

ADULT AND COMMUNITY BASED SERVICES COMMITTEE AGENDA



Thursday 24 November 2022

at 10.00 am

**in Council Chamber,
Civic Centre, Hartlepool**

MEMBERS: ADULT AND COMMUNITY BASED SERVICES COMMITTEE

Councillors Allen, Buchan, Clayton, Fleming, Hall, Little and Young.

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

- 3.1 To receive the Minutes and Decision Record in respect of the meeting held on 20 October 2022.

4. BUDGET AND POLICY FRAMEWORK ITEMS

None.

5. KEY DECISIONS

None.

6. OTHER ITEMS REQUIRING DECISION

- 6.1 Community Led Support – *Director of Adult and Community Based Services*
- 6.2 Joint Sensory Support Plan 2022 – *Director of Adult and Community Based Services*

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone.

The Assembly Point for everyone is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

7. ITEMS FOR INFORMATION

None.

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION

Forthcoming meeting dates are set out below. All meetings will be held in the Civic Centre, Hartlepool.

Thursday 19 January, 2023 at 10.00 am
Thursday 16 February, 2023 at 10.00 am
Thursday 16 March, 2023 at 10.00 am



ADULT AND COMMUNITY BASED SERVICES COMMITTEE

MINUTES AND DECISION RECORD

20 OCTOBER 2022

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor: Sue Little (Vice-Chair) (In the Chair)

Councillors: Gary Allen, Ben Clayton and Ged Hall.

Also present: Councillor David Nicholson as substitute for Councillor Mike Young in accordance with Council Procedure Rule 4.2.

Councillor Jonathan Brash

Tony Leighton, Hartlepool HealthWatch

Frank Harrison and Evelyn Leck

Officers: Jill Harrison, Director of Adult and Community Based Services
Trevor Smith, Head of Strategic Commissioning (Adults)
Jennifer Gant, Parks and Open Spaces Team Leader
Nicole Whittle, Project Officer (Parks and Open Spaces)
David Cosgrove, Democratic Services Team

20. Apologies for Absence

Apologies for absence were received from Councillors Bob Buchan and Mike Young.

21. Declarations of Interest

None.

22. Minutes of the meeting held on 29 September 2022

Received.

23. Levelling Up Parks Fund (*Director of Adult and Community Based Services*)

Type of decision

Non-key decision.

Purpose of report

To provide the Adult and Community Based Services Committee with information on the Levelling Up Parks Fund and the funding allocated for Hartlepool and to seek support for the project proposal.

Issue(s) for consideration

The Director of Adult and Community Based Services introduced the Parks and Open Spaces Team Leader and Project Officer (Parks and Open Spaces) who gave a presentation to the Committee on the proposed project at Burn Valley Gardens.

The Levelling Up Parks Fund had been announced on 1 August 2022 by the Department for Levelling Up, Housing and Communities (DLUHC) and Hartlepool Borough Council had been allocated a grant of £85,000 for the creation or significant refurbishment of an urban green space. There was no competitive bidding process for the grant. Authorities were required to confirm acceptance of the grant by 5 September 2022 then to provide DLUHC with a project proposal by 3 October 2022. The project proposal should maintain a level of flexibility and may be amended once it had been reviewed by DLUHC. Authorities must then agree a Memorandum of Understanding for use of the grant before the end of October 2022 and were required to utilise fully the grant funding by 31 March 2023.

The presentation outlined the proposals for Burn Valley Gardens detailing how the funding could be spent and the scheme for the gardens including an interactive trail, natural play area, a sensory maze, community social space and some tree 'uplift' for the park. There had also been some local business support offered for the scheme which included the donation of surplus construction materials and some labour to undertake conservation or maintenance works.

Members welcomed the proposal and the three Burn Valley Ward Councillors were present at the meeting. It was commented that the interactive trail through the park and onto the Family Wood and through to Summerhill would be a welcomed development, though there were some concerns at the crossing point on Catcote Road between the wood and Summerhill.

A Member added that while this scheme was very welcome and very well thought out, the reference to the scheme being 'levelling up' funding, however, was a misnomer in light of the huge amount of money the government had cut from the local authority budget over the past decade. There was concern that should the play area fall victim to vandalism, as had other play facilities, would the £14,000 revenue funding reported in the presentation be sufficient to repair any damage. The Director commented that budgets were under extreme pressure and this funding was welcomed. The Parks and Open Spaces Team Leader stated that the expected life-span of the play equipment was fifteen years. It had been designed in such a way that sections could be replaced quickly and more

cost effectively than some other similar play equipment installations in the past. The revenue funding, while modest, would provide sufficient means to cover most necessary repairs.

Members welcomed the community involvement in the scheme and hoped that officers would engage with as many local community groups as possible during the project. Members congratulated the team behind the development of the proposed project and for developing such a good scheme in the short time demanded by DLUCH.

