaddressed hearing loss, which is regarded to be at least the same again as the proportion that receive support.⁶

A recent report concluded that the annual cost of sight loss in the UK adult population is just over £10 billion, including direct and indirect health care costs, the loss of disability-free years and the loss of life due to premature death associated with sight loss.⁷

However, the real cost to individual communities in the UK reaches far wider than these monetary values. Left untreated, problems with hearing and sight affects communication and independence and can contribute to social isolation, anxiety, depression and problems with thinking skills.

¹ <http://www.who.int/mediacentre/factsheets/fs282/en/>

² <http://www.who.int/mediacentre/factsheets/fs300/en/>

³ <http://www.who.int/mediacentre/factsheets/fs282/en/>

⁴ <http://www.who.int/mediacentre/factsheets/fs300/en/>

⁵ International Longevity Centre (2014) Commission on Hearing Loss: final report.

⁶ Harker, R. (2012) NHS funding and expenditure. Standard Note: SN/SG/724

⁷ https://www.rnib.org.uk/sites/default/files/Sight_loss_UK_2013.pdf

More than half (55%) of people with hearing loss in employment say they feel socially isolated at work and around one in four have been harassed in the workplace (26%). Less than half (45%) of people who lost their hearing at work told their colleagues about it, and fewer still (37%) told their employer.⁸

Half of older people who are Blind or have low vision experience loneliness, compared with about one third of older people generally⁹.

Research shows nearly 1 in 5 deafblind people receive no social care at all, often reporting problems with mental wellbeing as they grow more isolated.¹⁰

As with many long term conditions, prevention and early intervention is key. On average it takes ten years for people to address their hearing loss. Even when they do take action, 45% of people with hearing aids say that their GP failed to refer them to an audiologist when they first mentioned their hearing loss¹¹. 80% of all visual impairment can be prevented or cured¹² and half of all cases of hearing loss are avoidable through primary prevention and public health actions¹³. These include:

- immunization
- healthy ear and hearing care habits
- improved health and safety at work
- effective treatment for both acute and chronic ear conditions.¹⁴

People need full access to information, employment and the wider community so that they have choice and control over their lives. People with sensory needs should be considered when information and services are being planned and managed. This strategy informs the development of support within the Adult Social Care department and information throughout Bracknell Forest Council to ensure full access to the whole community.

What is a Commissioning Strategy?

A commissioning strategy is a document which sets out how support and services for individuals will be developed. In order to decide what outcomes the council and its partners on the Sensory Needs Partnership Board and Health and Wellbeing Board need to work together to achieve and how the strategy will be implemented, the following has been taken into account:

- the views of local people including carers
- existing council policy
- relevant legislation and national guidance
- an analysis of the needs of the local population and how these are likely to change in the future
- an overview of the strengths and limitations of current support and services

⁸ Facts and figures on deafness and tinnitus, Action on Hearing Loss Information, July 2011

⁹ <http://www.pocklington-trust.org.uk/Resources/Thomas%20Pocklington/Documents/PDF/Research%20Publications/Research%20Findings/rf-44-social-isolation-3.pdf>

¹⁰ <http://www.campaigntoendloneliness.org/uncategorized/without-sight-and-sound-loneliness-and-the-deafblind/>

¹¹ Facts and figures on deafness and tinnitus, Action on Hearing Loss Information, July 2011

¹² <http://www.who.int/mediacentre/factsheets/fs282/en/>

¹³ <http://www.who.int/mediacentre/factsheets/fs300/en/>

¹⁴ <http://www.who.int/mediacentre/factsheets/fs300/en/>

- resources currently available

People in Bracknell Forest have been consulted to find out what the local issues are. The priorities they have identified are identified on page 22. This information, together with guidelines published by the Government, has informed the development of this strategy to ensure that people with sensory needs living in Bracknell Forest and their carers are able to have choice and control to live independently and access the support and services they need to achieve their goals.

Key Information



How Many People?

- Over 10million people in the UK aged 16+ have some form of hearing loss¹⁵, this is almost 1 in 5 people aged over 16¹⁶.
- From the total number of 10million, more than 800,000 people are severely or profoundly deaf.
- The Royal Association for Deaf people estimates that there are approximately 156,000 people who use British Sign language across the UK¹⁷.
- About 10% of adults have constant mild tinnitus. Up to 1% of adults (60,000 people) have tinnitus that affects their quality of life.¹⁸

Age

- From the total figure of 10million, around 6.4 million are of retirement age (65+) and about 3.6 million are of working age (16 – 64).¹⁹
- Up to 30% of over 70s experience tinnitus, compared to 12% of people in their 60s and just 1% of people aged under 45.²⁰

Causes

- Age-related damage to the cochlea is the single biggest cause of hearing loss.²¹

¹⁵ Action on Hearing Loss (2011) Facts and Figures on Hearing Loss and Tinnitus

¹⁶ Based on population figures for ages 16+ from the Census 2011

¹⁷ http://royaldeaf.org.uk/newsid_55/How_many_Deaf_BSL_users_in_UK

¹⁸ Facts and figures on deafness and tinnitus, Action on Hearing Loss Information, July 2011

¹⁹ Action on Hearing Loss (2011) Facts and Figures on Hearing Loss and Tinnitus

²⁰ Facts and figures on deafness and tinnitus, Action on Hearing Loss Information, July 2011

²¹ *Facts and figures on deafness and tinnitus*, Action on Hearing Loss Information, July 2011



How Many People?

- Almost 2million people in the UK live with low vision which is approximately 1 in 30 people.²²
- Of these, around 360,000 people are registered with their local authority as blind or partially sighted.²³
- The number of people in the UK with low vision is set to increase dramatically. It is predicted that by 2050 the number of people with low vision in the UK will double to nearly 4million.²⁴

Age

- One in five people aged 75 and over are living with low vision²⁵.
- One in two people aged 90 and over are living with low vision²⁶.

