

Decision Maker: CARE SERVICES PORTFOLIO HOLDER

For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10th March 2016

Date: 10th March 2016

Decision Type: Non-Urgent Executive Non-Key

Title: COMMISSIONING OF SERVICES FOR THE BLIND AND PARTIALLY SIGHTED (KAB REVIEW)

Contact Officer: Lorna Blackwood, Assistant Director Commissioning
Tel: 020 83134799 E-mail: lorna.blackwood@bromley.gov.uk

Chief Officer: Lorna Blackwood, Assistant Director Commissioning (ECHS)

Ward: All

1. Reason for report

- 1.1 In March 2015 the Care Services Policy Development and Scrutiny Committee and Portfolio Holder for Care Services received a report on Kent Association for the Blind – overview of contract and commissioning intentions (Report CS14137). The Portfolio Holder agreed a contract for 18 months (1st April 2015 – 30th June 2016) pending a review of the service during 2015.
- 1.2 The review has been completed and this report recommends that a contract be entered into with Kent Association for the Blind (KAB) for a period of two years from 1st July 2016, with options to extend for a further one year plus one year.
-

2. RECOMMENDATION(S)

- 2.1 The Policy Development and Scrutiny committee is asked to note and comment on the review and the recommendation.
- 2.2 The Portfolio Holder for Care Services is asked to:

Agree that a contract be entered into with Kent Association for the Blind for a period of two years from 1st July 2016, with options to extend for a further one year plus one year, authority to agree the extensions to be delegated to the Chief Executive in consultation with the Portfolio Holder for Care Services.

Corporate Policy

1. Policy Status: Existing policy.
 2. BBB Priority: Supporting Independence.
-

Financial

1. Cost of proposal: Estimated cost £105,471 FYE 2016/17
 2. Ongoing costs: Recurring cost. £150,471 per annum; total cost £421,884 for life of contract
 3. Budget head/performance centre: 825****3625 Rehab services for sight impariment;
838****1518 Equipment - sight impairment
 4. Total current budget for this head: £148,310 - 825; £9,990 - 838
 5. Source of funding: ECHS core budget
-

Staff

1. Number of staff (current and additional): N/A
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory requirement. Care Act 2014
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 1400 + people on statutory sight register plus approximately 5,000 people with sight impairment
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments:

3. COMMENTARY

Estimated Contract Value

- 3.1 Current contract with Kent Association for the Blind = £100,471 in 2015/16 and £25,118 in 2016/17 (to 30th June 2016)

Equipment budget = £9,990 in 2015/16; projected spend = £4,002

Proposed Contract Period (including extension options)

- 3.2 Two years from 1st July 2016 with option to extend for one year plus one year (maximum 4 years)

Proposed contract value £105,471 per annum (cumulative value for 4 years = £421,884) including provision of equipment

The new contract will include a 3 month break clause which would allow the Council to terminate should the provider be in breach or should circumstances change requiring the Council to reconsider the funding position.

Background

- 3.3 Kent Association for the Blind (KAB), a voluntary sector organisation for the provision of services for people with a visual impairment, was established in 1920 and is a registered charity which provides support services to adults and children in Bromley who have a visual impairment.
- 3.4 In Bromley the number of adults between the ages of 18 and 64 years of age with a serious visual impairment is 124, predicted to rise to 135 by 2020.
- 3.5 In the older age groups (over 65 years) there are larger numbers of people with moderate or severe visual impairment - 4,851 (predicted to rise to 5,416 by 2020). Age related macular degeneration is the most common cause of registrable sight loss in older people.
- 3.6 There has been a long standing partnership between KAB and the London Borough of Bromley. A continuous contract history can be traced back to April 2002 although the partnership between the Council and KAB has existed for over 25 years.
- 3.7 Until 2007 KAB staff working in Bromley were co-located with LBB staff at the Council offices in The Walnuts, Orpington. As well as providing office accommodation the Council also provided clerical support to KAB. This very close working relationship was based upon KAB carrying out statutory care management duties and providing rehabilitation services on the Council's behalf for all people with a visual impairment.
- 3.8 In 2007 KAB established the Bromley Sight Centre in Blyth Road and moved all their local staff and operations to that base. They have continued to provide the same range of services under the contract with the Council.
- 3.9 The overall objective of the service is to achieve the following outcomes for people with visual impairment:
- Improved health and emotional wellbeing
 - Improved quality of life
 - Increased choice and control

