



Embracing change

Hampshire County Council Sensory and Deaf Services

A comprehensive review of an early intervention service has led to streamlined referrals for service users and partnership working with audiology, ophthalmology and voluntary sector partners.





Background

The sensory early intervention service was set up in Hampshire to give people diagnosed with sensory loss direct access to information, initial emotional support and rehabilitation services. The county council overlaps with five main NHS trusts. The service involved social care staff working alongside clinicians in health bases to provide drop-in or booked sessions. The service removes the need for a formal referral between health and social care services – so giving a significant reduction in waiting times over the traditional system, which prioritised need through lengthy referral and screening processes. Historical ways of working and different organisational cultures raised a number of challenges, not least of which was the introduction of a social model into a medical environment.

In 2005 to 2006 Hampshire County Council's early intervention service was a 'new types of worker' (NToW) project. The focus of the project was on training to equip staff to be able to work more generically across all areas of sensory loss. The aim was also to run more local community clinics, which allowed access to equipment through voluntary sector partners. The learning from the NToW project provides a resource that can still be drawn on for later developments.

Aims

A review of the NToW project was planned to identify what direction the service needed to take to remain highly effective.

What was done?

The project review showed that fundamental changes were required to maximise the impact of the service. Simple service user satisfaction surveys did not show significant change or reflect the impact of the NToW project. The service name may have created some confusion with similarly titled children's services. The NToW project parameters tended to focus on the quality of the training; however this was not connected well to policies and procedures. Even three years on there were significant gaps in staff knowledge and skills. For example, staff that specialised originally in deaf services were less confident about assessing visual disabilities and vice versa.

"Our review concluded that the service needed to define a clear baseline: that all staff could assess the range of sensory losses. At the same time, this would help clarify the roles of qualified and unqualified staff." Sarah Butcher, County Service Manager.

Pairs of staff were based in each of the five NHS trusts and they played a pivotal role, linking with hospital discharge teams and specialisms, such as audiology and ophthalmology. The emphasis shifted from early intervention to the wider spectrum of interventions and this was reflected in the change of name of the service.



Outcomes

There is a strategy group for hearing loss. This has supported the development of a training package specifically aimed at volunteers in the field. NHS trusts also input into the training. This has helped to develop consistency of approach while voluntary agencies can also tailor the training to their specific needs, while still retaining a common element.

Feedback on the service has been positive from hospital discharge teams. Hampshire County Council has a corporate contact centre. This includes qualified multidisciplinary staff for sensory loss. It means that it is possible to book referrals directly into clinics from the contact centre, which speeds up the whole process and reduces unnecessary bookings and handovers. People then access a one hour assessment session. There are positive working relationships with audiology and ophthalmology and with voluntary sector partners, who now deal with more basic referrals.

Impact

There has been significant impact from the revised service:

- **prevention:** better integration with adult services community teams ensures that identification of sensory loss uses reablement support to avoid hospital admissions, for example through falls
- **hospital discharge:** clinic based staff in audiology and ophthalmology in acute hospitals build more effective links with hospital discharge teams, to ensure sensory loss is addressed prior to discharge
- **more effective transitions:** addressed strategically by the county council through sensory integration into the social care vision; this includes how prevention and reablement should improve outcomes for service users
- **use of resources:** better value is being achieved through more effective deployment of staff and improving evaluation of the effectiveness of equipment.

Reablement planning scoring tool

This has been introduced as an evaluation tool to target resources where they are needed. It measures people's needs at the start and finish of the reablement process. The scores highlight where some people have been unable to make progress as the scores remain similar. This may be because of a condition such as dementia. This in turn highlights the need for specific further care support, through the adult community teams. The voluntary sector has taken on some of the more basic work and information provision. This has freed up staff time for more complex work.



Learning

Key learning points are:

- it is not enough to identify training, you need to change what you are doing and embed this as well
- from the service user perspective a seamless journey is needed and the service needs to fit into a wider picture, with good integration between health and social care
- the service needs to be broader than early intervention.

Next steps

Hampshire County Council has started a widespread change to its systems and it will take six months to consolidate these changes. Beyond this there are challenges to develop personal budgets and direct payments. The council has moved to provide personal budgets for sensory loss, either through the council itself or by direct payments. There is a pilot for personal budgets using external voluntary sector or private providers. However, there are currently a limited number of private providers.

Take-up of direct payments is low and this will need to increase in the future. The effect of these changes should make the system more transparent. There will need to be further upskilling of staff to ensure that services can be delivered across the whole sensory spectrum.

The one hour assessment session model may need to be reviewed. There appears to be a need either for a longer session or a follow-up session.

Contacts

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Further information

For further information about the health and social care integration work between Skills for Health and Skills for Care please contact:

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