



SEE HEAR

MIDLOTHIAN SENSORY IMPAIRMENT IMPLEMENTATION PLAN

2014-17

An Action Plan to improve service provision in Midlothian to support those living with, or affected by, sensory impairment.

SECTION A

SENSORY IMPAIRMENT GENERAL

ISSUE	ACTION	TIME-SCALE	PERSON(S) RESPONSIBLE FOR ACTION	OUTPUT	OUTCOME(S)	UPDATES /DATE ACHIEVED
A1. Need for Lothian wide SI (Sensory Impairment) sub-group and Midlothian SI Sub-group to progress See Hear Strategy	Participate in establishing Lothian Sensory Impairment Sub-Group and set up Midlothian group with appropriate input from a range of stakeholders	Ongoing from April 14	Jayne Lewis	Groups established and meeting regularly. Creation of Lothian and Midlothian Implementation Plans	Improved joint working and consistent approach to improving service provision	
A2. Awareness of hearing	Utilise existing networks plus local media to promote	Prior to and ongoing	Jayne Lewis Jane Milne	Posters and flyers. Articles in local	Improved awareness of new service	

aid battery collection provision	the service	from the launch in summer 2014		newspapers plus Penicuik Town Crier, MVA bulletin, Inside Midlothian and Black Diamond Radio. Vocal network of carers	provision leading to greater uptake	
A3. Need to consult with those living with or affected by sensory impairment	(a) Hold a consultation event (possibly jointly with East Lothian) focussed on adult services. Use alternative methods to gather feedback through eg questionnaires Vocal Reference Group	By end of 2014	Jayne Lewis Julia White(East Lothian)	Adult Services consultation event held	Areas of required work highlighted to guide further actions leading to service improvement. Local need reflected.	
	(b) Hold a consultation event (possibly with East Lothian) focussed on	Summer 2015	Jayne Lewis Julia White	Children and Young Peoples event held	Areas of required work highlighted to guide further actions leading	

	children and young peoples services				to service improvement. Local need reflected	
A4. Lack of awareness of sensory impairment	(a) Make use of existing SLAs (service level agreements) with RNIB (Royal National Institute for the Blind) and Deaf Action to provide in-house sensory impairment training for Midlothian Council staff. Look to expand this within Health	1 st session spring 2015 + ongoing	Jayne Lewis RNIB Deaf Action Sheena Wight	SI awareness raising training sessions promoted and provided Ongoing programme of training incorporated into induction and staff development programmes. E-learning modules utilised.	Increased awareness within staff group leading to improved, more appropriate customer service	
	(b) Create sensory champions across a range of staff groups to assist with the promotion of sensory awareness and to provide a	First training round spring 2014, 2 nd spring 2015	Sensory Impairment Sub-group	5 staff trained as sensory champions	Degree of specialist knowledge created to help increase SI awareness amongst	

	level of in-house specialist knowledge				colleagues, improving customer service provision	
	(c) Create a local SI information strategy	Summer 2016 and ongoing implementation	Sensory Impairment Sub-Group	Strategy created and being implemented	Increased communication and improved information sharing leading to greater understanding and consistency of approach	
A5. Lack of reliable data available for SI	Work with specialist providers to ensure more meaningful data collection. Awareness raising and training for staff to improve recording. Work with Mosaic User Group. Utilise LAC data base.	Ongoing	Jayne Lewis, RNIB, Deaf Action,	Consistent data being recorded	Improved ability to understand true prevalence of SI and plan for appropriate future service provision	
A6						

A6. Lack of information on support available locally	Ensure Midlothian website up to date with links to a range of providers. Utilise posters leaflets and media	Ongoing	Jayne Lewis, Sensory Champions	Information available in a wide range of places, in accessible formats	Improved access to local support, improving quality of life.	
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SECTION B

ADULT SERVICES- HEARING IMPAIRMENT

ISSUE	ACTION	TIME-SCALE	PERSON(S) RESPONSIBLE FOR ACTION	OUTPUT	OUTCOME(S)	DATE ACHIEVED
<p>B1. Audiology services based in Edinburgh so travel required to pick up hearing aid batteries. Need for more local provision</p>	<p>(a) Set up hearing aid battery pick up points and battery recycling in Midlothian libraries</p>	<p>Summer 2014</p>	<p>Jayne Lewis Jane Milne</p>	<p>Battery pick up and recycling points available in all Midlothian libraries. Vocal promoting through their carer networks</p>	<p>Much more local access to Audiology services for Midlothian residents reducing need for frequent trips into Edinburgh for service users and/or their families. Reduced</p>	

