

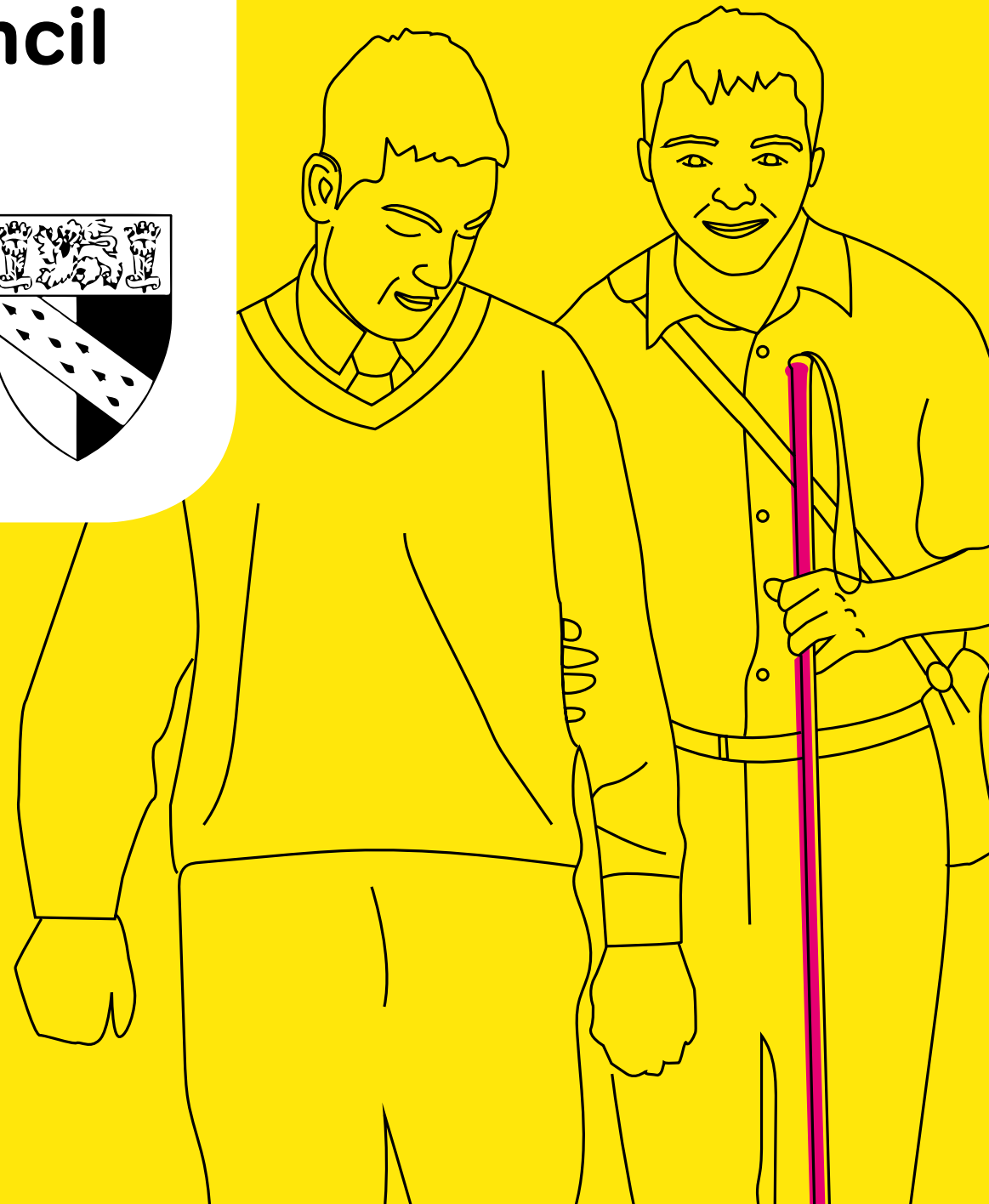
Norfolk County Council

Spotlight on vision rehabilitation



RNIB

Supporting people
with sight loss



Norfolk County Council

Paul Bowerbank, sensory team manager, tells us about Norfolk County Council's vision rehabilitation service. He highlights how they work towards the goals of **See, Plan and Provide, seeing people for specialist face to face assessments and having plans in place within 28 days; and how they meet several **Good Practice Principles**.**



How would you describe your service?

We are an in-house service and support people who have sight, hearing or dual sensory loss across Norfolk. Norfolk has a population of around 870,000 across a large geographical area. It has both urban and rural areas which pose different challenges.

How many clients do you work with?

In Norfolk there are around 4,900 registered blind and partially sighted people. We carry out around 500 assessments a year, for both sight and hearing loss. The majority of referrals come from Certificate of Vision Impairments (CVIs). However, people can refer themselves and we encourage other professionals to refer to us.

Who makes up your team?

We have one senior rehabilitation officer and five rehabilitation officers. They are centrally located, but due to the size of the county, officers are allocated to localities across the county.

What's working really well about your service?

We hold the register and manage the referral process which works really well as all initial contacts are directed to the sensory team. This ensures we meet principle one of the **10 Good Practice Principles (Principle 1)**. We send all assessments and plans to the service user in their preferred reading format. All the team are trained to read and write braille and we have our own braille suite as well as being able to produce information in an audio format (**Principle 8**).