- Freedom from discrimination and harassment
 - Economic wellbeing
 - Personal dignity and respect
 - Making a positive contribution
- 3.10 The main elements of the contract with KAB are the provision of specialist statutory needs assessments and rehabilitation planning for people with a visual impairment and maintaining the statutory register for people who are blind or partially sighted. The Care Act 2014 includes a statutory requirement for the continuation of the sight impairment registration process and needs assessment and rehabilitation planning. Schedule 2 of the 1989 Children Act requires local authorities to keep registers of disabled children, which must include children with sight impairments. As at December 2015 there were 1449 people on the statutory sight register in Bromley.
- 3.11 The core activities within the contract cover also:
- Provision of rehabilitation;
 - Mobility training;
 - Provision of equipment;
 - Ensuring access to services provided by the Contractor, the Council and other agencies;
 - Utilisation of volunteers to provide low level ongoing preventative support;
 - Information, advice and guidance.
- 3.12 A full list of services provided by KAB is set out in Appendix 4. The services funded by the Council are highlighted in grey. It should be noted that this report does not cover the guide communicator service for people who are deafblind for which there is a separate contract and budget through which services are spot purchased.
- 3.13 KAB works closely with the Council's adults and children's social care teams, with cross referral of cases, specialist support provide by KAB to social work staff, provision of training and support planning for children in transition to adult services.
- 3.14 The current value of the contract in a full year is £100,471. There is a separate budget for the provision of equipment which is £9,990 per annum. KAB has delivered efficiencies in the service with the contract price being reduced by £15k per annum from 2012/13. This was achieved through internal restructuring while still delivering the same level of service.
- 3.15 The service for Bromley works independently out of the Sight Centre which also acts as a resource for training for service users and general information for the public. As a long established voluntary sector organisation, the range and scope of the services provided by KAB has grown over the years. This additional activity by KAB adds value to the Council's contract in respect of the services available to people in Bromley - for example the provision of the Eye Clinic Liaison Officer, assistive technology and social and peer support. Information provided by KAB suggests that the value of these additional services is worth in excess of £100k per annum.
- 3.16 In the 9 month period from April 2015 to end of December more than 330 individuals received support from KAB through Council funded services. These included:
- 228 statutory needs assessment and rehabilitation input
 - 105 registrations as sight impaired or severely sight impaired
 - 255 people issued with equipment

- 27 people received mobility training
- 334 people received information, advice and guidance

- 3.17 Further details of 2015/16 activity are set out at Appendix 1. Activity levels remain largely the same from year to year. KAB is providing an effective and efficient service in all areas of the contract. All referrals are responded to on date of receipt of referral. Timescale for completion of assessments ranges from 1 to 28 days (target is 28 days) and priority of referral and need determines this.
- 3.18 KAB are able to purchase equipment at reduce costs and receive discounts on products. Equipment is delivered within 7 days of assessment in all cases.
- 3.19 A recent 'soft' market testing exercise established that there are a total of 9 voluntary organisations around London, including KAB, providing various services under contract to other boroughs. None of those services are comparable in range or extent to those provided in Bromley by KAB. Most are in the area of rehabilitation support, there are none that include specialist statutory assessment or maintenance of the sight register. In many boroughs these activities are carried out in-house by Council employees.
- 3.20 The current value of the KAB contract is equivalent to the cost of 2.5 care managers. Based on current levels of assessment activity by KAB – approximately 300 assessments per annum - this would require 1.5 staff in house simply to cover the initial assessment function. Further resource would be required to provide rehabilitation (similar to reablement), mobility training and reviews. The latter functions would require at least one additional member of staff and more likely two. This does not take into account the production and maintenance of the sight register or the assessment for and issuing of equipment. The provision of advice and guidance by KAB diverts more than 300 people each year from the Council's Early Intervention Service which also has a financial benefit. The KAB service is therefore deemed to represent good value for money, enhanced further by the availability of services which are funded from sources other than the Council.

- 3.21 As noted in para 3.10 the Care Act 2014 statutory guidance includes the following requirements:

Para 3.30. Some groups in need of information and advice about care and support may have particular requirements. Local authorities must ensure that their information and advice service has due regard to the needs of these people. These include, but are not limited to:

- *people with sensory impairments, such as visual impairment, deafblind and hearing impaired;*

Para 6.87. When assessing particularly complex or multiple needs, an assessor may require the support of an expert to carry out the assessment, to ensure that the person's needs are fully captured. Local authorities should consider whether additional relevant expertise is required on a case-by-case basis, taking into account the nature of the needs of the individual, and the skills of those carrying out the assessment.

Para 22.21. Local authorities should consider securing specialist qualified rehabilitation and assessment provision (whether in- house, or contracted through a third party), to ensure that the needs of people with sight loss are correctly identified and their independence maximised. Certain aspects of independence training with severely sight impaired and sight impaired people require careful risk management and should only be undertaken by professionals with relevant experience and training. This type of rehabilitation should be provided to the person for a period appropriate to meet their needs. This will help the person to gain new skills, for example, when training to use a white cane.