Causes

- Age-related macular degeneration is by far the leading cause of blindness in adults. Other significant causes of sight loss are glaucoma, cataracts and diabetic retinopathy.²⁷

²² Future sight loss UK (1): The economic impact of partial sight and blindness in the UK adult population. Access Economics Pty Limited. June 2009

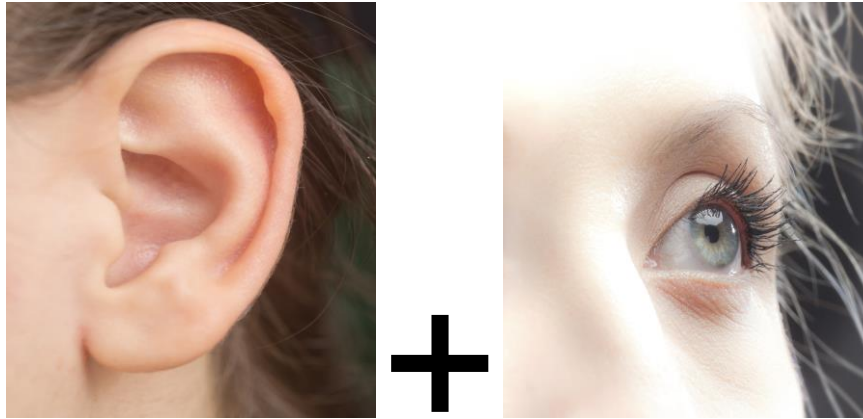
²³ Future sight loss UK (1): The economic impact of partial sight and blindness in the UK adult population. Access Economics Pty Limited. June 2009

²⁴ Future sight loss UK (1): The economic impact of partial sight and blindness in the UK adult population. Access Economics Pty Limited. June 2009

²⁵ <http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics>

²⁶ <http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics>

²⁷ <http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics>



How many people?

- Approximately 356,000 people in the UK have impairments of both hearing and vision (5.72 per 1,000 of the general population).²⁸
- Approximately 132,000 people in the UK have more severe impairments of both hearing and vision (equivalent to 2.12 people per 1,000 of the general population).²⁹

Age

- Nearly three quarters of all people with more severe impairments of both hearing and vision are aged 70 or over.³⁰
- There are many difference causes of deafblindness. The most common however is acquired deafblindness. This is defined as a significant hearing and sight loss that happens as a part of ageing.³¹

Causes

- Four basic groups of people who experience deafblindness have been identified – those who:
 - are hearing and sight impaired from birth or early childhood
 - are blind from birth or early childhood and then later start to lose their hearing
 - are deaf from birth or early childhood and then later start to lose their vision
 - develop hearing and sight loss later in life
- Another significant cause of deafblindness is Usher Syndrome; a genetic condition that is responsible for a condition called Retinitis Pigmentosa as well as a number of cases of congenital deafblindness.³²

²⁸ Estimating the Number of People with Co-Occurring Vision and Hearing Impairments in the UK. Centre for disability research. April 2010

²⁹ Estimating the Number of People with Co-Occurring Vision and Hearing Impairments in the UK. Centre for disability research. April 2010

³⁰ Estimating the Number of People with Co-Occurring Vision and Hearing Impairments in the UK. Centre for disability research. April 2010

³¹ <http://deafblind.org.uk/about-us/deafblindness/causes/>

³² <http://deafblind.org.uk/about-us/deafblindness/causes/>

National Context

The following policy and legislation informs how sensory needs support is developed within the wider health and social care systems.

Action Plan on Hearing Loss: March 2015



The purpose of this document is to encourage action and promote change across all public service sectors and at all levels on how children's, young people's, working age adults' and older people's hearing needs can best be met.

The Action Plan focusses on promoting prevention of hearing loss, improving both the commissioning and integration of services, providing innovative models of care and ensuring that people of all ages with hearing loss are actively supported and empowered to lead the lives they want for themselves and their families in the best possible health.

The Action Plan sets out 5 objectives for NHS England, the Department of Health, Public Health England, other Government Departments and stakeholders within the hearing loss community.

VISION 2020



VISION 2020 is a global initiative that aims to eliminate avoidable blindness by the year 2020. It was launched on 18 February 1999 by the World Health Organization together with the more than 20 international non-governmental organisations involved in eye care that comprise the International Agency for the Prevention of Blindness (IAPB). VISION 2020 is a partnership that provides guidance, technical and resource support to countries that have formally adopted its agenda.

The mission of the VISION 2020 Global Initiative is to eliminate the main causes of all preventable and treatable blindness as a public health issue by the year 2020.

The core strategies of VISION 2020 are:

1. Disease control: facilitate the implementation of specific programmes to control and treat the major causes of blindness.
2. Human resource development: support training of ophthalmologists and other eye care personnel to provide eye care.
3. Infrastructure and appropriate technology development: assist to improve infrastructure and technology to make eye care more available and accessible.

UK Vision Strategy 2013-18



The UK Vision Strategy was launched in 2008 in response to the World Health Assembly Resolution of 2003 which urged the development and implementation of plans to tackle vision impairment, now known as VISION 2020 plans. The UK Vision Strategy sets out a framework for change and the development of services to build a society in which avoidable sight loss is eliminated and full inclusion becomes accepted practice.

The UK Vision Strategy looks to achieve three outcomes:

1. Everyone in the UK looks after their eyes and their sight
2. Everyone with an eye condition receives timely treatment and, if permanent sight loss occurs, early and appropriate services and support are available and accessible to all
3. A society in which people with sight loss can fully participate

Action on Hearing Loss: Taking action. 2013-18



Action on Hearing Loss campaign for “a world where hearing loss doesn’t limit or label people, where tinnitus is silenced – and where people value and look after their hearing”. The charity launched their strategy “Taking Action. Hearing loss: a national and local response” in 2013. This strategy details 3 strategic aims:

1. Everyone has the right information, advice, care and support.
2. There is a range of equipment, treatments and cures available.
3. Equality and life choices are not limited.

British Sign Language Charter – updated 2014



The British Deaf Association (BDA) is a Deaf-led membership organisation. It campaigns for the right of Deaf people to access all areas of society through British Sign Language (BSL), and for the right of deaf children to have a bilingual (English and BSL) and bicultural (Deaf and Hearing communities) education.

The British Deaf Association (BDA) launched the 'BSL Charter' in 2003 following the Governments official recognition of British Sign Language as an independent language in its own right. The BDA encourages local authorities and public services across the UK to sign up to the Charter for British Sign Language (BSL). The Charter sets out a number of key pledges to improve access and rights for Deaf people who use sign language. Each pledge requires a commitment, to overcome the disadvantages that Deaf people using BSL face, in order to achieve the stated objective. The benefits that will ensue from achieving the stated objective are also listed.

The five pledges are:

1. Ensure access for Deaf people to information and services
2. Promote learning and high quality teaching of British Sign Language
3. Support Deaf children and families
4. Ensure staff working with Deaf people can communicate effectively in British Sign Language
5. Consult with our local Deaf community on a regular basis.