Decision

That the report and the presentation be noted and the project proposal for the Burn Valley Gardens be fully supported by the Committee.

24. Update on Care Home Provision for Older People (*Director of Adult and Community Based Services*)

Type of decision

For information.

Purpose of report

To provide the Adult and Community Based Services Committee with an update in relation to care home provision for older people.

Issue(s) for consideration

The Director of Adult and Community Based Services provided an update report on the current situation with care home provision for older people in Hartlepool including details of occupancy and vacancy levels. The report also provided an update on Covid in older people's homes, including incidence of Covid, vaccinations rates and testing. Details of the current position regarding Care Quality Commission assessments of homes was also reported with all but one home being rated as Good.

The Director reported that there had been concerns around capacity following the closure of Gretton Court earlier in the year but a new home, Merlin Manor, had opened and would eventually supply care for 90 older people, including nursing care placements. Care home capacity continues to be monitored on a regular basis, as any reduction in capacity would increase the need for older people to access out of area placements and impact on delayed transfers of care from hospital.

The Director also outlined work taking place on a regional level to support a campaign to bring more workers into the sector. The department had also produced a Market Sustainability Plan as required under the Care Act 2014. All local authorities were also required to undertake a Fair Cost of Care exercise for older people's care homes (as well as home care services) during 2022/23. This was currently underway in Hartlepool and the majority of care homes had submitted returns to inform this work. The

outcome of this exercise was not yet known and the impact for the Council would need to be assessed in further detail, taking into account national guidance. Any financial impact for the Council will need to be assessed once the results were known.

New national funding for 2022/23 had been allocated to Hartlepool of approx. £330,000, with 25% of this to be used to support Council costs and the remaining 75% was to be distributed directly to care providers. Options for allocation of this funding to providers were currently being considered and would be distributed in the period October 2022 to March 2023.

A Member questioned if any information had been forthcoming from government to outline where the funding that had initially been promised from the rise in National Insurance, which had now been reversed, was now to be provided. The Director stated that there had been no indications on future funding. The department was also now working towards charging reform to be introduced from October next year and the requirement for all local authorities to be subject to CQC assessment from April next year. This was all having to be undertaken from existing resources.

A Member asked if there was any scope for the new care workers to be trained at the new Social Care Academy to open in the town to be retained within the local care economy rather than being attracted elsewhere. The Director commented that the majority of care staff tended to work locally and there were good levels of worker retention in Hartlepool. The Head of Strategic Commissioning (Adults) added that there was now a virtual free job centre for care staff on Hartlepool Now which was free to users.

Members also discussed the numbers of out of borough placements. The Director reassured Members that the vast majority of out of borough placements occurred where the individual chose to go to a home out of the area.

Decision

That the report be noted.

25. Update on Commissioned Services (*Director of Adult and Community Based Services*)

Type of decision

For information.

Purpose of report

The report provided the Adult and Community Based Services Committee with an update on quality ratings for all commissioned social care services, other than care homes for older people, which were regulated by the Care Quality Commission (CQC).

Issue(s) for consideration

The Director of Adult and Community Based Services submitted a report updating the Committee with updates covering pertinent issues for commissioned services and the latest CQC ratings. The report covered home care for older people, non-residential services for working age people, residential care for people with learning disabilities, residential care for people with mental health needs and extra care support. A summary of the current CQC ratings for all of these services was set out in an appendix to the report. It was positive to note that 17 out of the 18 services (94%) were rated as 'good'. The service rated as 'requires improvement' had worked with the Council to put plans in place to deliver the required improvements, and progress is monitored against these plans.

The Director referred to a previous update to Committee which made reference to a new development at Whitethorn Gardens. This was now providing supported living for adults with learning disabilities and / or mental health needs within four three-bedroom bungalows and sixteen self-contained one-bedroom apartments. The support provided is registered with CQC as domiciliary care provision, provided by Elan Care.

Also, since the last update to Committee, Home Group had re-developed Gainford House (formerly a service for young people) to provide 10 units of supported accommodation for adults with learning disabilities and / or mental health needs. As with Whitethorn Gardens, this development had been undertaken at the developer's risk with no contract or guarantee that the Council would use the accommodation.

The Vice-Chair commented that there had been a question on out of borough placements under the previous item and questioned if the reverse was happening with people coming into the town from out of area due to the new homes and availability of places. The Director commented that the numbers of such placement were extremely low. One of the aspects of the fair cost of care exercise that had been undertaken was to identify those clients in homes that were fully self-funded and those placed by other local authorities. An update on those figures could be provided for a future meeting.

A Member questioned what replaced CQC assessment in supported living provision and if families had access to that. The Director stated that there was a limit to what the CQC inspected. The department did have its own internal quality standards framework and there were also regular reviews and assessments by social care staff that would involve family members if appropriate and enable any concerns to be addressed.