Para 22.22. This makes it clear that rehabilitation for sight impaired people is a specific form of reablement. However, there are some intrinsic characteristics which define rehabilitation as being distinct from other forms of reablement. It is therefore not appropriate to take a one size-fits-all approach, and local authorities need to ensure that individual needs are met appropriately.

Para 22.4. Local authorities must keep a register of people who are severely sight impaired and sight impaired.

- 3.22 Schedule 2 of the 1989 Children Act requires local authorities to keep registers of disabled children, which must include children with sight impairments.

4. POLICY IMPLICATIONS

- 4.1 The Council's objective is to support people to maximise their independence, to remain healthy and safe in their own home for as long as possible, and put wellbeing, choice and dignity at the heart of social and health care in Bromley. The proposals in this report are in accordance with the Council's Building a Better Bromley priority of Supporting Independence.

5. FINANCIAL IMPLICATIONS

- 5.1 The current budget for this contract for 2016/17 is £100k plus £10k for equipment purchases.
- 5.2 From 2002 the contract price included provision for annual review in line with pay increases for council employed staff. In 2007 a variation was agreed with KAB for the Council to pay for administrative support instead of providing a part-time member of staff for this function. In 2012/13 the Council funding reduced by 13% to £99,614 which remained fixed for three years. In 2015/16 KAB were awarded an inflationary uplift of 1.2% in line with the contract.
- 5.3 KAB have also had access to the £10k budget for equipment. The level of spend against this budget varies depending on demand but has been less than budget since 2011/12 when the current policy for equipment was introduced. It is proposed that for the new contract the budget for equipment be included in the overall contract price but reduced to a level which reflects recent activity which averages £5k per annum.
- 5.4 The current and proposed contract sums for this contract are included in the table below:-

(1) award a contract to Kent Association for the Blind for the provision of services for people with a visual impairment or a period up to 4 years and a total value of £421,884; and

(2) delegate the power to approve the options to extend the contract term to the Chief Executive in consultation with the Portfolio Holder for Care Services.

- 6.2 Rule 8 of the Contract Procedure Rules provides that for a contract with a total value of between £100,000 and £500,000/the EU threshold the Council must invite tenders from between 3 and 6 organisations.
- 6.3 Under Rule 13.1 any exception to the requirements of Rule 8 must be approved by, where the contract value is between £100,000 to £1million, the Chief Officer in agreement with the Director of Resources and Finance Director and with the approval of the Portfolio Holder AND the procurement must comply the Public Contracts Regulations 2015.
- 6.4 The Public Contracts Regulations 2015 apply to this contract but it is a contract which falls under the light touch regime and is under the financial threshold for that regime so the procurement procedures under Part 2 of the Regulations do not apply.
- 6.5 Under the Care Act 2014 Statutory Guidance, local authorities must consider the needs of people with visual impairment.
- 6.6 The report author will need to consult with the Legal Department regarding the approval of the terms and the execution of the contract.
- 6.7 Under the Council's Constitution a Portfolio Holder may delegate to the Chief Executive in consultation with the Portfolio Holder provided that the Contract Procedure Rules are also complied with.

7. PERSONNEL IMPLICATIONS

- 7.1 There are no staffing implications for the Council as all staff are employed by Kent Association for the Blind.

8. PROCUREMENT IMPLICATIONS

- 8.1 The services provided by KAB are covered by the 'Light Touch Regime' referred to in Schedule 3 of the Public Contracts Regulations 2015. As such, contract awards and extensions are primarily governed by the Council's Contract Procedure Rules and Financial Regulations.
- 8.2 Rule 3.7 of the Council's Contract Procedure Rules states that where a Service is to be provided by a Voluntary Sector Organisation through an external Service Level Agreement the relevant Chief Officer, in consultation with the Director of Resources, can decide not to obtain competitive tenders or quotations provided that:
- The Chief Officer is satisfied that the Voluntary Sector Organisation is, or will be able to provide a satisfactory quality of Service and that the sums payable under any Service Level Agreement entered into represent Value for Money;
 - The relevant Head of Finance keeps a record of all payments made and any Grants received under the Service Level Agreement;
 - The Service Level Agreement is time limited and subject to renewal under the arrangements identified in this Rule.

8.3 The recommendation to extend KAB contract is sought in accordance with Contract Procurement Rules 3.7, 13.1 and 23.7.3.

9. CUSTOMER PROFILE

9.1 As at December 2015 there were 1449 people on the statutory sight register in Bromley.

9.2 The number of adults between the ages of 18 and 64 years of age with a serious visual impairment is 124, predicted to rise to 135 by 2020.

