

Sensory Impairment Strategy Health and Adult Care

2025 - 2029

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1. Foreword

We are delighted to introduce Bury Council's first Adult Social Care Sensory Impairment Strategy. The Strategy is for adults living in Bury living with a sensory impairment, their families and carers.

For the purposes of this Strategy, sensory impairment includes varying degrees of hearing loss, sight loss and loss of both senses.

The aim of this Strategy is to work to improve the wellbeing and quality of life for adults with a sensory impairment. It places a strong emphasis on prevention and early intervention by taking a strength-based approach – which means identifying an individuals' strengths and capabilities' and to support people to maximise those strengths to promote independence and improve quality of life.

Publishing this document means that adults with a sensory impairment will have a clearer idea of what they can expect from Adult Social Care.

This Strategy has been developed by conversations and engaging with adults living with a sensory impairment, their families, carers and local partners. This could not have happened without working alongside two local charities, the Bury Society for Blind & Partially Sighted People and the Bury Hearing Hub. Both provided their professional expertise, helping us to connect with Bury residents with a sensory impairment and provided a safe and comfortable environment to undertake face to face engagement.

We would like to thank all those who responded to the consultation and engagement exercise. The findings of this work, alongside national and local Adult Social Care policy has been crucial in shaping this Strategy.

2. Introduction

Adult Social Care aims to help people stay independent, safe and well so they can live the life they want to. This includes people who are frail, have disabilities or neurodiversity, have mental health needs, as well as supporting unpaid carers who care for them.

Bury Adult Social Care has made great progress in developing a strength-based approach to support adults to be as independent as possible, by supporting them in ways that work for them as an individual.

This Strategy sets out the plan on how we build on this approach to support adults with a sensory Impairment to live independently and safely within localities, whilst recognising the challenges in public funding and an ageing population.

We have developed one overarching Strategy based on the views shared by our residents with sensory impairments.

This document aligns with other key local Strategies and plans to ensure that it is consistent with the aspirations and outcomes which makes Bury a place where all people, regardless of their needs can strive. These Strategies include:

- [Bury Council's Let's Do It! Strategy](#)
The Let's Do It Bury 2030 community Strategy sets out four clear principles which will be guided by our work.
 - **Local**- ensuring that all people in Bury can access adult social care services, regardless of their background and need.
 - **Enterprise**- that our local partners who support the sensory impairment community have the resources and accessibility to deliver high quality provision to develop independent living skills.
 - **Together**- a partnership approach to improve the quality of life for residents who have sensory impairment and in a joint way improve accessibility to services and spaces that will support people to be an integral part of their community.
 - **Strength based**- recognise that people that have sensory impairment play a vital part in Bury, who are proud of their identity and can contribute significantly to localities and improve the reach of statutory services.
- **Our Strategic Plan 2023-26**
This plan sets out the Adult Social Care Department's roles and responsibilities on behalf of Bury Council. It explains who we are, what we do, how we work as an equal partner in our integrated health and social care system and identifies our priorities for the next 3 years which are:



The Care Act 2014

The Care Act has elevated the importance of preventative services, and to make services more personalised. The prevention duty also recognises the clear benefits of rehabilitation support.

Section 78 of the Care Act places specific duties on Local Authorities to improve services for deafblind people.

Local Authorities must:

- make contact and keep a record of people with deafblindness in their area. ensure assessments of need for care and support are conducted by people with specific training and expertise.
- provide appropriate services for deafblind people. A person who is deafblind may not benefit from mainstream, or other services aimed at people who are either deaf or sight impaired.
- provide specially trained one-to-one support workers when necessary.
- provide information in ways that are accessible for the individual.
- ensure that a director-level member of the local authority has overall responsibility for deafblind services.

The maintenance of a Sight Register is a statutory requirement for Bury Council. Under Section 77 of the Care Act 2014, local authorities are legally required to establish and maintain a register of sight-impaired and severely sight-impaired adults who are ordinarily resident in their area.

- Maintaining a register of people who are severely sight impaired and sight impaired.
- Undertaking specialist assessment of needs and preparing a care and support plan.
- Providing access to a specialised visual rehabilitation programme.
- Providing minor aids and adaptations.
- Information and advice.

ADASS

The ADASS (Association of Directors of Adult Social Services) Position Statement on Vision Rehabilitation (May 2016) sets out the requirements in the context of personalisation, which aims to ensure that severely sight impaired and sight impaired people remain independent by putting them in control of decisions that affect their lives.