A Member referenced the recent Audit and Governance Committee investigation into mental health issue and considered there was significant unmet need in the town. The Director indicated that the majority of people needing support with their mental health needs were in their own homes

and there was a significant amount of support available through Tees Esk and Wear Valleys NHS Trust and also the wide range of voluntary sector groups in the town many of which could be accessed through the Community Hubs.

Decision

That the report be noted.

26. Any Other Items which the Chairman Considers are Urgent

A Member questioned if a reply had been received to the letter sent by the Committee to the Secretary of State for Health and Social Care in relation to Members concerns around the implementation of the Adult Social Care White Paper. The Director stated that no reply had yet been received.

It was noted that the Chair of the Committee, Councillor Buchan, had been appointed Older Peoples Champion at the last meeting of Council.

It was noted that the next meeting of the Committee would be held on Thursday 24 November, 2022 at 10.00 am in the Civic Centre.

The meeting concluded at 11.30 am

H MARTIN

CHIEF SOLICITOR

PUBLICATION DATE: 26 OCTOBER 2022

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

24 November 2022



Report of: Director of Adult and Community Based Services

Subject: COMMUNITY LED SUPPORT

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non key decision.

2. PURPOSE OF REPORT

2.1 To provide the Adult and Community Based Services Committee with an update on how Community Led Support has developed and to seek the Committee's continued support for this way of working.

3. BACKGROUND

3.1 In March 2019 the Adult and Community Based Services Committee supported a proposal for the Council to engage in work with the National Development Team for Inclusion (NDTi) through their Community Led Support Programme.

3.2 Community Led Support (CLS) is based on a set of principles for how social care support should be delivered. These are implemented in ways that are determined by people directly delivering services along with local partners and members of the community they are serving. It builds on what is already working, joining up good practice and strengthening common sense, empowerment and trust.

3.3 The initial evaluation of CLS (based on the nine Local Authorities that originally worked with NDTi) identified a number of areas where CLS had a positive impact including:

- better experiences and outcomes for local people;
- easier access and greater efficiency;
- engaged staff and improved morale; and
- potential for savings.

The full report, which includes supporting data and case studies can be accessed at: <https://www.ndti.org.uk/resources/publications/what-works-in-community-led-support/>.

- 3.4 Over 30 Local Authorities are now engaged in the Community Led Support programme and interest continues to grow.
- 3.5 For Hartlepool this approach provided an opportunity to build on the work that began when Adult Social Care and Preventative and Community Based Services were brought together, enabling a strength based model to be developed that maximises co-production, community resources and engagement. This has been particularly beneficial in recent years helped by Hartlepool being a small but resourceful local authority with a strong sense of community.

4. COMMUNITY LED SUPPORT PRINCIPLES

- 4.1 Common principles that govern Community Led Support:
 - co-production brings people and organisations together around a shared Vision;
 - there is a focus on communities and each will be different;
 - people can get support and advice when they need it so that crises are prevented;
 - the culture becomes based on trust and empowerment;
 - people are treated as equals, their strengths and gifts built on;
 - bureaucracy is the absolute minimum it has to be; and
 - the system is responsive, proportionate and delivers good outcomes.
- 4.2 As part of process local stakeholder groups agree a vision that is co-produced and locally tailored. Overarching, long term, core components of the vision that the CLS programme aims to support include:
 - that local people receive support that is responsive, community based and focused on resilience and keeping them in control of their lives;
 - that communities are actively involved in shaping and delivering local support and develop local solutions to respond to need;
 - that social care practitioners feel supported and trusted, experience increased morale and ability to determine local working practices, develop skills to have strengths based conversations with people, are skilled in identifying local solutions and have a positive approach to risk;
 - that voluntary sector partners and other statutory agencies are involved in the delivery of information, advice and support at a local level and deliver support in a joined up, holistic way; and
 - that statutory services are of a high quality, are efficient and responsive and 'fit for purpose' in their ability to respond to increased demand on services within restricted budgets.

5. PROGRESS AND OUTCOMES

5.1 Year One – 2019/20

Following Committee approval to engage with NDTi and to implement the Community Led Support way of working, a significant amount of preparatory work was undertaken.

5.1.1 Work began with a 'readiness audit' by NDTi that identified current strengths and areas for development and helped to set a timescale for implementation.

5.1.2 The readiness check found:

- a supportive team and leadership structure;
- some clear working relationships with health;
- pockets of co-production;
- opportunities within the community hubs; and
- strong commitment and willingness to engage.

5.1.3 The readiness check also identified some challenges including:

- many processes in the system which cause delays;
- numerous different and lengthy documents;
- a number of different panels and decision making processes; and
- a fear of 'getting it wrong' that made staff risk averse.

5.1.4 Awareness raising sessions were provided for staff and work was undertaken with partners to develop Community Led Support outcomes for Hartlepool which would guide local work.