Care Act 2014



Care Act 2014

The Care Act 2014 brings together over thirty previous Acts in a streamlined legislative framework as well as bringing in new reforms. It increases the focus on personalisation, achieving and maintaining wellbeing and prevention across the local community. It enables local authorities and partners to have a wider focus on the whole population, rather than just those with eligible needs and/or whose support is paid for by the state.

For the local community including people who need care and support, and their carers, there will be:

- better access to information and advice, preventative services, and assessment of need

- a new model of paying for care, with a limit on the care costs which an individual has to pay
- a common system across the country (national eligibility threshold).

Local Context

Bracknell Forest Sensory Needs Partnership Board

The Sensory Needs Partnership Board is responsible for developing this Sensory Needs Strategy and overseeing the delivery of the Action Plan to make sure support and services are delivered to people in need of support because of their sensory needs in line with both the local strategy and action plan and national legislation and guidance.

The members include officers from Bracknell Forest Adult Social Care, Health and Housing department, health practitioners from Bracknell and Ascot Clinical Commissioning Group, Berkshire Healthcare NHS Foundation Trust and organisations representing people affected by sensory needs as well as people with sensory needs and carer representatives.

Bracknell & Ascot Clinical Commissioning Group (CCG)

The CCG is the statutory organisation led by local GPs which is responsible for commissioning local health services. They do this by commissioning or buying health and care services.

At national level, NHS England will make sure that the CCG has the capacity and capability to commission services successfully for local people and to meet their financial responsibilities.

Bracknell Forest Health and Wellbeing Board

The Health and Wellbeing Board is a partnership of commissioning leaders from the health and care system that must work together to improve the health and wellbeing of their local population and reduce health inequalities. The Board is accountable to local people.

The Board provides a forum for challenge, discussion and the involvement of local people and brings together the Bracknell & Ascot Clinical Commissioning Group, NHS England, Healthwatch and the Council. They have a legal responsibility for developing a shared understanding of the health and wellbeing of the community through a wide ranging assessment of health and wellbeing needs by:

- producing a Joint Strategic Needs Assessment (JSNA)
- setting priorities for improving the health and wellbeing in a Joint Health and Wellbeing Strategy (JHWS) which takes into account information from the JSNA and other commissioning strategies.
- assessing other plans and strategies to make sure they align with the JHWS
- encouraging organisations to work together and share resources

As a result, patients and the public should benefit from more joined-up services from the NHS and Bracknell Forest Council.

Joint Health and Wellbeing Strategy

The local Health and Wellbeing Strategy was refreshed in December 2015.

The objective of the strategy is to make sure that every resident of Bracknell Forest lives in a healthy, safe and caring place where people:

- understand and take responsibility for their own health and wellbeing
- can access services and support to achieve this
- have a smooth, stress free and seamless journey through the health and care system should they become ill or need support

There are key underpinning principles in the strategy which should be considered when planning Sensory Needs support:

1. People should be supported to take responsibility for their own health and wellbeing as much as possible
2. Everybody should have equal access to treatment or services
3. Organisations should work together to make the best use of all the resources they have to prevent and treat ill-health
4. The support and services that people get should be of the best possible quality

Public Health

Bracknell Forest Council has responsibility for public health functions some of which will impact on services for people with sensory needs including:

- Local programmes to promote physical activity, improve diet/nutrition and prevent/ address obesity as well as mental wellbeing
- Drug misuse and alcohol misuse services
- Tobacco control, including stop smoking services and prevention activity
- NHS health checks
- Local initiatives to prevent accidental injury, including falls prevention
- Local initiatives to reduce seasonal mortality

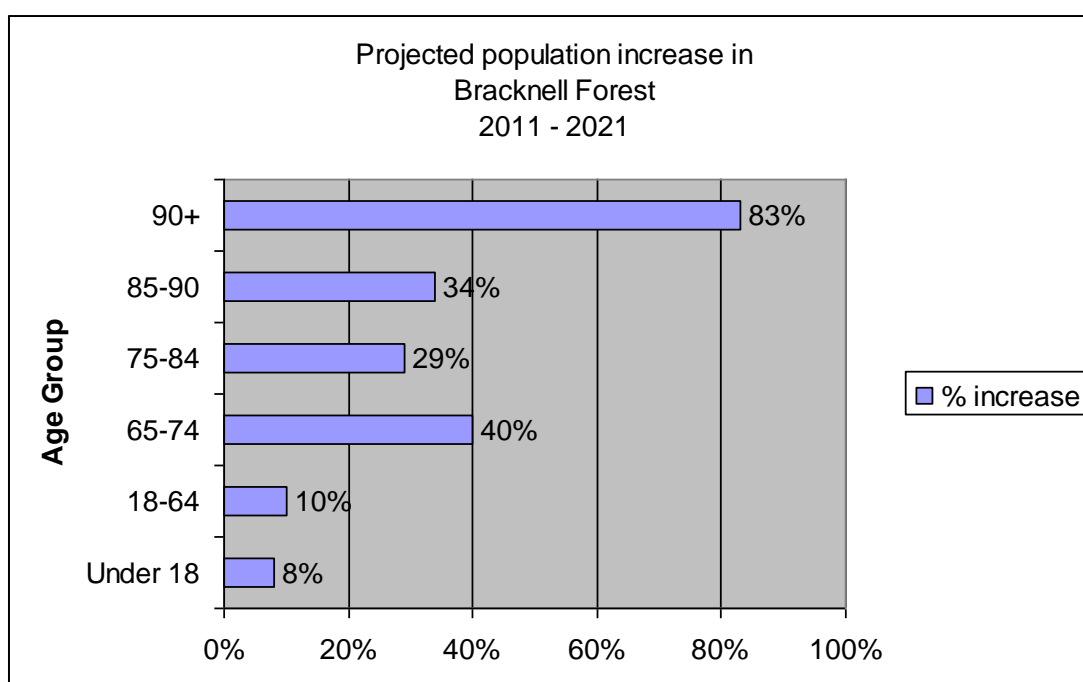
Needs Analysis

A needs analysis is a way of estimating what the needs of a population are so that appropriate support can be planned. In this strategy the council has identified the expected local need through the Joint Strategic Needs Assessment, Census and other data sources. Local people and organisations were also asked for their feedback on needs and priorities for people affected by Sensory Needs.

At the last census, 2011, the estimated population for Bracknell Forest was 115,000³³. Between 2001 and 2011 the population grew 3.7%, which is less than the national growth rate (7.1%) and the South East growth rate (7.6%).