The Public Health Outcomes Framework

The Public Health Outcomes Framework examines indicators that help understand trends in public health, including profiles relating to blindness or partially sighted and reporting of deafness or hearing loss. The framework can be accessed here.

[Public Health Outcomes Framework | Fingertips | Department of Health and Social Care \(phe.org.uk\)](https://www.phe.org.uk/public-health-outcomes-framework)

The Equality Act 2010

The Equality Act is significant for sensory impairment people. It requires all organisations that provide a service to the public to make reasonable adjustments to those services to ensure they are accessible to everyone.

Under section 149 of the Act, 'the Public Sector Equality Duty', those subject to the general equality duty, need to have 'due regard' in everything they do to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

- Take steps to meet the needs of people from protected groups where these are different from the needs of other people.'

- Foster good relations between people who share a protected characteristic and those who do not.

Accessible Information Standard

All organisations which provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and are provided with support so they can communicate effectively with health and social care services.

The UK Vision Strategy

This set out a strategic framework for improving the UK's eye health and outcomes for people with sight impairment. The UK Vision Strategy aims to:

1. Improve the eye health of people of the UK.
2. Eliminate avoidable sight loss and deliver excellent support to those with a visual impairment.
3. Enhance the inclusion, participation, and independence of blind and partially sighted people.

What we know

People with Hearing loss

There are lots of different terms for hearing loss, including partially deaf, profoundly deaf, hearing impaired, hard of hearing and D/deaf. People will make their own choice about which term to use.

Some people describe themselves as Deaf with a capital 'D' to express their cultural pride and community identity. Deaf people tend to communicate in sign language as their first language.

- ❖ In the UK, there are 12 million adults with a hearing loss, equivalent to one in five adults.
- ❖ Locally, 37,207 adults were estimated to be living with a hearing loss in 2023. This includes 3,535 adults with severe hearing loss and 33,672 adults with some hearing loss.¹
- ❖ Hearing loss affects communication at work and home, employment opportunities, personal relationships, enjoyment of music and social independence. It can lead to reduction in people's quality of life and is associated with mental health problems.
- ❖ People wait an average of 10-years before seeking treatment for hearing loss and when people do eventually seek help, GPs fail to refer 45% of people on.²

¹ POPPI & PANSI data tools – Projecting Older People Information / Projecting Adult Needs & Service Information System

² Action on Hearing Loss - Joining up – Long term conditions report.

- ❖ There is a gap in the data on the numbers of adults with hearing impairments in Bury who have had contact with adult social care.

The data below are Public Health profiles for Greater Manchester ICB.³ Public Health profiles are reports that pull together existing information and data on a range of indicators for local populations.

The aim of the profiles is to help local government and health services make plans to improve health and reduce inequalities.

% reporting deafness or hearing loss

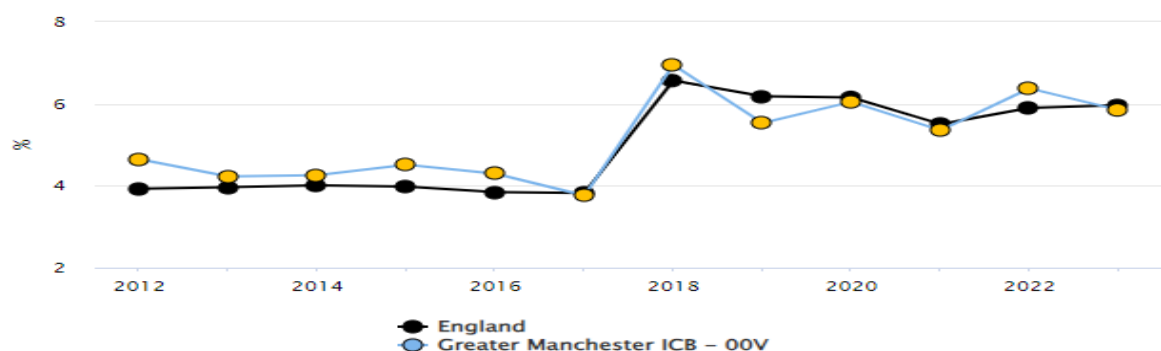
● Lower 95% ● Similar ● Higher 95% ○ Not applicable

Recent trend: ➡ No significant change

Period	Greater Manchester ICB - 00V					England
		Count	Value	95% Lower CI	95% Upper CI	
2018	●	-	7.0%	6.0%	8.1%	6.6%
2019	●	-	5.5%	4.6%	6.6%	6.2%
2020	●	-	6.0%	5.1%	7.1%	6.2%
2021	●	-	5.4%	4.5%	6.3%	5.5%
2022	●	-	6.4%*	5.4%	7.5%	5.9%
2023	●	-	5.9%*	5.0%	6.9%	6.0%

Source: OHID, based on GP-Patient Survey data

CI = confidence intervals – a range of values that's likely to include a population value with a certain degree of confidence.