5.1.5 The outcomes that were agreed were:

- People know when and where to go to have a good conversation about their support options.
- People know what is available and are more engaged in their community, taking up a range of opportunities and stabilising demand for statutory services.
- Wherever people are in their journeys, conversations will be strengths based, solution focused, concentrating on maximising people's opportunities to live the life they want to lead.
- People are supported to shape, inform and develop activities, events and businesses – solutions to meet their own needs.
- Partners feel that they are actively collaborating in shaping and delivering support to people; they are trusted and engaged to provide opportunities that help people live well.
- Staff are confident in their decision making; they are trusted and able to empower people. With less paperwork and processes, staff have more time to have conversations with people.
- A digitally enabled environment will exist, accessible for the community, partners and staff to develop creative solutions for people.

- 5.1.6 Staff were given training on strengths based approaches and how to have good conversations with people, focused on existing resources and community assets rather than statutory services.
- 5.1.7 One of the key aspects of the Community Led Support model is that people can access advice and support easily in community based settings. Community Hub Central was identified as the best option for the approach to be tested, and the approach was launched in November 2019 with a small team of staff available on a Thursday morning to see people in the community, offering access to low level services, signposting and a more detailed assessment where appropriate.
- 5.1.8 Initial feedback from the sessions from the staff involved and from people who accessed the service was overwhelmingly positive.
- 5.1.9 Based on the success of the Central Hub offer, it was agreed to expand the approach to Community Hub South from March 2020, using a similar model but with greater input from Community Hub staff. This was expected to build on existing work at Community Hub South which had developed a Community Kitchen and Chatty Café alongside improved facilities and services that support people with long term health conditions. Unfortunately, within weeks of the planned launch, the first Covid lockdown was announced and Community Hub South, along with all other Community Hubs, was closed to the public.
- 5.2 Years Two and Three – 2020/21 and 2021/22
Covid brought a vast range of challenges, and the Community Hubs played a fundamental role in the Council's response to the pandemic. The learning from this period has been invaluable. Without the existing Community Led Support model being in place, the co-ordination of the Council's response to people who were Clinically Extremely Vulnerable (CEV) would have been for more difficult. Equally the way that partners worked together during Covid developing creative solutions to a range of problems has strengthened the Community Led Support model and has enabled some aspects of work to progress at pace.
- 5.2.1 Very soon after the first lockdown was announced, Councils were informed that they were required to provide support to people identified as CEV, including provision of food and access to prescriptions. The Central Hub was very quickly established as the 'Support Hub' for Hartlepool and a leaflet to every house in the Borough ensured that people were aware of how to access support should they need it.
- 5.2.2 During the lockdowns the Support Hub delivered food parcels and prescriptions, proactively contacted people who were CEV and / or socially isolated, provided people with books and access to online activities, worked with Mecca Bingo to co-ordinate delivery of hot meals to people who would normally have accessed lunch at day services, provided Christmas hampers and Christmas lunches and acted as the point of contact for anyone in the community who needed support.

- 5.2.3 As Covid restrictions eased and services were able to be accessed again, the Support Hub model was incorporated on a permanent basis into the Community Hub infrastructure.
- 5.2.4 The Support Hub was relaunched on 2 January 2021 from the newly refurbished Central Hub and took on a new role as the first point of contact for people in the community requiring adult social care support (with separate arrangements retained for hospital discharge and adult safeguarding). The role of the Support Hub is to explore community solutions that keep people involved and connected before a formal social care assessment is undertaken.
- 5.2.5 Key achievements during this period included:
- A review and redesign of the adult social care assessment and support plan documents. The documents have been streamlined and are now more strengths-based, giving people the opportunity to articulate the things that matter most to them to live a good life.
 - The audit tool used as part of Practice Month in Adult Social Care has been amended to reflect the CLS principles.
 - Feedback from staff was really positive. Staff morale was high with all staff involved saying they were proud to be part of CLS. They said:
 - “I have thoroughly enjoyed being part of the CLS team”
 - “I’ve had lots of job satisfaction after each session”
 - “I think CLS works really well”
 - For the period until March 2020, 161 people were supported in the Hub and feedback from people accessing the sessions was also really positive with people saying:
 - “So happy to come along and have a good conversation with someone”
 - “What a great start to this service”
 - Hartlepool Carers joined the CLS team and had a presence at the weekly sessions providing a seamless link for carers.
 - Funding was secured from Tees, Esk and Wear Valley NHS Foundation Trust to deliver mental wellbeing sessions in the Hubs to provide low level support.
 - Work continued with Hartlepool Carers and other voluntary and community sector (VCS) providers to further develop the CLS approach.

5.3 Current Position

Community Led Support is now well established within Adult and Community Based Services as the approach to meeting the needs of people who need support.