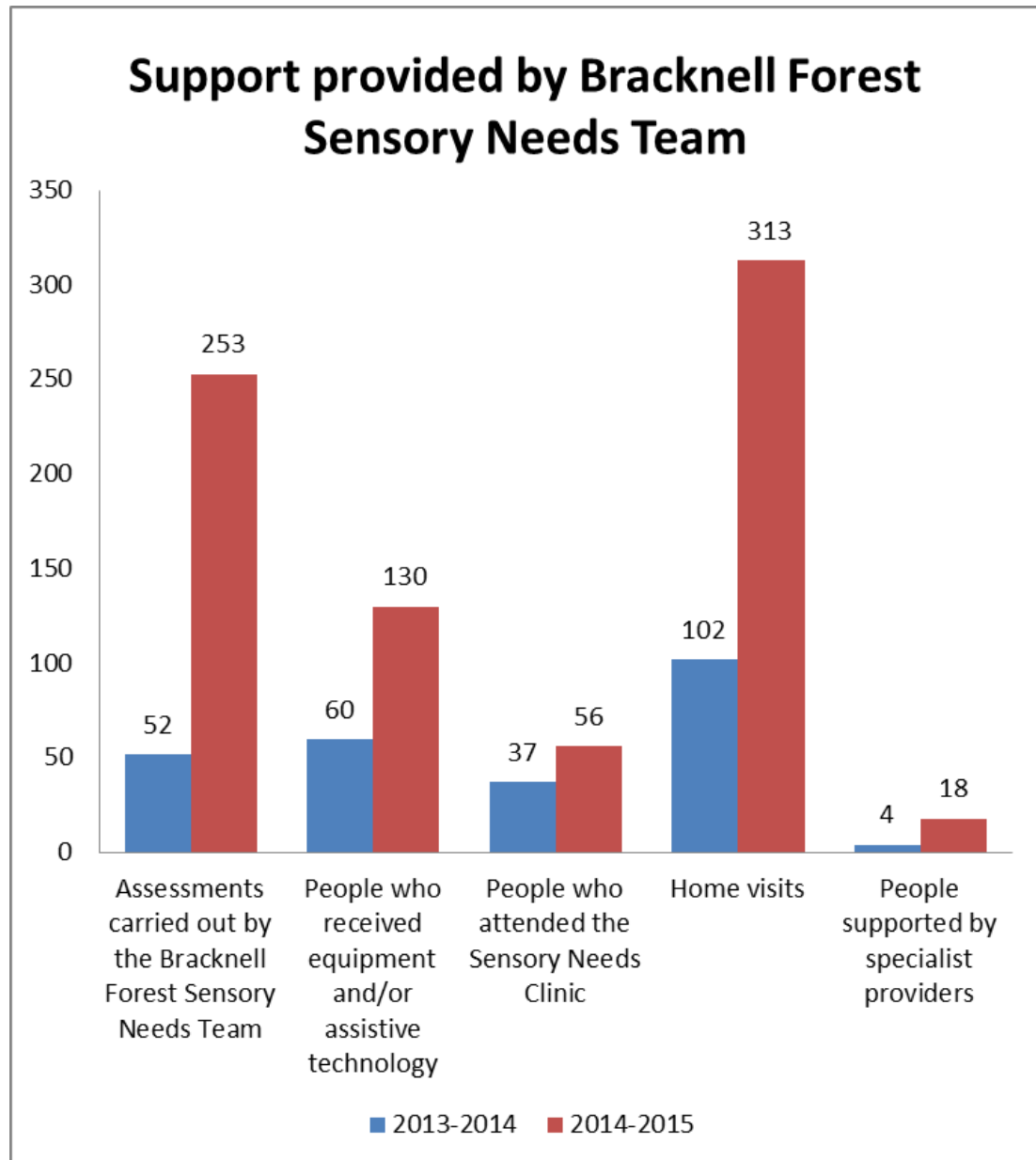
Life expectancy in Bracknell Forest is higher than the national average at 80.8 years for men and 84 years for women. This is compared to 79 years for men and 83 years for women throughout the United Kingdom .

Understanding growth rate is important because the most significant risk factor for developing Sensory Needs is age. In Bracknell Forest, the largest population increase is predicted to be amongst those aged over 90 – an 83% increase between 2011 and 2021.



Source: Office for National Statistics August 2014

Since 2013, Sensory Needs Support in Bracknell Forest has been provided by Adult Social Care's Sensory Needs Team as well as specialist providers. The graph below shows how many people in Bracknell Forest have been supported since this provision method began in 2013.



The graph above shows a significant increase in demand. However it is important to remember that during 2013-2014, the Sensory Needs service was being established. This involved dealing with a substantial amount of administration tasks which come with taking over a service from another provider. This work was essential to ensure that the team understood who they needed to support. Therefore it is expected that following this, 2014-2015 the team would be able to support considerably more people.

Usually a minimum of three years' data is required to accurately identify a trend and predict the support which may be required in future years. Due to the timing of this new service, the strategy only has two years on which to base a forecast.

Assuming the same percentage increase year on year for the lifetime of this strategy would not give an accurate picture of future demand as the first year of the service was unique.

Looking at the forecast for the numbers of people living in Bracknell Forest who may need support with their sensory needs in the future gives some indication of future demand.

Support with vision



People in Bracknell Forest predicted to have a moderate or serious visual support needs				
AGE	2015	2020	2025	2030
18-64	50	49	51	51
65-74	510	582	638	750
75+	918	1,042	1,314	1,538
Total	1428	1624 (2015-2020: 12%↑)	1952	2288

Source: Institute of Public Care POPPI & PANSI databases. (2014)

Support with hearing



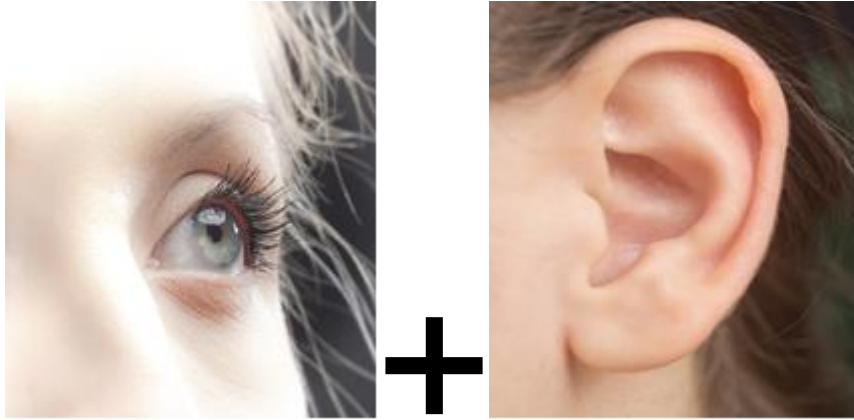
People living in Bracknell Forest predicted to be moderately or severely deaf, projected to 2030				
Age	2015	2020	2025	2030
18-64	2897	3145	3252	3236
65+	6833	7861	9480	11,032
Total	9,730	11,006 (2015-2020: 12%↑)	12,732	14,268