³ NHS Greater Manchester is the Integrated Care Board for GM and is responsible for making decisions about health services across GM and in the ten boroughs and cities.

People with visual impairments

There are several types of visual impairments, each with its own characteristics and impact on an individual's vision.

What is the difference between visual impairment and blindness?

The term visual impairment is used for a condition in which an individual experiences a decrease in the ability to see that causes problems not fixable by usual means, such as glasses or contact lenses. It can range from mild to severe and can affect people of all ages.

Blindness is the word used to describe total, or near total sight loss due to injury, disease or genetic condition.

- The [RNIB](#) report in the UK, 2 million people are living with sight loss and every day 250 people start to lose their sight. An estimated 80% of people aged sixty-five and over are living with some degree of sight loss⁴.
- Locally, seventy-four people aged 18-64 years were estimated to be living with severe visual impairment; 3,269 aged sixty-five and over were predicted to have a visual impairment, with 1,158 people aged seventy-five and over predicted to have registrable eye conditions.⁵

Rehabilitation

The term 'rehabilitation' is sometimes used to describe a particular type of service designed to help a person regain or re-learn some capabilities where these capabilities have been lost due to illness or disease. Rehabilitation services can include provisions that help people attain independence and remain or return to their home and participate in their community, for example independent living skills and mobility training for people with visual impairment.

Certificate of Vision Impaired (CVI)

An eye specialist (Ophthalmologist) determines eligibility to be certified as sight impaired or severely sight impaired.

The Ophthalmologist will complete a Certificate of Vision Impaired (CVI) and forwards a copy (with consent) of the CVI to the Council.

⁴ RNIB Key Information & Statistics on sight loss in the UK

⁵ POPPI & PANSI data tools

Register of people who are blind or partially sighted.

The Care Act states that 'A local authority must establish and maintain a register of sight-impaired and severely sight-impaired adults who are ordinarily resident in its area.'

Registration to the sight register is not compulsory and will not restrict access to support, however, it can help get a range of benefits to help with costs relating to disability.

As part of the statutory returns to NHS Digital, local authorities are required to submit data collection relating to the number of people on local authority registers. This data collection is conducted every 3-years.

The Bury SSDA902 Return to NHS Digital - Registers of people who are blind or partially sighted (2022 - 23):

Table 1	Blind/severely sight impaired persons and partial sight/sight impaired persons – Numbers on the register and new registrations			
	Blind/SSI registered	New registrations of blind/SSI persons	Partial sight/SI persons registered	New registrations of partial sight/SI persons
Age 0 – 4	1	0	4	1
Age 5 – 17	26	1	28	1
Age 18 – 49	74	4	34	2
Age 50 – 64	49	4	45	3
Age 65 – 74	44	4	42	4
Age 75 and over	179	17	177	13
Total	373	30	330	24

Note: The number of adults with certificates of visual impairment on the register may be lower than the total number of certificates issued because some people choose not to register their certificate.

The following data sets are Public Health profiles for Bury. Public Health profiles are reports that pull together existing information and data on a range of indicators for local populations.

The aim of the profiles is to help local government and health services make plans to improve health and reduce inequalities.

Source: OHID, based Moorfields Eye Hospital and Office for National Statistics data

CI = confidence intervals – a range of values that's likely to include a population value with a certain degree of confidence

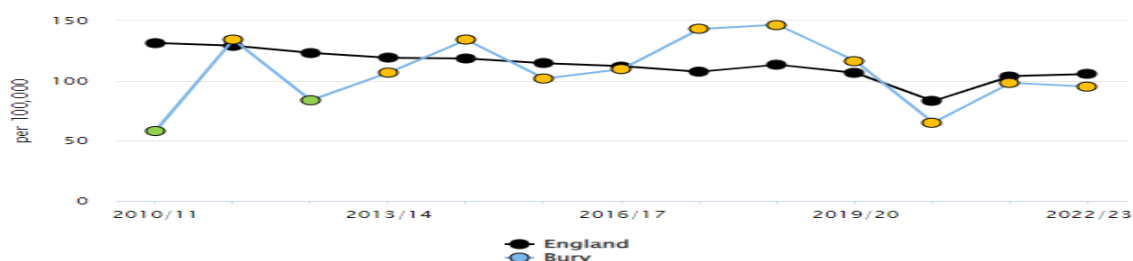
Preventable sight loss: age related macular degeneration.