- 5.3.1 The front door to adult social care is now provided through the Hubs alongside welfare and benefits advice, carers support, mental health support, the Fab Lab that enables people to try out new technologies and develop skills and a library offer that has evolved to meet the changing needs of the community. The Bread and Butter Thing provides access to affordable food, complementing the community kitchen and chatty café and a wide range of activities are provided free of charge to engage local people of all ages. The Hubs also provide support to people with long term conditions and have

recently become home to the Learning and Skills Service which supports adults to access education, training and employment.

5.3.2 A report to Committee in December 2021 provided an update on Community Transformation of mental health services and highlighted that a new approach was being piloted in Hartlepool, linked to the Community Hubs and based on the CLS principles. A virtual huddle now takes place every week facilitating good conversations amongst organisations with the aim of supporting people to access the right support at the right time, whilst removing unnecessary bureaucracy and gatekeeping. Organisations in regular attendance include Housing, Primary Care, Adult Social Care, IMPACT on Tees, Let's Connect and TEWV NHS Trust.

5.3.3 NDTi support days continue to be used flexibly to meet local needs. After bringing together into a single team the social care teams that previously supported transitions and 18-25 year olds with disabilities, and adults aged 25 and over, a programme was developed based on the CLS approach that brought the teams together and developed a shared commitment to working together differently. The team had 3 days supported by NDTi with one of the outputs being an engagement event led by the team which brought together 30 young adults with disabilities at CECA (Centre for Excellence in Creative Arts) allowing them to have taster sessions around film making, dance, arts, music and other activities. The purpose was to develop opportunities and bring together people with similar interests going forward as many of the young adults are not engaged in employment, education or training. The team valued the opportunity to work with NDTi and the day at CECA was a great success. The team has an increased understanding of Community Led Support and how community based services can effectively support people. The team regularly attend the Community Hubs and staff are actively using community based resources rather than defaulting to formal care and support.

5.4 Future Plans

The principles of Community Led Support will continue to inform the work of Adult and Community Based Services, and form the basis of the vision and values for adult social care which are currently being refreshed, and will be reported to a future meeting.

5.4.1 The main focus of developing the Community Led Support approach to date has been on making services more accessible, having good conversations with people and using a strengths based approach that makes best use of community resources. This has been supported by training for staff, the development of a new Practice Manual and a review of processes and paperwork to reduce bureaucracy.

5.4.2 Through a recent review of work to date, facilitated by NDTi, a number of priorities were identified for the next 12-24 months. These include piloting the use of the CLS model when undertaking annual reviews for people who have existing packages of support, exploring how the CLS principles can be used within the hospital discharge pathway and ensuring that CLS informs commissioning strategies and the development of the local care market.

Officers have recently attended the CLS National Gathering to explore further opportunities and to learn from best practice in other areas.

- 5.5 Officers will provide a presentation highlighting some of the key achievements linked to CLS. Officers are working with NDTi to capture stories of people who have been supported through Community Led Support so that case studies can be developed and shared.

6. RISK IMPLICATIONS

- 6.1 There are no risk implications identified associated with this report.

7. FINANCIAL CONSIDERATIONS

- 7.1 The cost of engaging with the NDTi programme was £98,500 for 18 months and was funded from the Adult Social Care Transformation reserve created from the re-phasing of the Adult Social Care Precept in 2017/18.
- 7.2 Using a Community Led Support approach can reduce spend on adult social care support. By engaging with people early and looking first at their own strengths and assets, then the support available in their local community, there is a reduced dependence on formal services that can be expensive to deliver. An example of this is the building based day service for older people that was commissioned for many years. The service was unable to continue during the Covid pandemic and alternative services have developed to replace the previous offer at a lower cost. This includes activities delivered in Community Hubs and through the virtual community hub as well as services provided by voluntary and community groups. This has enabled a saving of £60,000 to be achieved in 2022/23.
- 7.3 The use of Community Led Support, combined with maximising NHS support for people who have identified health needs has supported the Department to better manage demand and resulted in an overall reduction in spend on formal support, predominantly for working age adults. This is reflected in the projected outturn for 2021/22 and is expected to create a budget saving of £400,000 in 2022/23.

8. LEGAL CONSIDERATIONS

- 8.1 There are no legal considerations associated with this report. An Exemption to Contract Procedure Rules was approved to enable the Council to engage with the NDTi programme, based on their unique ability to provide the support.

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 9.1 There are no family poverty considerations associated with this report.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 There are no equality and diversity considerations associated with this report.

11. STAFF CONSIDERATIONS

- 11.1 There are no staffing implications specifically associated with this report.
- 11.2 Evaluation reports have identified a number of areas where using the CLS approach has had a positive impact for staff. These included improved staff engagement and staff morale with social care workers reporting feeling enthusiastic, creative and motivated.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 There are no asset management implications associated with this report.

13. RECOMMENDATION

- 13.1 It is recommended that the Committee notes the information provided and supports the continued development of Community Led Support within Hartlepool.