Source: Institute of Public Care POPPI & PANSI databases. (2014)

People living in Bracknell Forest predicted to be profoundly deaf				
Age	2015	2020	2025	2030
18-64	24	27	29	29
65+	94	211	250	292
Total	207	238 (2015-2020: 13%↑)	278	321

Source: Institute of Public Care POPPI & PANSI databases. (2014)

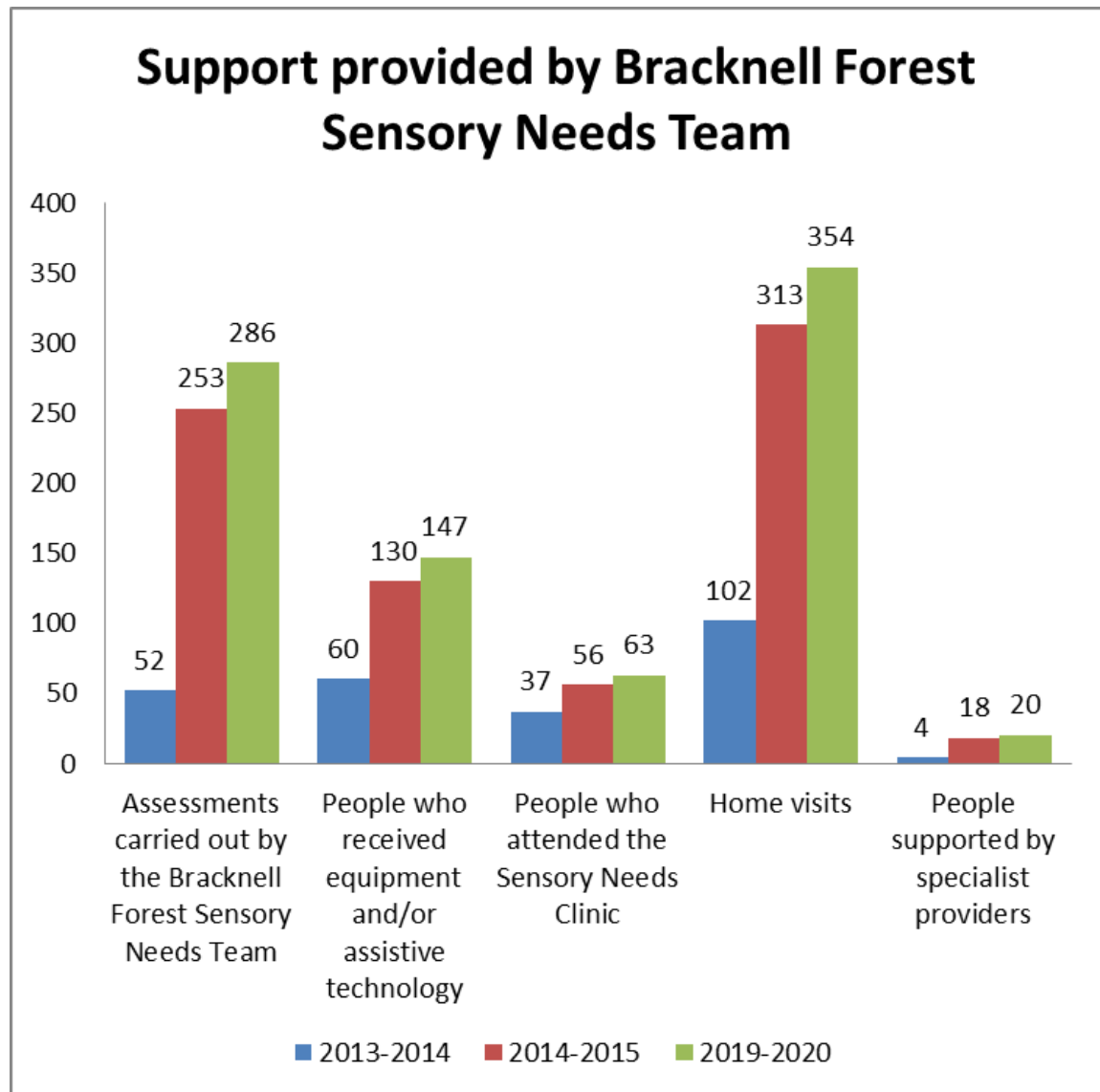
Dual Sensory Need



People living in Bracknell Forest predicted to have dual sensory support needs				
Age	2015	2020	2025	2030
20-59	116	124	119	119
60+	480	589	659	783
Total	596	713 (2015-2020: 16%↑)	778	902

Source: Estimating the Number of People with Co-Occurring Vision and Hearing Impairments in the UK. Janet Robertson & Eric Emerson. April 2010

During the lifetime of this strategy, on average, it is expected that there will be a 13% increase in the numbers of people who have sensory support needs. If it is assumed that this 13% increase can be applied to the activity carried out by the Sensory Needs Team and specialist providers as in the graph on page 15, the forecasted demand in 2020 is as follows:



Consultation

The development of this strategy was informed by a 12 week stakeholder consultation which began with a public event on 6th March and closed on 29th May 2015. The consultation event and the paper and on-line questionnaires were promoted through local media. Invitations were sent to people with Sensory Needs who have been supported by the Bracknell Forest Sensory Needs team and local voluntary groups. A British Sign Language video invitation was posted onto the Bracknell Forest Council website and shared with local groups supporting Deaf people. 74 people attended the consultation event including people who are D/deaf, Hard of Hearing, Blind, have low vision or have Dual Sensory Needs. Additionally, voluntary groups and practitioners supporting people with Sensory Needs also attended.

The event planning team included organisations supporting people with sensory needs to ensure access issues were addressed. The booking process and event was fully accessible through the use of BSL Interpreters, Deafblind Guides, Speech-to-Text Reporters, information printed in Braille and large print and council staff on hand to offer support. The consultation event itself included presentations from people from the Blind and the Deaf community.

People were asked to think about what they thought the priorities are when considering support for people to live well with Sensory Needs and what would make Bracknell Forest a better place to live for people with Sensory Needs.

In addition, people also told us about what was going well. The Sensory Needs Clinic were frequently praised for being a knowledgeable service which is easy to contact and provides personalised support.