● Better 95% ● Similar ● Worse 95% ○ Not applicable

Recent trends: — Could not be calculated ➔ No significant change ⬆ Increasing & getting worse ⬆ Increasing & getting better ⬇ Decreasing & getting worse ⬇ Decreasing & getting better

Recent trend: ➔ No significant change

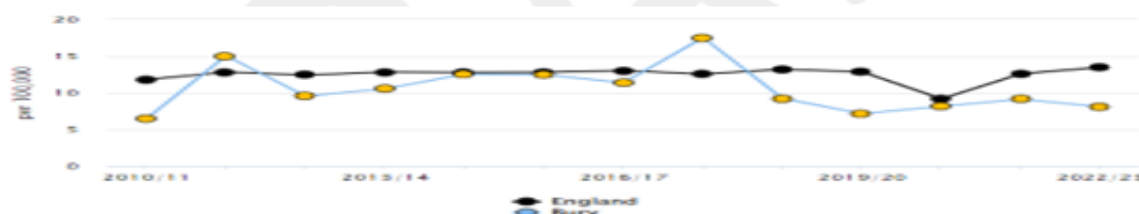
Period	Bury					England
		Count	Value	95% Lower CI	95% Upper CI	
2017/18	●	49	143.0	105.8	189.1	107.5
2018/19	●	51	146.6	109.1	192.7	113.3
2019/20	●	41	116.4	83.5	157.9	106.6
2020/21	●	23	65.0	41.2	97.5	83.1
2021/22	●	35	98.2	68.4	136.6	103.8
2022/23	●	34	95.1	65.8	132.9	105.6



Preventable sight loss: glaucoma

Recent trend: ➔ No significant change

Period	Bury					England
		Count	Value	95% Lower CI	95% Upper CI	
2017/18	●	17	17.5	10.2	28.1	12.6
2018/19	●	9	9.2	4.2	17.6	13.2
2019/20	●	7	7.2	2.9	14.8	12.9
2020/21	●	8	8.2	3.5	16.1	9.2
2021/22	●	9	9.2	4.2	17.4	12.6
2022/23	●	8	8.1	3.5	16.0	13.5



Preventable sight loss: diabetic eye disease

Recent trend: Could not be calculated.

Period	Bury					England
		Count	Value	95% Lower CI	95% Upper CI	
2017/18		-	*	-	-	2.8
2018/19	●	8	4.9	2.1	9.7	3.1
2019/20		-	*	-	-	2.9
2020/21		-	*	-	-	1.9
2021/22	●	7	4.2	1.7	8.7	2.8
2022/23		-	*	-	-	2.9

Source: OHID⁶, based Moorfields Eye Hospital and Office for National Statistics data

* Value suppressed for disclosure control due to small count

CI = confidence intervals – a range of values that's likely to include a population value with a certain degree of confidence

People with deafblindness

Deafblindness, also known as dual sensory loss or multi-sensory impairment, is a combination of both sight and hearing loss that affects your everyday life. Dual sensory loss is a completely unique condition and affects everyone in different ways. It can range from struggling to see and hear the TV to not being able to see or hear anything at all.

Being deafblind does not necessarily mean you are totally deaf and/or totally blind. Many people who are deafblind have some sight and some hearing.

In 1995, the Department of Health established a legal definition of deafblindness:

'A person is regarded as deafblindness if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss.'

⁶ OHID – Office for Health Improvement and Disparities.

There are two main types of deafblindness:

Congenital deafblindness: means a person is born with sight and hearing impairment or it becomes apparent within the first two years of life.

Acquired deafblindness: means a person develops sight and hearing loss later in life. Anyone can become deafblind at any time through an accident, illness, or ageing.

In 2022, it is estimated that there are 450,00 deafblind people in the UK. It is thought this will increase to over 610,00 by 2035, due to our ageing population.⁷

There is a gap in the data on the numbers of people in Bury who are deafblind and have contacted adult social care.

Older people

Sight and hearing loss can affect us at any age, but age is a significant risk factor related to eye health and sight loss.