9.3 In the older age groups (over 65 years) there are larger numbers of people with moderate or severe visual impairment - 4,851 (predicted to rise to 5,416 by 2020). Age related macular degeneration is the most common cause of registrable sight loss in older people.

9.4 Further information on the number of people assisted by KAB in 2015/16 to quarter 3 is shown at Appendix 1.

10. SERVICE PROFILE / DATA ANALYSIS

10.1 Data on customers is set out in section 9 and current performance data at Appendix 1. As noted in para 3.17 and 3.20 above KAB are providing an effective and efficient service in all of the areas of the contract.

10.2 The current specification for the service includes the following requirements:

10.3 Care Management

The Contractor shall undertake the following three main stages in the Care Management process of identifying and addressing the needs of clients with the existing resources and with targeted time scales;-

10.4 Assessment:

The Contractor shall arrange and carry out an assessment of need in discussion with the Service User, his / her carer and advocate where applicable and appropriate, professionals including those relevant within health and the Council.

10.5 The assessments must:

- Identify the Service User's needs arising from their visual impairment:
- Inform the Council's Care Manager of any identified needs arising from other conditions;
- Consult the appropriate Council's Care Manager to explore what resources including the service user's and carer's own resources, that may be available to meet those identified needs;
- Set time scales for achieving planned outcomes.

10.6 Rehabilitation Planning:

The Contractor will develop, implement and review a rehabilitation plan in order to meet, within available resources, each service user's individual needs as outlined in the assessment. Rehabilitation planning will include exploring existing services and any alternatives, and discussions with each service user about available options, preferences and choices. The Contractor shall follow a procedure agreed with the Council for support planning.

10.7 The Contractor shall ensure that the rehabilitation plan for each service user is prepared and reviewed with full consultation and involvement of the Service User, his / her carer, relatives, advocate, the Council's representative and any other person who is likely to play a key role in delivering support.

10.8 At this stage a support plan, taking into account preferences and resources, should be drawn up and should indicate expected outcomes and time scales.

10.9 Implementation, Monitoring and Reviewing:

The Contractor will implement the support plan in consultation with the Council's Care Manager if required, and maintain necessary records which must be made available to the Council on request.

10.10 The Contractor will monitor and evaluate the implementation of the support plan for each service user to ensure the services delivered are adequate and that they meet the needs identified where deemed necessary. This will include reviews, where appropriate, with full consultation and involvement of the Service User, his / her carer, relative, advocate, the Council's representative and any other person who is likely to play a key role in delivering the support. At the point of review the Contractor shall ensure that the support plan is modified if necessary and with full consultation with the Service User, his / her relative or carer. Reviews should be proportionate to the level of intervention provided.

10.11 Registration:

The Contractor shall be responsible for the registration of people who have been recommended for registration as sight impaired or severely sight impaired by the Health Authority.

10.12 Rehabilitation service:

The Contractor's core activities, in partnership with the Council, shall focus on:-

- Assessment of need and rehabilitation planning;
- Rehabilitation and mobility training;
- Ensure access to services provided by the Contractor, the Council and other agencies;
- Utilisation of volunteers to provide low level ongoing preventative support;
- Information, advice and guidance.

10.13 Key Requirements:

The Contractor shall meet the following requirements:

- Accept requests for assessment if it appears that the person may need the Service and make contact with Service Users who have been referred to the Contractor or potential service users for the purpose of assessments.
- Ensure that referrals from the ophthalmologist are started within 48 hours of receipt of the referral by the Contractor and that the assessment is completed within 28 days of receipt (where assessment was not made within 28 days and the reason noted);
- The assessment of need reflects the severity and / or complexity of the service user's problem or circumstances. Other people involved in the user's support must be asked to contribute their information and views as appropriate. The needs of the service user must be taken into account;
- During the assessment, determine whether the service user wishes to be registered as sight impaired or severely sight impaired, and on completion of assessment if the service user desires, include them on the formal register;
- If visual impairment services are not needed or other services may be more appropriate, every effort must be made to redirect inappropriate referrals;
- Undertake certain care management functions as set out in paragraph 6.3 of this specification;
- Provide rehabilitation in accordance with the assessment;

- Maintain the confidentiality of all records concerning persons referred for assessment and / or rehabilitation, and comply with the Council's policies and procedures on confidentiality and disclosure.
- Be available when the Council offices are open and provide service to service users on the same days and hours as the Council's Care Management Team.

10.14 **Equipment:**

Where there is a need for equipment provision the Contractor will assess and facilitate the issuing of items. The Contractor will work with the Council to ensure that equipment is provided within the available budget.

11. **MARKET CONSIDERATIONS**

11.1 A soft market testing exercise in 2015 established that there are a few voluntary organisations around London, including KAB, providing various services under contract to other boroughs for those with a visual impairment. Further investigation revealed that none of those services are comparable in range or extent to those provided in Bromley by KAB, who is a specialist provider of rehabilitation services, administering and undertaking specialist and statutory assessments and maintenance of sight registers.