					pressure on Edinburgh Audiology clinics. Better use of limited resources and increased flexibility	
	(b) Further explore use of libraries or other appropriate local facilities to provide repair and maintenance of hearing aids. Look into possible support from volunteers	2016	Jayne Lewis Denise Rennex Jane Milne	Regular maintenance sessions provided locally for hearing aid cleaning, tube replacement etc.	As above.	
B2. Need for basic Hearing checks to tackle hidden hearing loss	(a) Purchase appropriate equipment and run a pilot in Midlothian Council Care Homes. (b) Look to roll out to range of other health and social care	July 2016	Jayne Lewis Sensory Champions	Hearing impairment identified and people referred on for appropriate treatment and support	Early intervention to prevent/slow further deterioration Improved quality of life for people through ability	

	settings				to communicate, and reduction in isolation.	
B3. Limited knowledge of and use of Contact Scotland (Online BSL interpretation service)	Promote the service through all appropriate networks. Run pilot in Dalkeith Headquarters to facilitate usage and then roll out across all Council departments Promote usage within Health. Explore use of other technology e.g. text relay	Initiate Jan 2016 Promote and expand on ongoing basis	Jayne Lewis Phil Timoney	Ipad purchased and in place in one of main receptions in Dalkeith. Promotion of use through usual staff information channels as well as within deaf community and wider public	Equality of access to information and customer service for all Council BSL using customers	
B4. Limited access to lipreading classes	Review provision within Midlothian and consider the creation of a peer support group for people to	2016-17	Jayne Lewis	Appropriate lip reading classes being promoted	Access to classes widened through increased	

	move onto following formal classes			and provided. Peer support group up and running for moving onto.	capacity. Wellbeing and support provided post classes maintaining social interaction as well as keeping up skills	
B5. Lack of local access to Audiology clinics	Work with NHS partners on review of Community Hospital	2016	Sheena Wight	Adult Audiology clinics being provided locally- potentially Community Hospital	Audiology services more accessible due to local provision having a positive impact on service users and their families who would otherwise have to travel into Edinburgh.	
B6. Need for visual	Lobby for improved provision. Use Access Panel	2016-17 Ongoing long term	Sheena Wight Mike Harrison	Visual display boards in all	Improved experience of service	

display boards in GP surgeries, hospitals, dentists but most definitely, Audiology units		aim		health facilities but also in public reception areas in general	provision. Equity of access. Increased independence and confidence for individual	
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SECTION C

ADULT SERVICES – VISUAL IMPAIRMENT

ISSUE	ACTION	TIME-SCALE	PERSON(S) RESPONSIBLE FOR ACTION	OUTPUT	OUTCOME(S)	DATE ACHIEVED
C1. Need for basic vision checks to tackle hidden vision loss	Purchase appropriate equipment and run a pilot in Midlothian Council Care Homes	July 2016- Ongoing	Jayne Lewis Sensory Champions	Visual impairment identified and people referred on for appropriate treatment and support	Early intervention to prevent/slow further deterioration Improved quality of life for people through ability to communicate, and reduction in isolation.	

<p>C2. Eye Pavilion not fit for purpose</p> <p>a.Physical environment poor</p> <p>b. Staff require training to be more aware and to be able to signpost more effectively</p> <p>c. Seemingly pointless review appointments</p> <p>d. Accessible format communic-</p>	<p>Feed into discussions with NHS Lothian through IJB, on re-provisioning of the Eye Pavilion, ensuring these points are addressed.</p>	<p>2016-17</p>	<p>Tom Welsh Jayne Lewis</p>	<p>New Eye Pavilion with more appropriate service provision</p>	<p>Greater equity of access to appropriate service provision. More preventative service and better use of limited resources</p>	
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ation required						
C3. Lack of local access to specialist Ophthalmology clinics	Work with NHS partners on review of Community Hospital. Work with local optometrists to promote their service as first point of contact for vision problems	Ongoing	Tom Welsh Sheena Wight Sensory Champions	Adult Ophthalmology clinics being provided locally-potentially Community Hospital	Access to Ophthalmology services more accessible due to local provision making a positive impact on service users and their families who would otherwise have to travel into Edinburgh.	
C4. Not enough people registering as blind or partially sighted	Ensure that the service provided by RNIB at the Eye Pavilion is promoted and that people are made aware of the benefits to be had from registering. Ensure this is promoted by High St	Ongoing	Jayne Lewis RNIB	Better signposting and promotion leading to increased uptake of registration. (Leaflet produced)	Increased support following initial diagnosis, helping people come to terms with and manage their condition. Better data	

	Optometrists and GPs and that they signpost for this appropriately			More people receiving associated benefits and support	collection to inform policy	
C5. Visual Impairment once diagnosed, should be flagged up on all medical records (Should apply equally for HI)	Liaise with NHS partners to look at processes which would allow this to happen, while raising awareness	Long Term Aim	Sheena Wight Jayne Lewis	Process in place to allow flagging across Health Service. Offer awareness training to GPs and other health professionals	A much improved service experience for VI individual.	