14. REASON FOR RECOMMENDATION

- 14.1 The Community Led Support approach has been implemented successfully and achieved positive outcomes for local people requiring help and support.

15. CONTACT OFFICERS

Jill Harrison
Director of Adult and Community Based Services

Leigh Keeble
Head of Service – Community Hubs

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

24 November 2022



Report of: Director of Adult and Community Based Services

Subject: JOINT SENSORY SUPPORT PLAN 2022

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key decision.

2. PURPOSE OF REPORT

- 2.1 To seek approval from Adult and Community Based Services Committee for the Hartlepool Joint Sensory Support Plan 2022.

3. BACKGROUND

- 3.1 In the spring of 2019 the Council commissioned Hearing Impairment and Visual Impairment Support UK (Hi-Vis UK) a Charitable Incorporated Organisation to support the development of a sensory loss plan
- 3.2 Over the last 18 months Hi-Vis UK has engaged and consulted with key stakeholders, people with lived experience, carers groups and local organisations; holding workshops, conducting surveys and consulting with local commissioners.
- 3.3 A planning group supported by local providers of interest and HealthWatch Hartlepool contributed and provided valuable insight to the work.

4. SUMMARY

- 4.1 The proposed plan is attached as **Appendix 1** and was developed and co-produced by local people with the ambition to make Hartlepool a Sensory and Deaf Friendly town.

- 4.2 The plan is focused on seven key objectives, which are summarised in a 'plan on a page'. The objectives are:
- Long term change
 - Improve accessibility
 - Raise awareness and skills
 - Improve access to information
 - Raise numbers identified and supported
 - Improve health and wellbeing
 - Continue the conversation.
- 4.3 The consultation resulted in an increased number of people being included on the sensory loss register, required to be held by Hartlepool Borough Council. The increase was in part as a result of the engagement work, but is also consistent with a rising prevalence of sensory loss.
- 4.4 The planning group will continue to support this agenda and aims to monitor progress against the recommendations presented.
- 4.5 Members of the planning group would welcome the opportunity to have a launch event, subject to approval of the plan.

5. RISK IMPLICATIONS

- 5.1 There are no risk implications associated with this report.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations associated with this report

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations associated with this report

8. CONSULTATION

- 8.1 The Department of Health and Social Care 'Working Together for Change' methodology was used to consult with members of the public, commissioners, family carers and people with lived experience. An organisation with experience of working with dual sensory loss conducted the work over a period of 18 months.

9. CHILD AND FAMILY POVERTY

- 9.1 There are no child and family poverty implications associated with this report.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 It is intended that delivery of the identified improvements will ensure that people benefit from a more co-ordinated and efficient response in the event of needing assistance in relation to sensory loss or impairment. The Care Act includes a wide range of rights, and entitlements for deafblind people, and places a number of duties on local authorities to meet needs.

11. STAFF CONSIDERATIONS

- 11.1 There are no staff considerations associated with this report.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 There are no asset management considerations associated with this report.

13. RECOMMENDATION

- 13.1 It is recommended that the Adult and Community Based Services Committee approve the Joint Sensory Support Plan and support a launch event.

14. REASON FOR RECOMMENDATION

- 14.1 The Joint Sensory Support Plan aims to improve services and outcomes for people with sensory loss or impairment.

15. CONTACT OFFICER

Neil Harrison
Head of Safeguarding and Specialist Services
Hartlepool Borough Council
neil.harrison_1@hartlepool.gov.uk

Sign Off:-

Director of Resources and Development	<input checked="" type="checkbox"/>
Chief Solicitor	<input checked="" type="checkbox"/>

Joint Sensory Support Plan



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Foreword

This co-produced Joint Sensory Support Plan (JSSP) report is intended to:

- Firstly, highlight the support currently in place for residents of Hartlepool with sensory loss, single and combined, and members of the Deaf Community
- Secondly, recommend a set of actions to fill gaps revealed during the consultations, to improve the situation and the wellbeing of all people living with sensory loss and the Deaf Community in our Borough
- Thirdly, facilitate further collaborative work with local stakeholders and people with lived experience
- Fourthly, as we continue to emerge from the pandemic, social isolation and mental wellbeing continues to significantly and disproportionately affect those members of our community who are living with sensory loss and members of the Deaf Community. Mental ill health has been estimated to have risen at least 40%¹² in these groups. This brings with it an absolutely pressing need to ensure excluded groups such as those with sensory loss/Deaf are recognised and supported.

Context and Purpose

Sensory loss, in any form, has a significant impact (note 5) on a person's wellbeing and that of their family. All Local Authorities have a duty to promote wellbeing, to identify local people with a sensory loss, including Deaf British Sign Language users, and a duty to work with partners to continuously shape local advice, guidance and support.