11.2 Further information is provided in Appendix 3.

11.3 No other organisation has the infrastructure and premises in the borough to match the facilities, including the Sight Centre, which KAB provides. Should the Council decide to market test the service there would be additional cost to the Council to pump prime the development of a new base for the provision of visual impairment services. As demonstrated in Section 3 there is likely to be an additional cost to the Council as other organisations would not be in a position to provide the consequential benefits of other services provided.

12. **OUTLINE CONTRACTING PROPOSALS & PROCUREMENT STRATEGY**

12.1 It is proposed to enter into a new contract with KAB from 1st July 2106 for a period of two years with options to extend for one year plus one year (maximum 4 years). This would be based on the current specification and levels of activity with performance targets based on current and previous activity.

12.2 The expected performance measures are set out at Appendix 1 with current performance.

13. **SUSTAINABILITY / IMPACT ASSESSMENTS**

13.1 The Council's vision of helping people is to maximise their independence, to remain healthy and safe in their own home for as long as possible, and put wellbeing, choice and dignity at the heart of social and health care in Bromley.

13.2 The government is aiming to transform the way public services are planned, commissioned and delivered. The Care Act aims to make services more preventative, personalised and to deliver better outcomes for people who use services. There is a statutory requirement for the continuation of the sight impairment registration process and rehabilitation programmes.

13.3 The UK Vision Strategy was revised and developed in 2013 and launched the "seeing it my way" outcomes framework outlining ten outcomes that visually impaired people say are important to them. KAB has applied these outcomes as well as the sight loss pathway in the planning of health and social care needs. This ensures that the service to people with a sight

loss get the right support at the right time and from the right person. KAB has reflected these outcomes into key themes which are also demonstrated in the Care Act and within the London Borough of Bromley’s Care Services Portfolio Plan. These are

- Emotional Wellbeing
- Independent Living
- Social Inclusion
- Economic Security.

13.4 The Bromley Joint Needs Assessment 2015 reported that the UK population is ageing, and it is projected to continue to age over the next few years with the fastest population increases in the numbers of those aged 85 years and over. This is the age group more at risk of eye disorders causing vision impairment. Sight loss impacts on many different levels and can be a traumatic event which can have an impact on health such as depression, risk of falls and isolation. Evidence suggests there is a strong link between sight loss and people’s well-being particularly among older people who develop sight loss in later life.

13.5 Two case studies, outlining the impact and outcomes of the KAB service, are included at Appendix 2.

13.6 No groups are disadvantaged by the proposals in this report.

Non-Applicable Sections:	Stakeholder Consultation
Background Documents: (Access via Contact Officer)	CS14137 4 th March 2015 Care Services Portfolio Holder. Kent Association for the Blind – overview of contract and commissioning intentions.

**Kent Association for the Blind Bromley
Q3 Monitoring Report 2015/16
April – December 2015**

Table 1. Number on statutory sight register

	31 March 15	Transfers in	Transfers out	Deceased	New Reg	2015/16 Total to date
Severe Sight Impairment	681	1	2	35	25	670
Sight Impairment	800	1	1	42	21	779
Total Regs	1481	2	3	77	46	1449

Table 2. New Registrations

	Q1	Q2	Q3	2015/16 Total to date
Adult SI	11	13	19	44
Adult SSI	18	8	21	47
Child SI	4	1	2	7
Child SSI	3	1	4	8
Total	36	23	46	105

Table 3. Client Referral Sources

	Q1	Q2	Q3	2015/16 Total to date
Self-referral	12	31	31	74
Relative / carer	10	12	10	32
Certification of Visual Impairment (CVI)	36	23	45	104
LVA Clinic	14	18	9	41
Bromley Social Services	1	4	5	10
Health Service	7	7	8	22
Voluntary Sector	0	0	0	0
KAB (includes Eye Clinic Liaison Officer)	15	15	8	38
Other	7	4	5	16
Total	102	114	121	337

Table 4. Rehabilitation Interventions

	Q1	Q2	Q3	2015/16 Total to date
Info Advice & Guidance only (includes equipment replacement)	104	130	100	334
Statutory needs assessment	66	79	83	228
Daily living skills	23 (for 23 clients)	34 (for 34 clients)	33 (for 33 clients)	90
Rehabilitation Training Course	0	3	0	3
Mobility training sessions	32 (for 8 clients)	18 (for 8 clients)	37 (for 11 clients)	87
Environmental audit	0	0	0	0
Benefit and support letters	0	3	4	7
Total	225	264	256	745