SECTION D

CHILDREN AND YOUNG PEOPLE'S SERVICES

GENERAL

ISSUE	ACTION	TIME-SCALE	PERSON(S) RESPONSIBLE FOR ACTION	OUTPUT	OUTCOME(S)	DATE ACHIEVED
D1. Lack of awareness. Training required	Liaise with NHS partners to look at processes which would allow this to happen, while raising awareness	Ongoing	All partnership members	Training sessions run, promotion through range of media channels and utilising sensory champions	Improved general awareness leading to greater equality of access to services and improved communication for everyday life	
D2						

D2. Transition – dramatic drop in support and service provision when moving to adult services	Greater /earlier preparation through health, social care and education planning	Ongoing	All partnership members through their policies and procedures	Impact of changing levels of service /support minimised through improved preparation	Stress for child and parents reduced assisting towards improved opportunities/ outcome potential.	
D3. Lack of information and not always in accessible format	Raise awareness across partnership members, highlighting need for provision of accessible formats. Ensure information available through a variety of mediums.	Ongoing	All partnership members	Better informed students and parents, more able to support themselves in-dependently	Potential improved equality and personal outcomes.	
D4. Access to Midlothian Card – application process is difficult	Review the processes involved/ application form	2016-17	Jayne Lewis/ Alan Blair	Simplified process to access this card	Less time required to apply encouraging greater uptake with resulting wider benefits	

					to the individuals and their families.	
D5. Waiting lists make transitions more difficult. Has significant impact on what is a time restricted area of work.	Review process and identify areas causing potential difficulty within RNIB and Deaf Action. Attempt to address issues and reduce waiting time	2016	Jayne Lewis RNIB/Deaf Action	More streamlined process. Reduced waiting times. More responsive provision.	Increased successful transitions with improved personal outcomes	
D6. Parent/ carer role needs greater support	Work with RNIB/Deaf Action and Vocal to review the support given in this area. Encourage parent/carer involvement in suggested improvement and promotion of support	2016-17	Jan Barnett LACs	Appropriate , accessible support available, recognising the role of parents/ carers	Improved quality of life due to recognition and support of the role carers provide.	

	services. Possibility of parent /carer reference group explored.					
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SECTION E

CHILDREN AND YOUNG PEOPLE'S SERVICES

HEARING IMPAIRMENT

ISSUE	ACTION	TIME-SCALE	PERSON(S) RESPONSIBLE FOR ACTION	OUTPUT	OUTCOME(S)	DATE ACHIEVED
E1. Lack of awareness that BSL and Signalong are not interchangeable .BSL is a language in its own right and children with a hearing	Ensure applicants to Signalong courses are reminded that they should contact the hearing impaired service or Speech Therapy for advice if they are looking to use signing with hearing impaired children in their establishment Increase access to BSL training in schools	Ongoing	Lynne Grant, Ellen Barklie	Increased skill level, knowledge and use of BSL within primary schools. Improved educational achievement	Reduced isolation for deaf children. Increased inclusion in the Deaf community should the child/family choose to pursue it.	

impairment should be expected to use BSL in the first instance unless there are significant additional needs						
E2. Post code lottery in terms of clinical services	Work with NHS Lothian partners to achieve greater consistency across Lothian and look to other areas and best practise examples to adopt	Ongoing	Jayne Lewis Katherine McDermott (OT Manager - Paediatric)	Equity of access to services	Reduced Health inequalities	
E3. Too few trained interpreters note-takers and communication	Lobby through appropriate channels to see increased investment in the required training. Utilise opportunities provided by BSL Bill	Ongoing	Jayne Lewis through national sensory leads network	Improved access to essential communication support leading to improved educational	Improved quality of life and independence	

support workers				achievement and lifetime opportunities		
E4. Need for adequate and available high quality provision for signing pupils, within Midlothian, with ready access to a deaf peer group.	Develop the model of inclusion at Bonnyrigg Primary School, providing high quality communication support for signing children, within the mainstream setting.	Ongoing	Lynne Grant, Ellen Barklie	Review the developing model at Bonnyrigg Primary School given its success and look to potentially replicate elsewhere. Increased access to appropriate, local, inclusive education, reducing need for children to leave area for specialist provision.	Deaf children are educated locally and have the opportunity to develop friendships with both deaf and hearing peers. Exposure to a broad and balanced curriculum within a mainstream setting. Increased independence for deaf children and awareness amongst the hearing population.	