Sensory impairment is a major contributory factor in falls and subsequent admission to hospital, which is the major contributory factor to admission to a care home.

Population projections detailed in the Bury JSNA, reveal older adults in Bury are expected to see the biggest increase of 15.4% with an additional 5,617 older adults between the years of 2023 to 2032. During the same time period, England is expected to see an even greater increase of 21.4% in older adults.

Despite the predicted increase in older adults' population lower than that predicted for England, this still represents a significant shift in the demographic composition of Bury.

Unpaid carers and family

The vital role of families and carers in the support they provide to adult family members with sensory impairments is widely recognised. This vital support can range from helping with daily living tasks, getting out and about and providing emotional support.

⁷ This data is based on research commissioned by Sense and delivered by the Operational Research Society in 2017.

It is important that families and carers feel supported in their caring role and have access to advice and support in their own right.

If the person being cared for has acquired their sensory impairment through old age or another condition, they may struggle to come to terms with the fact their condition limits their independence. This is likely to affect their mood, and this may put a strain on the relationship with them as the balance changes.

Caring responsibilities may arise at any time in life. Carers may have to adapt and change their daily routine for work and social life, perhaps incurring personal and financial costs. They may become isolated from other members of their family, friends, and work colleagues. In an ageing population, family members are expected to undertake complex care tasks, often at great cost to their own well-being and health⁸.

4. How this Strategy was developed

We wanted this Strategy to be developed by what people told us were their priorities, rather than what paid professionals might think people need.

An engagement and consultation exercise were undertaken in partnership with specialist community charities, the Bury Society for Blind & Partially Sighted People (known locally as Bury Blind Society) and the Bury Hearing Hub.

The overall engagement ran between 19th May 2024 and 16th June 2024. Alongside this, a follow up session took place at the premises of Bury Blind Society to share initial highlights and to give opportunity for feedback.

A variety of methods were used:

- Semi-structured face-to-face sessions, with an aim to maintain an open conversation.
- Online survey designed to use on computers and smart phones via a QR code.

⁸ Richard Schulz & Lynn M Martire 2004 Family Caregiving

- Enlarged paper copy of the survey, along with a pre-paid envelope was made available.
- Members of staff from Bury Blind Society provided telephone support.
- Individual comments were also received.

The online survey was available to paid professionals and other interested parties. Survey branching was used for the online survey to customise the survey and to eliminate questions not relevant to paid professionals and other interested parties and to limit organisation's own implicit biases.

All responses and feedback have been read to become familiar with the data, initial impressions were noted and related data grouped together to form themes. The themes have been reviewed to refine and adjust as needed to ensure they accurately represent the feedback.

The findings of this work, alongside national and local policy have shaped the development of the Adult Social Care Sensory Impairment Strategy.

5. What people told us

There have been a broad range of responses to the sensory impairment engagement and consultation, from individual responses to the online questionnaire to targeted engagement with adults with sensory impairments, their families, professionals and other interested people.

The key themes are:

- ❖ Community support
- ❖ The importance of family support
- ❖ Accessible information, advice, and guidance.
- ❖ Partnership working
- ❖ Technology, minor aids & equipment
- ❖ Emotional & peer support
- ❖ The need for increased understanding and awareness of sensory impairment

The identification of the themes does not suggest that other comments outside the scope of this work are any less valid. This approach

highlights the areas raised most frequently in the responses received and shows the overlap of shared experience.

6. How we will respond

Our Vision

Our vision is to support sight impaired, hearing impaired and deafblind adults to be independent and to participate fully in our community.

We will do this by identifying an individual's strengths and capabilities and to support people to maximise those strengths to promote independence and improve quality of life.

Our Principles

- Enable independence.
- Equity of access.
- To deliver improved outcomes.
- Ensure families and unpaid carers are made aware of the support available for them.
- Champion technology solutions and innovation improvements.
- Making best use of limited resources and deliver value for money.
- Increase the understanding of sensory impairment.

Our Outcomes

The findings of the engagement work, alongside a consideration of policy and research have established the areas of work we think are important to deliver in Bury over the next 4-years. The following are the key priorities until 2029.

PRIORITY 1:

Relationships, emotional support, and community connections

- Having a social life is important to people. Even those with a network of family or friends spoke about the loneliness of their experience of sensory impairment.
- It was highlighted that the emotional impact of visual impairment should not be overlooked. When given the diagnosis of sight loss, people often undergo a bereavement reaction, which can impact

their ability to make the necessary practical adjustments to their lives and can also extend to personal relationships and work life.