Table 5. Client Ethnicity

	Q1	Q2	Q3	2015/16 Total to date
White British	91	96	101	288
White Irish	0	3	0	3
Other White background	2	1	5	8
White & Asian	0	1	0	1
Black Caribbean	1	1	0	2
Black African	3	3	2	8
Other Asian background	0	4	6	10
Chinese	0	0	2	2
Other mixed	0	0	0	0
Other black	1	0	0	1
Not stated/unknown	4	5	5	14
Total	102	114	121	337

Table 6. Volunteering

	Q1	Q2	Q3	2015/16 Total to date
Referrals for volunteer support	10	8	4	22
Volunteers matched/placed	4	7	4	15
Number of active volunteers during last Quarter	80	86	86	252
New volunteers during last Quarter	15	4	2	21
Volunteers leaving during last Quarter	5	4	2	11

Table 7. Equipment, Assistive Technology and Eye Clinic Liaison Officer provision

	Q1	Q2	Q3	2015/16 Total to date
Pieces of equipment issued	184	173	***247	604
Number of people equipment was issued to	108	81	66	255
Cost of equipment	1344.05	1470.30	1338.85	4153.20
Bromley residents seen by Eye Clinic Liaison Officer	158	164	178	500
Assistive Technology Sessions **	48 (32 clients)	77 (38 clients)	72 (for 29 clients)	197(99 clients)

** This incorporates; assessments, training groups, 1;1 tuition, drop-ins

*** There has been a larger number of small, low value pieces of equipment issued this Quarter.

Other Activities

1. A Service User Forum took place in October with various guest speakers and service users - for information sharing.
1. Social Clubs, Library reading group and the VIPAS group continue to meet regularly. The Ethelbert Road Coffee Morning also continues to meet weekly, with KAB arranging a wide range of speakers.
2. Assistive Technology (AT): KAB now has a part time AT worker and also provides Volunteers to run workshops for Apple products and specialist technology.
3. ECLO (eye clinic liaison officer) based at the Princess Royal University Hospital is providing emotional support; information and advice to eye clinic patients (see stats).
4. KAB ran another professionals awareness day on Nov 18th with participants attending from Social Services, Hospital services and Care agencies.

Case study A:

Mr W was seen by me in October 2015. He is 87 years old and has diabetic retinopathy. His visual acuities were measured at R- 6/24 achieving font size N16 & L-6/36 achieving font size N24.

He was struggling to manage daily tasks like cooking and laundry due to his vision changing regularly because of poorly controlled diabetes. He needed Rehab intervention to help him stay independent and an LVA assessment to establish which strength of magnifier would suit him best.

At our initial meeting, Mr W was feeling quite low as he felt his sight had deteriorated over the past few months. I tried to re-assure him that with the right interventions, coupled with the treatment he was receiving, he could continue to live independently.

I arranged both a Rehab visit and an LVA appointment for Mr W and met with him again at a follow up appointment a couple of months later. He seemed much happier and said that he appreciated the help I had given him. He said he was now using his cooker and washing machine, mainly because of the bump-ons provided by KAB. He was also using a magnifier supplied by the Low Vision clinic. These improvements had made him determined to take better control of his diabetes and he informed me he was taking steps to reduce and control his blood sugar levels.

Case study B:

Mr G was initially referred to Kent Association for the Blind (KAB) by his Consultant Ophthalmologist, who requested that he be registered as Severely Sight Impaired. He was diagnosed with glaucoma some years ago, but recent significant deterioration has made it increasingly difficult for him to manage everyday tasks and to get about safely outdoors. He has a very narrow field of vision and his central vision has also become blurred.

Mr G has additional health problems that have a considerable impact on his daily life and prevent him from sleeping for any length of time. He has also been recently bereaved of his daughter, who provided significant support in the past, since his wife died some years ago. His emotional health was therefore rather fragile when we made contact with him.

I visited Mr G at home to offer advice and practical support in managing his remaining sight. He was very severely affected by glare, even on relatively dull days and in rooms with average lighting. I was able to suggest strategies to minimise this at home and provided anti-glare eyeshields for when he is outdoors or in a brightly lit room.

Mr G was also having difficulty using the cooker as he can no longer see the cooker controls properly. He was risking food poisoning from undercooking food and had occasionally left the hob rings switched on and warm without realising. I affixed high-contrast tactile markers to the controls, enabling him to determine whether the hob was switched on and also which temperature the oven was set to as this was also a problem. As he was also overfilling his cup when making a hot drink, I suggested strategies to avoid this and provided a liquid level indicator that alerts him when liquid is reaching the top of his cup. This has prevented him from scalding himself.