If people were unable to attend the event or wanted to add more information later, they were given the opportunity to complete the consultation questionnaire which was distributed and publicised throughout the local area.

People were invited to complete and return the consultation form through a variety of methods to ensure that all local people could take part. A total of 327 comments were received which relate to the experiences, needs and wishes of the people who took part in the consultation process.

These comments have informed the development of the eight priorities identified from page 22.

Conclusion

Over the next 10 years, the proportion of the population of Bracknell Forest reaching their 65th birthday is higher than the UK average; due to the impact of age on the likelihood of developing a sensory need, this will result in an increased demand on sensory needs support services.

Through the consultation, the most significant priority is the need to address barriers to communication. When planning support for people affected by sensory needs, adult social care and health services must ensure that information, advice and events

are fully accessible to the whole community including people who use British Sign Language, read braille, need large print or require audible information.

This strategy demonstrates the need to focus on the communication and support needs of people with sensory needs across the community as well as the need to improve awareness of the importance of looking after one's eyes and ears.

Priorities

The following priorities have been identified based on the comments from people with sensory support needs, commissioners and providers, as well as national and local policy and best practice.

1. Communication and Access

Evidence

“We need to be able to contact people and access services through a range of communication methods. For one person the phone is great, for others, text or videos would work better.”

The overwhelming majority of people responding to the consultation said that being able to access information, services and events easily was their top priority. People want information which is important to them to be available via their preferred communication method. Having full access to information and services enables people to have choice and control over their lives.

When designing services, organisations need to consider how to ensure that people with sensory needs can learn about new events and opportunities, participate in giving feedback and be fully involved. This can be simple actions such as providing several contact methods including telephone, email and post as well as information in Braille, audio, large print and British Sign Language.

Local Outcomes

People with sensory needs will be able to access and fully participate in local organisations, events and services.

This is in line with National Adult Social Care and Health Priorities as below:

- Everybody has the opportunity to have the best health and wellbeing throughout their life and can access support and information to help them manage their care needs.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- People are supported to plan ahead and have the freedom to manage risks the way that they wish.

2. Information and Advice

Evidence

“There are so many sources of information, but who do I trust?”

People who have experienced a loss or reduction of sight and/or hearing said this is a worrying and stressful time. Having accessible, timely information and guidance to support them to maintain their independence and plan for the future is important. Equally, people who have lived with sensory needs for most or all of their lives explained a long standing frustration when trying to navigate local systems to access the information and advice they need.

Better information and advice does not just apply to and Adult Social Care and Health services, but across Local Authority departments and the whole community to

enable people to make informed decisions and maintain their wellbeing as well as fully participate in a variety of events and opportunities.

Linking in with the priority of better communication and access, information and advice needs to be easy to find, accessible and available in a variety of formats.

Local Outcomes

People with sensory needs will be able to easily find and access information and advice in a format which make sense to them.

This is in line with National Adult Social Care and Health Priorities as below:

- Everybody has the opportunity to have the best health and wellbeing throughout their life and can access support and information to help them manage their care needs.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

3. Better Awareness

Evidence

"It's no good calling out my name before my appointment, I won't hear you! If you just show names on a screen, my friend won't see you!"

Many responses to the consultation described personal experiences of frustration when accessing local organisations and services. It is important that customer facing staff, practitioners and the wider community better understand the experiences and needs of people with sensory needs.

Additionally, people said that experiencing a sensory loss and not being able to connect with other people can cause loneliness and isolation. A local community which is better able to communicate with people with sensory needs can support people to stay connected and participate fully in local life.

Local Outcomes

People with sensory needs will be able to access the local community and meet people who understand their needs.

This is in line with National Adult Social Care and Health Priorities as below:

- Everyone enjoys physical safety and feels secure.
- People are free from physical and emotional abuse, harassment, neglect and self-harm.
- People are able to find employment when they want, maintain family and social life and contribute to community life, and avoid loneliness or isolation.
- People know who to contact when they need help.

4. Sensory Needs Clinic and Assistive Technology

Evidence

"I enjoyed my visit to the Sensory Needs Clinic, the service is excellent and the assistive technology has made my daily activities so much easier."

The Sensory Needs Clinic was identified as a highly valued provision. People told us they appreciate the one-to-one support, information all being in one place and the opportunity to try out equipment in a home-like environment. Supporting the priorities

identified above, the Sensory Needs Team were praised for having staff trained as sighted guides and with British Sign Language skills.

Ensuring that a high level of support and information for people with sensory needs is maintained is a priority. Listening to feedback from people accessing the service will play a pivotal role in improving the service and ensuring information about the clinic is available in a variety of formats.

Local Outcomes

People with sensory needs and their carers will be able to make informed choices about how to use assistive technology to meet their needs.

This is in line with National Adult Social Care and Health Priorities as below:

- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
- People are supported to plan ahead and have the freedom to manage risks the way that they wish.
- Helping older people to recover their independence after illness or injury.

5. Independence and support throughout the community

Evidence

"It's my own life; I don't want to have to rely on my family. I want to be independent."

The results of the consultation show that being independent and having choice and control is important to people with sensory needs as well as their carers. Independence is an important aspect of maintaining physical and mental wellbeing. However, it is widely evidenced that people with sensory needs may face challenges to maintaining their independence and accessing the local community. For example, people of working age with sensory needs are significantly more likely to be unemployed.³⁴³⁵

Difficulties with communication and social interaction can contribute to people with sensory needs feeling socially isolated.

Loneliness and social isolation are not inevitable consequences of problems with sight or hearing; there is a range of factors that affect people's experiences. Understanding what prevents loneliness may help in developing a better understanding. Loneliness is linked more strongly to how people experience their sensory needs rather than the clinical assessment of their vision or hearing; this highlights the importance of understanding people's personal experience of sensory needs.

People responding to the consultation said that having the right support, technology and awareness can reduce these challenges and remove barriers to fully engaging with their local community.

Local Outcomes

People with sensory needs will be able to maintain their independence and fully engage with the local community.

³⁴ *Facts and figures on deafness and tinnitus*, Action on Hearing Loss Information, July 2011

³⁵ Network 1000 - Finance and entitlement: Visually impaired people's take up of Disability Living Allowance and Attendance Allowance. February 2008.

This is in line with National Adult Social Care and Health Priorities as below:

- People are free from physical and emotional abuse, harassment, neglect and self-harm.
- People are able to find employment when they want, maintain family and social life and contribute to community life, and avoid loneliness or isolation.
- People know who to contact when they need help.

6. Holistic and joined up services

Evidence

“Sometimes the left hand doesn’t know what the right hand is doing!”