This is especially important for this vulnerable group in our community who, without appropriate and proportionate intervention or advice and guidance, are at heightened risk of becoming isolated and lonely (see page 6: key facts).

Hartlepool Borough Council (HBC) commissioned Hi-Vis UK to coordinate the development of the plan, establish a stakeholder planning and steering group and run consultations with local people and organisations to better understand local need.

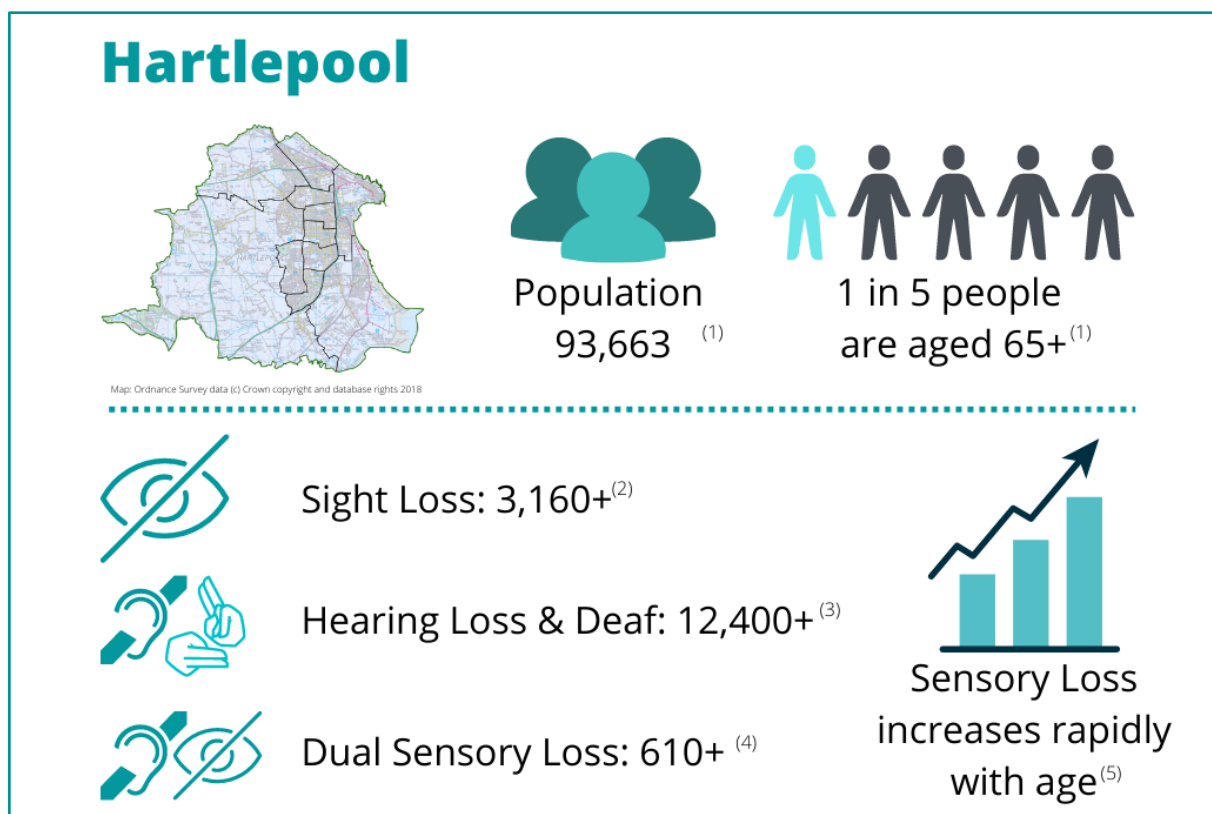
A note on language used in this report: for Sensory Loss we include people who are Deaf and use British Sign Language as their first language, those with a sight loss or severe sight loss, those who become deaf/deafened/hard of hearing, and those with or acquiring combined sight and hearing loss.

Incidence:

How many local people have a sensory loss or are Deaf and use British Sign Language?

Nearly 20% of Hartlepool's population is 65+ year olds. This age-group is increasing steadily in number as communities live longer lives (see p6). We know the incidence of sensory loss increases significantly with age and numbers accelerate rapidly in older groups.

Local authorities struggle to identify sensory loss, especially dual sensory loss (DSL), in the community and by implication offer support. Most people don't see themselves as 'sensory impaired' and are reluctant to self-identify in this way.