Mr G's correspondence was proving very challenging as he could not see to read or write clearly. Despite his difficulties with glare, he benefitted from additional lighting for close work provided that it was positioned in such a way that it did not shine in his eyes. I gave him a daylight lamp that enabled him to see larger print more easily, if the colour contrast between print and background was good, and enabled him to sign paperwork himself. He is also able to use the lamp in other rooms in the house for other tasks, and finds it extremely helpful.

Mr G expressed great concern at the difficulties he was experiencing in mobilising outdoors safely, as he cannot see steps, kerbs, overhanging branches or uneven surfaces very well. Crossing the road was also becoming a major concern. I carried out several sessions of outdoor mobility training with Mr G, over a period of several weeks, during which he learned how to use a long cane to travel safely. He felt much more confident as a result of the training, and was very pleased that he would be able to continue to go out regularly by himself, as he has been accustomed to do.

Mr G also attended a series of Skills Group sessions, involving coming to the KAB Sight Centre for a full day, one day a week for four weeks. During these sessions he was able to meet other sight impaired people and share ideas and experiences of sight impairment. The group members were able to discuss challenges, solutions and successes, while I and another Rehabilitation Worker provided information and guidance, and answered any questions that arose. The sessions also involved practical preparation of lunch, using a variety of skills and levels of difficulty as the weeks progressed. Two weeks after the sessions, Mr G telephoned to say that he had tried a number of the recipes/dishes that we had made during the Skills Group sessions and was feeling much more confident about managing in the kitchen.

I also assisted Mr G in applying for Attendance Allowance, which he was duly awarded, and he began to attend a local social group for people with sight impairment and has become a regular attendee at the quarterly KAB Service User Forum. This has enabled him to participate more fully in his community and has increased his social contact with people who are also learning to live with sight impairment. He has found this valuable, and has frequently commented on how the support provided has enabled him to remain largely independent. He feels much better equipped to handle challenges that may lie ahead, knowing that support is available.

OTHER AUTHORITIES

Local Auth	Management of Service		Information and Agreements	Funding
	In-house	Out sourced		
Medway		√	Provided service through KAB for a number of years. Completed short market-testing and talked to other organisations. No interest shown in delivering the service. KAB awarded formal contract for 3 years – Oct 15 - Sept18 Adults and Children	£144,801 p.a (adults and children). Population of 264,000
Kent	√		Provided service through KAB for a number of years and granted a further year's extension until March 2017. Service will go through formal procurement process for new contract to commence in April 2017. Visual Impairment service for Adults only	£830,000 p.a (adults only) Population of 1,510,400
Croydon	√		Currently have a Sensory Impairment Team. Spot purchasing of equipment. Aim to keep within the 30 days for an assessment. All services under review and Croydon Health and social community are developing all-age under 65 disability services and over 65 services. Adults and Children	Approx. £300000. Plus £20000 for purchasing of equipment
Newham	√		Currently have a Sensory Impairment Team. (10 staff) However, under review with a view to possible outsourcing. Adults and children	Approx £400000 p. a. Population of 320,000
Greenwich	√		Previously commissioned from RLSB and (Blind Independence Greenwich) was a social and peer activities service. Ended this agreement in 2015. Assessment of those with a visual impairment is managed in the same way as any referral for an assessment through the Borough's Adult Care Management Service. Assessed at point of contact and if requiring a specialist assessment, sign-posted to 2 community OT's who are qualified in working with people who have a visual impairment. Occasionally spot purchase specialist assessment. Adults only	Not able to provide. Costs are within the normal Care Service Budget including provision of personal budgets.
Bexley		√	Informed that they do not have any information that they could share.	Not able to provide.
Lewisham	√		Currently have a Sensory Impairment Team. However, a consultant has been employed to review the service to determine future provision. Adults and children	