People said that they really value named contacts and knowing who they can talk to about their sensory needs and other health concerns. Having to repeat their personal information and medical history to several practitioners was highlighted as a significant annoyance. It is important that health, social care and voluntary organisations continue to focus on improving communication and partnership working to share best practice and ensure a sensible joined-up approach which is easy to access and navigate by people with sensory needs and their carers.

Local Outcomes

Health, social care and voluntary organisations supporting people with sensory needs will communicate well with one other. Referral and other processes will be clear and accessible and will permit secure sharing and storing of information.

This is in line with National Adult Social Care and Health Priorities as below:

- People who use social care and their carers are satisfied with their experience of care and support services.

7. Carers

Evidence

“As a carer, sometimes you just need a little help or to be listened to... then you can carry on living your life as well as supporting your loved one.”

Carers can play a pivotal role in supporting people with sensory needs to be able to maintain their independence and wellbeing and adapt to a new way of experiencing the world.

As detailed in the Key Information section, many people with sensory needs are aged over 65. Equally many carers are also aged over 65. A caring role can be extremely demanding and carers said that opportunities to take a break are needed so that they can continue to care for their own wellbeing as well as that of their loved ones.

Local Outcomes

Carers will report that the care they provide is valued and recognised by health and social care providers and they will have suitable opportunities to take a break from their caring role.

This is in line with National Adult Social Care and Health Priorities as below:

- Carers can balance their caring roles and maintain their desired quality of life.
- Enhancing quality of life for carers.

- People who use social care and their carers are satisfied with their experience of care and support services.
- Carers feel that they are respected as equal partners throughout the care process.

8. Prevention

Evidence

“People need to take care of their health; that includes their eyes and ears!”

Although sensory needs are more common as people become older, a reduction in sight or hearing is not inevitable with ageing.

Chronic ear infections are a leading cause of hearing loss and are largely preventable. It can also be managed effectively through medical and surgical means.³⁶ Noise is another major avoidable cause of hearing loss. It is estimated that 1.1 billion people are at risk of developing hearing loss due to unsafe listening practices.³⁷

Over 50 per cent of sight loss can be prevented through regular eye examinations, maintaining a healthy lifestyle, protection from UV radiation and wearing protective goggles for DIY and some sports.³⁸

People responding to the consultation said that information about how to look after the health of ones eyes and ears needs to be more readily available throughout the local community.

Local Outcomes

People will understand how to look after their vision and hearing and lower their risk of developing or exacerbating their sensory needs.

This is in line with National Adult Social Care and Health Priorities as below:

Everybody has the opportunity to have the best health and wellbeing throughout their life and can access support and information to help them maintain their wellbeing.

Action Plan

The Action Plan will be developed by the Sensory Needs Partnership Board and takes into account all elements of the Needs Analysis – the expected need and what people have expressed a need for through the consultation. The Action Plan is the document that will, to an extent, govern the actions the Council and the Clinical Commissioning Group undertakes over the next five years. It aims to link the needs identified to achievable priorities and on to items for action, mapped against the Outcomes Framework, which will be reviewed and assessed by Sensory Needs Partnership Board regularly throughout the strategy lifetime.

³⁶ <http://www.who.int/features/factfiles/deafness/facts/en/index1.html>

³⁷ <http://www.who.int/features/factfiles/deafness/facts/en/index1.html>

³⁸ http://www.rnib.org.uk/sites/default/files/Preventing_avoidable_sight_loss_August_2012.pdf

Current Support and Services in Bracknell Forest

See Triangle of Services (separate document)

Next steps

The Sensory Needs Partnership Board will create an action plan. This plan will identify things that could be done under each priority to make sure outcomes are delivered for people affected by Sensory Needs.

Glossary

Assistive Technology	Assistive technology includes items or technology which helps people who have an injury, disability or illness to carry out everyday tasks.
Acquired deafblindness	<p>A person who loses their sight and hearing after they have developed language as a child is said to have 'acquired deafblindness.'</p> <p>An individual may already have a sight or hearing impairment, and suddenly or gradually lose the other sense. It could be related to a specific genetic condition from birth, or as a result of an illness or accident.</p>
Blind	<p>People who are 'blind' meet certain criteria under the '<u>Snellen Scale</u>'. This is the eye test using the lines of letters getting smaller and smaller.</p> <p>The NHS now use the term 'severely visually impaired' to describe people previously described as 'blind'.</p>
British Sign Language	This is the sign language used mainly by people who live in Britain. There are regional dialects and Welsh and Irish Sign Language are very different. Generally speaking, each country around the world has their own, distinct, Sign Language. British Sign Language is distinct from English and has very different grammatical rules.
Cataracts	Cataracts are cloudy patches that develop in the lens of your eye and can cause blurred or misty vision. They are very common.
Clinical Assessment	An evaluation of a person's physical condition and diagnosis based on information gathered from physical and laboratory examinations and the person's medical history.
Clinical Commissioning Group (CCG)	A Clinical Commissioning Group is a group of GP practices that are working in partnership to arrange health services for local people. The Clinical Commissioning Group for Bracknell Forest is called the Bracknell Forest and Ascot Clinical Commissioning Group.
Commission Commissioning	To authorise or have a contract with a person or organisation to make something specific happen. This might be to provide a particular service such as nursing care. Often commissioners pay the providers to run a particular service.
Commissioners	The people or organisations that commission other people or organisations to do things. The Local Authority commissions Social Care services, and the CCG commissions Health services.
Commissioning Action Plans	The plan that says exactly what commissioning organisations are going to pay or authorise other people or organisations to run. They should be quite detailed about the standards that are expected and the times by which they want things done.

