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| **REPORT TO:** | **SMT** | **Item No.** |
| **REPORT OF:** | **XXX** |  |
| **DATE:** | **XXX** |  |
| **SUBJECT:** | **Sensory Report and Recommendations** | |
| **PURPOSE OF REPORT:** | **To provide report of the Sensory Service and make recommendations for the future of the service.** | |

**Introduction**

This report delivers an overview of the Sensory Service, how it fits within the SSA including the current situation and future proposals for the service in the context of and in line with increasing demand for services and budget pressures in adult social care.

Sensory Services is the Council’s in-house specialist team providing support for people with Sensory need across both boroughs. The service covers both short term and long term interventions to ensure the needs of service users are met, it is goal-focused intervention that has been proven to reduce or prevent the need for ongoing care and support, enabling greater independence and reducing unnecessary admissions to hospital by providing support in a timely way as per statutory Care Act requirements and support to meet statutory duties in relation to those with a dual sensory loss.

The report is to look at current demand for services and to better understand the service operationally in relation to staffing and budgeting going forward.

**Context**

There is in the region of 1.8 million people in England living with sight loss. In XXX there is 5,900 people living with sight loss and in XXX there is 6,380 people living with sight loss. An Adass report included information on LA’s **Securing qualified Rehabilitation Officers stating,**

***“****The Care Act places a duty on local authorities to plan for services to ensure that they meet the needs of their population [14, 15]. The demand for vision rehabilitation will only grow, as the number of people in England with visual impairment increases. It is estimated that between 2015 and 2020 the number of people who are blind or partially sighted in England will increase by 12 per cent, and by 2025, the number will have increased by 27 per cent [16].*

*It is therefore important that support is in place to meet the needs of the local population. Due to the specific character of vision rehabilitation, careful risk management is required and delivery of specific skills such as white cane training should only be undertaken by a vision rehabilitation officer [17].*

*It is imperative that all staff involved with assessments are competent and appropriately trained, and that they continue to develop. There is specific recommended ongoing training for vision rehabilitation workers [18].”*

The loss of sight can have a profound impact. Everyday activities such as making a cup of tea, reading, cooking, shopping and using the internet become a challenge. New skills and strategies have to be learnt to be able get around the home safely, to go outside, cross roads and avoid hazards. For many people there is the additional fear of how they will be able to continue with work.

Care Act Guidance defines rehabilitation to include ‘living skills and mobility training for people with visual impairment’. The guidance states that rehabilitation should not be limited to 6 weeks and from 1 April 2015, eligibility criteria must not be applied to accessing rehabilitation services.

**Initial Situation**

XXX Borough Sensory was an independent team, it moved into Access and under the management of Sensory Services as part of the SSA in April 2017, all the staff in the XXX Sensory service were Locum staff and all left within a few months.

Following this an Advisor recruited to Social Care Assessor working for the Sensory service.

**Current Situation**

Currently the Sensory Service has 9 full time posts consisting of the following:

1 x Assistant Service Manager

3 x Qualified Rehabilitation Officers for Vision Impairment

1 x Qualified Deafblind Assessor

3 x Social Care Assessor

1 x HI worker

There is currently no senior post within the Sensory Service, this means that if the Assistant Service Manager is unavailable there is no manager to cover the service other than the Access Service Manager. The risk to this is there is no manager with the relevant training and expertise to oversee the service, including screening of referrals for urgency and approving of qualified staff assessments. This could result in critical needs being missed via the screening process.

**Level of Demand –** Since the SSA there has been an increase in demand for support and a higher increase in demand for longer term interventions such as Route/Long Cane training and ADL (Activities of Daily Living) training for people with a sight impairment. This is due to there being a younger client group in Borough 1 than in Borough 2 although cases requiring longer term intervention is increasing in Borough 2 also. The Covid-19 pandemic has added to these pressures and the Sensory Service are seeing an increase in people needing urgent support which is impacting on current waiting times for others. There is currently a lengthy wait for Rehabilitation Training which is very concerning and outlined below:

*(Outline your current wait list times)*

The Sensory Service also has a duty system in line with Statutory Guidance to ensure people living with a sight loss have a conversation with a person or team with the relevant training and expertise even at the first point of contact.

**Future Service Proposals/Recommendations for SMT to Consider**

In the short-term budget approval to try and recruit 1 or 2 Locum Rehabilitation Officers to support in bringing down the current waiting lists.

In the longer term the following proposals:

1. Budget approval for a full time Senior ROVI to support the Assistant Service Manager to minimise the following risks:

* Should the ASM be unavailable there is currently no cover available for the service, this results in the current ASM returning from leave to numerous outstanding approval requests and other associated tasks.
* All incoming work requires screening by a suitably qualified person to ascertain urgency, there is a danger urgent needs could be missed if ASM is unavailable.
* Safeguarding – although known safeguarding concerns are covered by Access managers in the event of absence of the Sensory ASM, there is a risk that non-identified safeguarding could be missed i.e. those picked up by the ASM during screening or approval of work.
* Should the current ASM go off unexpectedly i.e. due to sickness, the service would be left without a suitably qualified line manager.
* If the ASM is unavailable the service requires cover by a suitably skilled professional, otherwise there is a danger that wrong decisions will be made resulting in higher costs and risk to residents.
* There is a risk to the overall deliverability of the Sensory Service, including risks to timescales being met.
* There is a risk to the delay of services to residents as none of the staff’s assessments are approved when the current ASM is absent leading to inevitable delay in service approval and delivery.
* The current ASM routinely works additional hours to cover the growing responsibilities of the team and this is not sustainable long term.

1. To consider proposal for budget for 4 full time equivalent Rehabilitation Officers to ensure we have suitably skilled staffing and can continue to meet the needs of people with Visual Impairment in a time effective way.