- Connection with people with similar experiences is valuable to people. There were many comments on the significance of peer groups and activities and how the groups can be a 'lifeline' to share experiences, coping strategies and information.
- People have told us of the importance of the location of premises and the connections with public transport to access groups and support.

“The many and varied support groups for visually impaired people at the Bury Blind Society are invaluable.”

“The help and support services to continue to be at a venue that is accessible when using public transport. Locally provided services are critical.”

“I don’t know what I would do if we didn’t have the centre.”

“Here in Bury we are constantly told by clients that they value the local offer and support, knowing that help is literally ‘just around the corner’”.

“Having people who understand I need different ways of support and to know how to help people with sight and hearing problems. I get lonely and would like to get out more.”

We will:

- Collaborate with partners to promote services, organisations and groups who can offer support, information and social opportunities.
- Raise awareness of the resources available from Bury VCFA to individuals who want to develop or grow a support group.
- Explore new opportunities for supporting and expanding the excellent practices Bury Blind Society have in place to address social, emotional and practical needs within wider transformation change, such as the Integrated Ageing Well programme, and how this can be replicated to meet the needs of deafblind people and d/Deaf people.

PRIORITY 2: Unpaid Carers

- Carers are often key to understanding the persons needs and preferences. The benefits of supporting unpaid carers are well documented, however, many people do not identify as a carer, and even if people recognise they are in a caring role, they are still more likely to see their primary role in relation to that person as a family member or friend.
- Giving carers the right information, advice and support at the right time can help them continue caring, whilst managing other aspects of their own lives.
- People told us how important it is to have family back-up available to continue to live independently and to get out and about.

“At the moment I don’t need any help as my daughter helps with day to day living.”

“I wouldn’t get out at all if it wasn’t for my daughter.”

“If I didn’t have a husband to help me get around in the home and outside the home, go to hospital, fill in forms etc, I would be stranded.”

The survey responses also reveal that there are people with sensory impairments who are also unpaid carers.

“Caring for wife with dementia.”

“Aged 89 and full-time carer for wife suffering from dementia.”

We will:

- Commission a service for carers that will be the gateway for carers to access information, advice, signposting and lower-level needs of support.
- Provide Carer Awareness briefings delivered by the commissioned carers services to professionals and networks.

- Promote carers rights under the Care Act 2014. This will be done through promotion campaigns with partner agencies and national calendar events, such As Carers Week and Carers Rights Day.

PRIORITY 3:
Accessible information, advice, and guidance

- One of the themes which was consistent across the broad spectrum of conditions and experiences was the significant challenges in accessing information and the obstacles to be able to contact and effective communication with adult social care. Deaf BSL users reported particularly poor experiences in accessing services.
- Also raised was that all too often, public services expect relatives or a member of staff from Bury Blind Society/the Bury Hearing Hub to provide communication support, which is not appropriate when discussing confidential matters.
- People expressed frustration at the Council's over-reliance with on-line/email. Some individuals who are blind or have low vision, cannot effectively use digital technologies.

“Navigating information is difficult. Not only knowing where to access information relating to disability but being able to read it.”

“I can’t use email/use online to contact the council. It drives me mad being left hanging on the phone for ages waiting to speak to someone and getting a message on loop telling me to go online. This is the same for all services. This ‘online first’ approach is not working for someone with sight loss.”

“Being told to bring your daughter/son along to an appointment is not appropriate. I don’t want to be having confidential or sensitive conversations with my family present.”

“What you need to understand is there are different levels of BSL – hospitals/GPs, arrange BSL Interpreters to attend

appointments who are trainees, and this is not acceptable as trainees are not at the right level.”

“We need lots of support and help with communication, signing, help with letters, post etc. Can go on.”

We will:

- Continue to provide access to interpreting services for d/Deaf and deafblind people, ensuring the Interpreter meets the required level for interpreting.
- Raise awareness of the support available, so people will know where to go locally and will know about organisations which support people with their condition.
- Provide information about the Certification of Vision Impairment and registration processes and the benefits and concessions to which people are entitled to.
- Collaborate with people with sensory impairments and stakeholders to develop solutions to improve access to information, digital access and communication.

PRIORITY 4: Technology, minor aids & Equipment

- Technology is incredibly useful for people examples provided being mobile phones and Apps, hearing and visual aids, Alexia devices, aids to navigate computers. People have expressed they would welcome opportunities to find out more about what is available, along with an option to ‘try before you buy.’
- However, there are people nervous with technology or their sight or hearing had deteriorated where they can no longer use the technology they were familiar with. Therefore, there is a need to

consider its limitations for some and as technology advances, how better to support its usage when it is used.