I also think our strong partnership-working with professionals from across health and social care, built up over many years, is key; in particular our relationship with hospitals across the county.

By working closely with our ECLO, we are able to identify any service users who are in immediate need of support, so that we can provide vision rehab, if needed, as part of a safe discharge. It means we can support the person to maximise their independence and confidence when they return home.

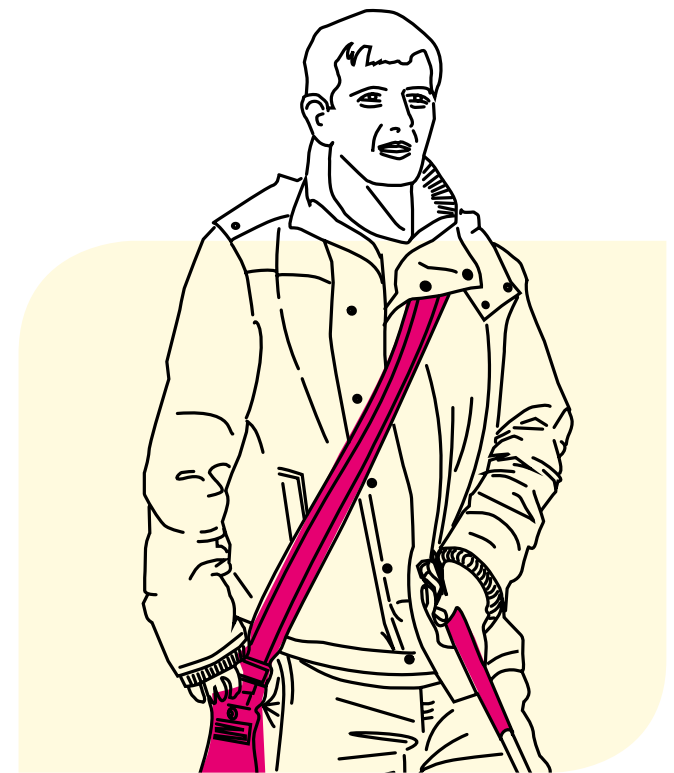
We also regularly meet with the two sight loss charities to whom we make over 200 referrals a year. This ensures we can secure the best services for our clients. I also meet with specialist housing services, Guide Dogs and Ophthalmologists for the same reasons.

The service provides support to the individual for as long as they need it and until they have completed their mutually agreed rehabilitation plan **(Principle 5)**. We regularly review each case to make sure rehabilitation input is improving quality of life and reaches the agreed outcomes.

To make sure we get appropriate and timely referrals, we provide online training to health and social care staff **(Principle 10)** to help raise awareness of how to work with someone with sight loss and to understand the benefits of vision rehab. Our team have designed an e-learning course made up of seven modules which is available internally to all employees across the authority. We plan to offer this externally to other local authorities free of charge in the near future.

Over a number of years we have been keen to capture the financial benefits of our service. For every service user, we record the needs that they are identified as having, the cost of the rehabilitation intervention and the estimated cost of what a care package would be if those needs weren't addressed. This has allowed us to clearly demonstrate the financial savings vision rehabilitation provides for Norfolk County Council. For example between 2015 to 2016 we saved £147,000.

I relay this information to our senior management team which allows our service to continue to develop and grow. We've increased the team by one and a half full-time rehabilitation posts and have been able to increase our spend on low vision aids. By demonstrating that it is working well, it keeps the service in the forefront of the minds of commissioners.



Over the next 12 months, what are the main challenges you are facing and how will you look to address these?

We want to improve the way we record and capture the outcomes of our service. Right now, we are recording this information manually on a spreadsheet and we need to think about how to make this process more robust and detailed for commissioners. For example, we would like to include improved emotional wellbeing as one of the key outcomes our clients are achieving to provide even stronger evidence to protect the future of our service.

Three steps of See, Plan and Provide

- **See:** everyone with a visual impairment must receive a specialist face to face assessment.
- **Plan:** everyone must have a plan in place, identifying the outcome of the assessment. The first two steps must take place within 28 days of first contact with the local authority.
- **Provide:** any agreed vision rehabilitation support must start within 12 weeks of the person's initial contact with the local authority.

10 Principles of Good Practice in Vision Rehabilitation

All blind and partially sighted people...

- 1** receive initial telephone contact within two working days of receipt of a Certificate of Vision Impairment (CVI), referral or self referral
- 2** are seen and receive a specialist assessment from someone with appropriate skills, knowledge, training and qualifications, within 28 days of initial contact

- 3** are offered a range of services at the specialist assessment. Services include those that address their eye health, emotional, physical, financial and social needs and those of their carer if appropriate
- 4** are provided with a vision rehabilitation plan within 28 days based on goals agreed in the assessment
- 5** are provided vision rehabilitation services free of charge, to meet agreed assessed needs
- 6** offered a full community care needs assessment when vision rehabilitation does not fully meet their needs
- 7** are provided with equipment, aids or minor adaptations free of charge, when it has been assessed that these help, reduce, prevent or delay the need for more costly care
- 8** receive information about services or support in a timely manner and in their preferred format
- 9** have the ability to access vision rehabilitation services in the future if required
- 10** are provided vision rehabilitation by someone who is trained to understand their sight loss related needs

To download a copy of the 10 principles
rnib.org.uk/rehab-principles



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