Commissioning Strategy	Strategies are more “high level” than plans, and say the kinds of things that are going to be done to meet the needs and wishes that have been identified. Commissioning plans should be based on commissioning strategies.
Consultation	When people are asked for their views about a specific subject to help and organisation to develop and improve their services.
Deaf	People who identify themselves as being Deaf (using a capital ‘D’) are usually people who use Sign Language as their first language. They may see themselves as being culturally Deaf and part of the Deaf community.
deaf	Generally, people who are ‘deaf’ are people with hearing loss whose use speech as their main form of communication and consider the dominant language of their country to be their first language (e.g. English).
Deafblind	A person is regarded as deafblind if their combined sight and hearing impairments cause difficulties with communication, access to information and mobility. This includes people with sight and hearing loss which gets worse over time. Many people who are deafblind have some hearing and vision. Others will be totally deaf and totally blind.
deafened	People who were born hearing and became severely or profoundly deaf after learning to speak are often described as ‘deafened’. This can happen suddenly or gradually. Sometimes this is also known as acquired profound hearing loss (APHL)
Department of Health	The Department of Health is a part of Government that is responsible for policy and some funding for health and social care services, and for improving the country’s health and well-being
Diabetic retinopathy	Diabetes can cause a number of problems with the eye. Diabetic retinopathy is the most serious complication. It involves the blood vessels in the area at the back of the eye known as the retina.
Disabling hearing loss	Hearing loss which is greater than 40 decibels (dB) in the better hearing ear in adults and a hearing loss greater than 30 dB in the better hearing ear in children.
Dual Sensory Loss	A combination of sight and hearing loss.
Eye Clinic Liaison Officer (ECLO)	A person whose role involves providing support to people with vision loss in eye clinics.
Glaucoma	Glaucoma is a condition which can affect sight, usually due to build up of fluid and pressure within the eye.
GP	General Practitioner: Most people are registered with a GP. Groups of GPs who work in the same surgery are often referred to as a GP Practice.
Hard of Hearing	The term 'hard of hearing' is used to describe people with mild to severe hearing loss. Often it is used it to describe people who have lost their hearing gradually.
Health and Wellbeing Board	Health and wellbeing boards are <u>partnerships</u> between the <u>Local Authority</u> , the <u>Clinical Commissioning Group</u> and the <u>Local Healthwatch</u> organisation for the area. Working in partnership and under a specific duty to promote the health of their population, in everything they do Boards must seek to: <ul style="list-style-type: none"> • Improve health outcomes for local people • Reduce health inequalities between different people in the

	community
Health and Wellbeing Strategy: “Seamless Health”	A document which sets out how the Health and Wellbeing Board will achieve their two goals as follows: <ul style="list-style-type: none"> • Improve health outcomes for local people • Reduce health inequalities between different people in the community
Hearing Impaired	This is a term used to describe a person who has a lower level of hearing than someone who has been found to have ‘normal’ hearing.
Integration	This means working together.
Joint Health and Wellbeing Strategy (JHWS)	A plan that sets out the priorities that commissioning organisations need to think about when developing health and social care services.
Joint Strategic Needs Assessment (JSNA)	An assessment of the health needs of the local population, which then identifies where there are particular problems that need attention.
Local Authority	Refers to County Council, Borough Council, District Council, etc. For this strategy the Council is Bracknell Forest Council
Low Vision	Moderate visual impairment and more severe visual impairment are grouped under the term “low vision”: low vision taken together with blindness represents all visual impairment.
Mild deafness	25 – 39 decibels People with mild deafness may find it difficult to follow speech in noisy situations.
Moderate deafness	40 - 69 decibels People with moderate deafness may need to use hearing aids.
NHS England	The National Health Service Commissioning Board: The people that commission the NHS to do things.
Normal vision	People with normal vision are defined as able to read the bottom, or second bottom line of the Snellen Scale which is the commonly used test featuring rows of letters getting smaller and smaller.
Oral	This is a term sometimes used to describe a deaf person who speaks and uses lip-reading rather than sign language. It also refers to the education system which favours speaking and lip-reading over teaching using sign language.
Outcomes	Something that happens as a result of action: it is important to focus on the outcomes for people rather than actions which may not have the outcomes people want.
Partially Sighted	People who are partially sighted meet certain criteria under the ‘Snellen Scale’ . This is the eye test using the lines of letters getting smaller and smaller. The NHS now use the term ‘visually impaired’ to describe people previously described as ‘partially sighted’.
Partnership	An arrangement when organisations or people work together on things that they all have some responsibility for.
Priorities	The most important or urgent things to work on. Things might be

	a priority because of the number of people affected, or because of what might happen if nothing is done.
Profound deafness	95 + decibels British Sign Language is likely to be the first or preferred language of people who are profoundly deaf.
Public Health	The prevention and management of diseases, injuries, etc. through the promotion of healthy behaviours and environments.
Retinitis Pigmentosa	Retinitis pigmentosa causes night-blindness and a loss of peripheral vision (side vision) through the degeneration of the retina which gets worse over time. The retina is a light-sensitive tissue at the back of the eye and is crucial for vision.
Sensory Needs Clinic	At the Bracknell Forest Sensory Needs clinic people can speak to an occupational therapist and try out equipment that might be helpful. Other support is available to help with issues like dealing with letters, bills and e-mails, sorting out benefits and/or communicating with others.
Sensory Needs Partnership Board	A group of people who work for the Local Authority, health services, charities and local voluntary groups who support people with sensory needs. The board is responsible for creating an action plan which meets the priorities set out in this strategy.
Severe deafness	70 - 94 decibels People who are severely deaf will need hearing aids and may also rely on lipreading. British sign language may be their first or preferred language.
Sight impaired	A term used to describe someone who is unable to see as well as someone with 'normal vision'.
Sighted	This term is sometimes used to describe a person who CAN see; sometimes it is used to describe a person who cannot see well. It can be a little confusing!
Sign Language	A sign language is a language which uses handshapes and body language to convey meaning, as opposed to sound patterns in spoken languages. This can involve combining hand shapes, orientation and movement of the hands, arms or body, and facial expressions to fluidly express someone's thoughts. Sign Languages have their own grammar and dialects.
Signing deaf	This is an older term used to describe Deaf people who use Sign Language as their first or preferred language.
Snellen Scale	An test used during an eye examination to define whether someone has normal vision, has a sight impairment or a severe sight impairment.

Social Care	Support for people in relation to personal care, social support and prevention of harm for people who are unable to be independent in those areas.
Speaking deaf	This is an older term used to describe people who have a level of hearing loss and do not use Sign Language.
Statutory	Something that must happen because it is set out in law.
The Outcomes Framework	The Outcomes Framework, created by the Department of Health, sets out the areas (domains) that the Council needs to concentrate on within the Action Plans associated with every strategy. The Outcomes Framework that relates to Adult Social Care also links into the Outcomes Frameworks for both NHS and Public Health services.
Tinnitus	The word 'tinnitus' comes from the Latin word for 'ringing' describes when a person can 'hear' sound in the absence of any corresponding external sound. The noise may be low, medium or high-pitched. There may be a single noise or two or more components. The noise may be continuous or it may come and go.
Usher Syndrome	Usher syndrome is a genetic or inherited condition that affects hearing, vision and balance.
Visually challenged	This is a term sometimes used to describe someone who cannot see well.
Visually impaired	This is a term used to describe someone who cannot see well. The NHS often use this term.