“The gadgets from Bury Blind Society are brilliant. Things like the raised bump-ons for the microwave, cooker and washer and the water levels to make hot drinks.”

“I wear hearing aids and find these to be good and have equipment to help me hear the television and doorbell which I got from the council. I also have a smoke alarm from the fire service which has a vibrating pad. Can't complain about anything I have received; I was given useful information and advice from the lady from the council when she saw me to see what help I could have.”

“I have been really happy with the services I have received so far for my hearing loss from the council, even my daughter has said what a difference the equipment has made, and I no longer have to turn up my television very loud and disturb my neighbours”.

We will:

- Improve provision of digital technology by feeding into the Technology Enabled Care (TEC) team to make the most of the advantages technology brings.
- Look at how existing and recent technology can be optimised.
- Support adults to access training in technology.

PRIORITY 5: Awareness and understanding of sensory impairment.

- People told us there are many misunderstandings about visual and hearing impairments, based on lack of understanding and misconceptions.

- Services fail to recognise the diversity within sensory impairments, which is essential for understanding the unique challenges and strengths of each individual.

“Stop make assumptions!”

“I think the public are afraid of us due to their lack of knowledge and awareness.”

“There is a lack of staff awareness and there needs to be better understanding, not only the council but all services.”

“More information to people who don’t have hearing loss on how to help and support people who do.”

“For unaffected people to know and recognise the sticks we carry then perhaps they would understand our predicament.”

We will:

- Develop Sensory Awareness training co-designed by residents and stakeholders for Adult Social Care staff to support front-line delivery, raise awareness and to dispel misconceptions on sensory impairments.
- Develop Practice Guidance that outlines the basic standard of knowledge and expertise social work teams need to be able to provide the required standard of service response for people with sensory impairments.
- Develop a protocol for supporting Deafblind adults.
- Link into health promotion campaigns to raise awareness of sensory impairments.

PRIORITY 6: Pathways and Partnerships

- People with sensory loss are significant users of health care services, from secondary, primary to community care and feedback highlighted that communication seemed to be limited between health, social care, and the community and to use the resources we have in Bury.
- Feedback from people reveal there is confusion over what services are available and where to direct people and that services for sensory impaired people can be marginalised and connections with other social care services could be improved.
- Also identified was the need for the development of a strategic approach which supports a smooth transition from children services into adult social care.

“There really needs to be a better way of being supported across Adult Social Care, the Council departments, Health, and services. It is all disjointed.”

“There is a lot going on in Bury that no one really knows about.”

“There needs to be a strategy for transition ages. Too many people who were known to children services only come to us as adults when they are in crisis. There needs to be a holistic and consistent pass over of clients.”

“Needs to be better support for people transitioning from young to adult services with sensory impairment.”

“... there needs to be a clear transition period between childhood and adulthood to ensure continuous support. Addressing this gap is crucial, as it is a missing information section that still needs to be developed.”

We will

- Develop a care pathway explaining the support people can expect from professionals, along with organisations that provides support.
- Establish a Sensory Impairment Partnership that will also function as a co-production network.

7. Implementation

Within this Strategy we have outlined the outcomes Adult Social Care will deliver on in response to the challenges and themes people with a sensory impairment have highlighted to us.

It is intended that the areas for action will be driven by establishing a Sensory Impairment Partnership. The partnership's role will be to develop an implementation plan to accompany the Strategy, and work will be undertaken driven by nominated partnership leads.

There will also be opportunities for improvements within wider transformation change, such as the Integrated Ageing Well programme.

This Strategy will form future Adult Social Care commissioning intentions for services for sensory impaired adults, which will deliver a service based on the priorities of this Strategy and its aspirations.

To know whether this Strategy 'does what it says on the tin', that it delivers what local people have told us is important to them, we will ask local people to continue telling us their experiences – good or what else needs to change - and to share and celebrate good practices.

Reliable data is knowledge which is required to understand and drive forward better outcomes for people. We recognise that we need to improve on gathering relevant and timely information and that it is readily available. We will improve processes to data collection as part of ongoing governance for the delivery of the implementation plan.

8. Annex A

The Let's Do It! Strategy sets out a clear ambition and delivery plan for the next 10 years.