Services provided by Kent Association for the Blind

Services funded by LBB highlighted in grey/italics

<p><i>Maintenance of sight register</i></p>	<p>Statutory. <i>KAB also record on LBB Carefirst system once registration completed.</i></p>
<p><i>Specialist Assessment and/or statutory assessment</i></p>	<p>Statutory <i>Completes assessment of need and depending on outcome for further support will signpost to health and social care agencies.</i></p> <p><i>“Local Authorities should consider securing qualified rehabilitation and assessment provision to ensure needs of people with sight loss are correctly identified and their independence maximised. (Care Act 2014).”</i></p>
<p><i>Provision of Rehabilitation and Habilitation Services including/</i></p> <ul style="list-style-type: none"> • <i>Specialist information advice and guidance</i> • <i>Mobility orientation training</i> • <i>Independence skills training</i> • <i>Specialist equipment provision</i> • <i>Support for family carers</i> • <i>Environmental assessments</i> • <i>Habilitation services for children and younger people</i> • <i>Signposting and onward referral</i> • <i>Benefits and concession advice</i> 	<p><i>KAB are providing an effective and efficient service in all of the areas noted. All referrals are responded to on date of receipt of referral. Will then contact service user for further information and reported that at least 95% of referrals require a face to face visit.</i></p> <p><i>Timescale for completion of assessments ranges from 1 to 28 days (target is 28 days) and priority of referral and need determines this.</i></p> <p><i>KAB are able to purchase equipment at reduce costs and receive discounts on products. Equipment delivered within 7 days of assessment.</i></p>
<p>Assistive Technology and communication project</p>	<p>Assistive technology (not funded by LBB). A pilot has been in place for the past 3 years, funded by KAB and a Charitable Trust. The funding from the Charity will cease in Dec.2015. KAB, however, wish to maintain this service as it has proved invaluable to improving independence, well-being and social inclusion. Service includes specialist assessment by Assistive Technology Officer, training courses, weekly drop-ins, one to one support and advice, (home based and centre based) Asst. Tech suite has the use of laptops, smartphones etc. which KAB provide. Statistics are demonstrating a larger number of adults and older people are much more dependent on modern technology and by continuing with the development of this programme will reduce demand for services and support. Advances in technology are extremely useful in helping isolated people remain connected.</p> <p>KAB have an exit strategy in place which is the training of existing rehabilitation workers but still need some development time. KAB will still need to fund during this period.</p> <p>KAB have requested consideration of funding of the Specialist worker to deliver the programme for a further 3 years although this would only be needed for one day per week.</p> <p>Two local authorities who were contacted during this review will be continuing with the Assistive Technology programme within their rehab contract.</p>

<p>Low Vision Clinic - Eye Clinic Liaison Officer (ECLO)</p>	<p>Low vision clinic operates from the Hospital but KAB also host one at the Sight Centre once or twice per week.</p> <p>Eye Clinic Liaison Officer is based at the Hospital but service is administered from Sight Centre. KAB funds this post. Highly rated service nationally and locally. Research suggesting expansion of this service as it provides support at the point of diagnosis and is a bridge between health and social care/community support.</p> <p>Information on performance from KAB from Jan to Sept 15 indicated 227 people had been supported of which 75% were for people over 75 years of age.</p> <p>Presenting Need based on outcomes of</p> <table border="0"> <tr> <td>Economic security</td> <td>(7%)</td> </tr> <tr> <td>Emotional wellbeing</td> <td>(15%)</td> </tr> <tr> <td>Independence</td> <td>(68%)</td> </tr> <tr> <td>Social Inclusion</td> <td>(10%)</td> </tr> </table>	Economic security	(7%)	Emotional wellbeing	(15%)	Independence	(68%)	Social Inclusion	(10%)
Economic security	(7%)								
Emotional wellbeing	(15%)								
Independence	(68%)								
Social Inclusion	(10%)								
<p><i>Volunteer Support</i></p>	<p><i>Added Value for money:</i></p> <p><i>KAB currently have 86 active volunteers working 5076 hours per annum. (This does not include volunteer time spent on the Assistive Technology Project, Clubs and befriending).</i></p> <p><i>Annual cost based on minimum wage =£34k per annum</i></p>								
<p>Transcription services</p>	<p>Service based at Headquarters</p>								
<p>Equipment Exhibitions and Sight Centre Open days</p>	<p>Find out about new technologies. Meet a range of other service providers. Talks from consultants and other health professionals on the latest treatments.</p>								
<p>Training Provision and Awareness Raising</p>	<p>Deliver accredited courses. Also training to relevant organisations and LBB staff.</p>								
<p>Bromley Service User Forum</p>	<p>Opportunity for individuals to make their voice heard on issues relating to service provision</p>								
<p>Social clubs</p>	<p>Provision of 2 large social clubs</p>								
<p>Website</p>	<p>Provides relevant and up to date information and advice</p>								
<p>Service User Involvement</p>	<p>Service Users are involved in the evaluation of their service as well as the opportunity to visit the sight centre with relatives on environmental training or to talk about any concerns.</p> <p>Invited to speak at engagement days organised by South East London Vision about local events and initiatives. The forum is an opportunity for clients to raise issues that are important to them, including local transport provision and the effects of planning/regeneration work on disable people.</p>								
<p>Collaborative Working</p>	<p>South East London Vision (SELVis) is a new charity led by and for Sight Impaired people in Bromley, Bexley, Greenwich, Lambeth, Lewisham and Southwark. KAB were involved with the promotion of SELVis engagement days for service users.</p>								
<p>Local Involvement</p>	<p>KAB arranges exhibitions of equipment and services which are widely advertised for sight impaired people, families and carers and health and social care professionals. Invite local organisations such as Age UK, Deaf Access and Guide Dogs (RNIB)</p>								