E5. Poor communication between schools and colleges	Involve Colleges in transition afternoons run by Teachers of the Deaf	Ongoing	Ellen Barklie, Susan Inglis	Successful, less stressful transition from school to college for deaf children.	Improved educational experience and achievement for student and reduced stress for parents/carers	
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SECTION F

CHILDREN AND YOUNG PEOPLE'S SERVICES VISUAL IMPAIRMENT

ISSUE	ACTION	TIME-SCALE	PERSON(S) RESPONSIBLE FOR ACTION	OUTPUT	OUTCOME(S)	DATE ACHIEVED
F1. No resident teacher for VI (visually impaired) children in Midlothian. Resulting lack of awareness of VI issues in schools	Provide awareness training for both pupils and staff as appropriate - pilot in 1 primary and 1 secondary school. Review potential to replicate the HI (hearing impairment) model at Bonnyrigg Primary School, for VI children	2016-17	RNIB Lynne Grant	Improved, appropriate, inclusive, local education provision, reducing need for children to have to leave the area to receive	Equality of access to appropriate education. Greater integration through better awareness	

				specialist provision.		
F2. Support for family as a whole required, not just the child	Increase awareness with Health and Social Care staff to ensure appreciation of this requirement and signposting to appropriate supports. Build information bank on local provision and advertise widely. Explore with RNIB, potential to create a peer support group locally.	2016-17	Jayne Lewis Sensory Champions RNIB	Improved family support, better communication and reduced sense of isolation for both children and parents	Improved understanding and better quality of life for whole family. Potential for reduced dependence on professional input.	
F3. Good support for participation in sporting activity but lack of same for those not interested in sport	Establish contact with local groups to raise awareness and provide required support to facilitate greater inclusion	2016-17	Jayne Lewis RNIB	Improved access to a wider range of activities for VI children. Increased awareness	Improved quality of life, independence and confidence	

e.g. arts, guides/ scouts etc						
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Sensory Impairment Sub-Group Members and Contact Details

Tom Welsh- Integration Manager, Midlothian HSCP (Health & Social Care Partnership)

Tel 0131 271 3671 tom.welsh@midlothian.gov.uk

Catherine McGuff - Service user rep

Donald Bethune – Support Services Manager, Deaf Action

Tel 0131 442 6900 donald.bethune@deafaction.org

Ellen Barklie – Principle Teacher for Hearing Impairment, Midlothian Council

Tel 0131 270 5663 ellen.barklie@midlothian.gov.uk

Frankie McLean – Operations Manager, Deaf Action

Tel 0131 556 3128 frankie.mclean@deafaction.org

Jan Barnett – VOCAL (Voices of Carers Across Lothian)

Tel 0131 663 9471 jbarnett@voal.org.uk

Judith McNeill – Social Worker, RNIB (Royal National Institute for the Blind)

Tel 0131 652 3140 Judith.McNeill@rnib.org.uk

Mary Beaumont - Occupational Therapist, Midlothian HSCP

Tel 0131 271 3948 mary.beaumont@midlothian.gov.uk

Mike Harrison – Midlothian Access Panel

Tel 0131 448 0930 mike@maprojects.co.uk

Sarah Warne – Midlothian Local Area Coordination Service, Enable
Tel 0131 454 1785 sarah.warne@enable.org.uk

Sheena Wight – Occupational and Physiotherapy Manager , Midlothian HSCP
Tel 0131 561 5207 Sheena.Wight@nhslothian.scot.nhs.uk

Susan Inglis – Equalities Policy & Research Manager, Edinburgh College
Tel 0131 559 4086 Susan.Inglis@edinburghcollege.ac.uk

Vivienne Forster – Service user rep

Liz Smith – Senior Social Worker, RNIB
Tel 0131 652 3140 Elizabeth.smith@rnib.org.uk

Jayne Lewis – Planning Officer Physical Disabilities& Sensory Impairment, Midlothian HSCP
Tel 0131 271 3665 jayne.lewis@midlothian.gov.uk

Anyone wishing to get involved, in whatever capacity, to help us achieve the stated goals and improve the lives of disabled people in Midlothian, please contact any one of the above named people.