[Let's Do It! strategy - Bury Council](#)

The Care Act (2014) places specific duties on Local Authorities

[Care Act 2014 \(legislation.gov.uk\)](#)

The ADASS Position Statement on Vision Rehabilitation (May 2016)

The Association of Directors of Adult Social Services (ADASS) is a charity representing Directors of adult Social Services in England.

[ADASS](#)

The Equality Act 2010 is an Act of Parliament.

[Equality Act 2010 \(legislation.gov.uk\)](#)

Accessible Information Standard sets out a specific and consistent approach to meeting the information and communication support needs of people.

[NHS England » Accessible Information Standard](#)

The UK Vision Strategy and 'Seeing it my way' outcomes seek to develop a plan for action on all issues relating to sight loss and eye health across the UK.

[Layout 1 \(opensight.org.uk\)](#) [See it my way booklet](#)

Action Plan on Hearing Loss (2015) this document is to promote change across the public sectors on how hearing needs can best be met.

[NHS England Report Template Action Plan on Hearing Loss](#)

RNIB the Royal National Institute of Blind People is a UK charity.

[RNIB | Homepage of the Royal National Institute of Blind People](#)

POPPI & PANSI are tools intended for use for organisations who need to be informed in the population of adults 18+

[Projecting Older People Population Information System \(poppi.org.uk\)](#) & [Projecting Adult Needs and Service Information System \(pansi.org.uk\)](#)

Action on Hearing Loss (DCAL) -Joining Up report.

[Joining-Up-long-term-conditions-report.pdf \(rnid.org.uk\)](#)

Sense support everyone who is deafblind or has complex disabilities.

[About us - Sense](#)

Schulz & Martire 2004 - Family Caregiving, National Library of Medicine

[Family Caregiving for Older Adults - PubMed \(nih.gov\)](#)

9. Annex B Year One Commitment Milestones Grid

The commitment milestones will be reviewed annually, updated, and amended, as necessary.

Priority	We will	Start
Priority 1: Relationships, emotional support, and community connections	➤ Promote services and organisations who can offer support and information.	Year One
	➤ Raise awareness of the resources available from Bury VCFA to individuals who want to develop or grow a support group.	Year One
	➤ Explore new opportunities for supporting and expanding the excellent practices Bury Blind Society have in place to address social, emotional and practical needs within wider transformation change, such as the Integrated Ageing Well programme, and how this can be replicated to meet the needs of deafblind people and d/Deaf people	Year Two
Priority 2: Unpaid carers	➤ Commission a service for carers that will be the gateway for carers to access information, advice, signposting, and lower-level needs of support.	Year One
	➤ Provide Carer Awareness briefings delivered by the commissioned carers services to professionals and networks.	Year One
	➤ Promote carers rights under the Care Act 2014. This will be done through promotion campaigns with partner agencies and national calendar events, such As Carers Week and Carers Rights Day	Year One
Priority 3: Accessible information, advice & guidance	➤ Continue to provide access to interpreting services for d/Deaf and deafblind people, ensuring the Interpreter meets the required level for interpreting.	Year One
	➤ Raise awareness of the support available, so people will know where to go locally and will know about organisations which support people with their condition.	Year Two

	➤ Provide information about the Certification of Vision Impairment and registration processes and the benefits and concessions to which people are entitled to. ➤ Collaborate with people with sensory impairments and stakeholders to develop solutions to improve access to information, digital access, and communication.	Year One Year One
Priority 4: Technology, minor aids & equipment	➤ Improve provision of digital technology by feeding into the Technology Enabled Care (TEC) team to make the most of the advantages technology brings. ➤ Look at how existing and recent technology can be optimised. ➤ Support adults to access training in technology.	Year One Year One Year One
Priority 5: Awareness and understanding of sensory impairment	➤ Develop a protocol for supporting Deafblind adults. ➤ Link into health promotion campaigns to raise awareness of sensory impairments. ➤ Develop Sensory Awareness training co-designed by residents and stakeholders for Adult Social Care staff to support front-line delivery, raise awareness and to dispel misconceptions on sensory impairments. ➤ Develop Practice Guidance that outlines the basic standard of knowledge and expertise social work teams need to be able to provide the required standard of service response for people with sensory impairments'	Year Two Year One Year Two Year Two
Priority 6: Pathways & partnerships	➤ Develop a care pathway explaining the support people can expect from professionals, along with organisations that provides support. ➤ Establish a Sensory Impairment Partnership that will also function as a co-production network.	Year Two Year One

Bury
Council