Key Legislation and Facts

Key Legislation and Facts



Legislation

The Care Act 2014, The Equality Act 2010,
The NHS Accessible Information Standard 2016,
The Children and Families Act 2014,
The Public Sector Equality Duty 2011

Health and Wellbeing⁽⁶⁾

Older people with sensory loss are:
2-3x more likely to have trips, multiple falls
3-5x more likely to experience mental ill health
At much greater risk of loneliness & social isolation⁽⁷⁾



Older people aged 60yrs+⁽⁸⁾

Live with Sight Loss: 1 in 6

Live with Hearing Loss : 1 in 3

Only 10% with sensory loss known to local authority⁽⁹⁾

Impacts on daily life⁽¹⁰⁾

Being Deaf or living with sensory loss affects:

- Mobility and Independence
- Access to Information and Services
- Communication and Learning



We expect in Hartlepool

3k+ people 65yrs+ living with sight loss
12k+ people 65yrs+ living with hearing loss
.6k+ people 65yrs+ living with dual sensory loss
(age related dual sensory loss is hugely underestimated. It will increase 64% by 2030⁽¹¹⁾)

Local Lived Experience

The JSSP Group met a wide range of local people living with sensory loss, with Deaf BSL users, and parent-carers. People said having a sensory loss/ being Deaf in Hartlepool means:

- Facing challenges to mobility, access to information and services; experience many barriers to communication.
- There is little awareness of sensory loss or of being a Deaf person/BSL. One major impact is loneliness. Since COVID a 40% increase in mental health problems¹².
- Information is often not accessible: small text, no audio/audio description, no British Sign Language (BSL) version - English is not the first language of BSL users.
- Parent-carers struggle to get local information or help on sensory loss / Deaf; feel isolated and ignored.
- Relying on taxis to travel around town in the evening as there are no buses means keeping in touch with others becomes unaffordable, limits social and leisure activity.
- No sensory loss or Deaf awareness makes leisure / fitness provision inaccessible. This includes background noise which makes listening very hard.
- Services don't know how to communicate; few BSL courses, no D/deaf awareness and communication skills training, how to hire a communication professional.



Local Lived Experience: People said having a sensory loss / being Deaf in Hartlepool means:

“

Facing challenges to mobility, access to information and services; experience many barriers to communication

There is little awareness of sensory loss or of being a Deaf person / BSL user. One major impact is loneliness, and since COVID, a 40% increase in mental ill health problems

“

Information is often not accessible: small text, no audio / audio description, no British Sign Language (BSL) version - English is not a BSL users first language

Parent-carers struggle to get local information or help on sensory loss / Deaf; they feel isolated and ignored



HARTLEPOOL
BOROUGH COUNCIL



Local Lived Experience: People said having a sensory loss / being Deaf in Hartlepool means:

“ Relying on taxis to travel around town in the evening means, as there are no buses, keeping in touch with others becomes unaffordable, limits social and leisure activity ”

“ No sensory loss or Deaf awareness makes leisure / fitness provision inaccessible. Often there is loud background noise making listening really hard / impossible ”

“ Services don't know how to communicate; don't know how to hire a communication professional; too few BSL courses, no D/deaf awareness and communication skills training, ”



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Hartlepool Plan on a Page

Recommendations: To ensure Hartlepool becomes a Sensory and Deaf Friendly Place, Hartlepool Council will:

- Establish a sensory support coalition of public and VCSE organisations to work together for long term change.
- Work with our local sensory support organisations to improve accessibility and to monitor and co-develop our sensory and Deaf support plans.
- Work to develop the sensory and Deaf awareness, skills and knowledge of health and care services workforce and the wider community.
- Work to improve access to information and to communication support in health and care services including compliance with the Accessible Information Standard (see p6).
- Work to increase the number of people identified and supported with single and combined sensory loss and parent-carers where sensory loss/Deaf is involved.
- Work to raise sensory awareness & Deaf awareness.
- Work to improve access to learning, leisure & fitness.
- Consult further to fill gaps in our understanding e.g. carers, to co-create a sensory support action plan. Continue the conversations with stakeholder groups.



Joint Sensory Support Plan on a Page



LONG TERM CHANGE

Establish a **Sensory Support Coalition** of public, independent and VCSE organisations to **work together for long term change**.



IMPROVE ACCESSIBILITY

Work with local sensory support organisations to help us **improve accessibility**, co-monitor / co-develop our sensory / Deaf support plans.



RAISE AWARENESS AND SKILLS

Work to develop the sensory and Deaf **awareness, skills, and knowledge** of local health and care services workforce, the independent and VCSE sectors and in the wider community.



IMPROVE ACCESS TO INFORMATION

Work to improve access to information **and to communication support** in health and care services including compliance with the Accessible Information Standard 2016.



RAISE NUMBERS IDENTIFIED & SUPPORTED

Work to increase the number of **people identified and supported** with single and combined sensory loss including carers and parent-carers where sensory loss/Deaf is involved.



IMPROVE HEALTH AND WELLBEING

Work to improve accessibility of **learning, leisure and fitness** services and facilities, wherever these services are provided.



CONTINUE THE CONVERSATION

Consult further to fill gaps in our understanding e.g. carers, **co-create a local sensory support delivery plan**. Continue conversations with stakeholder groups and across the wider community.

The Hartlepool JSSP Group

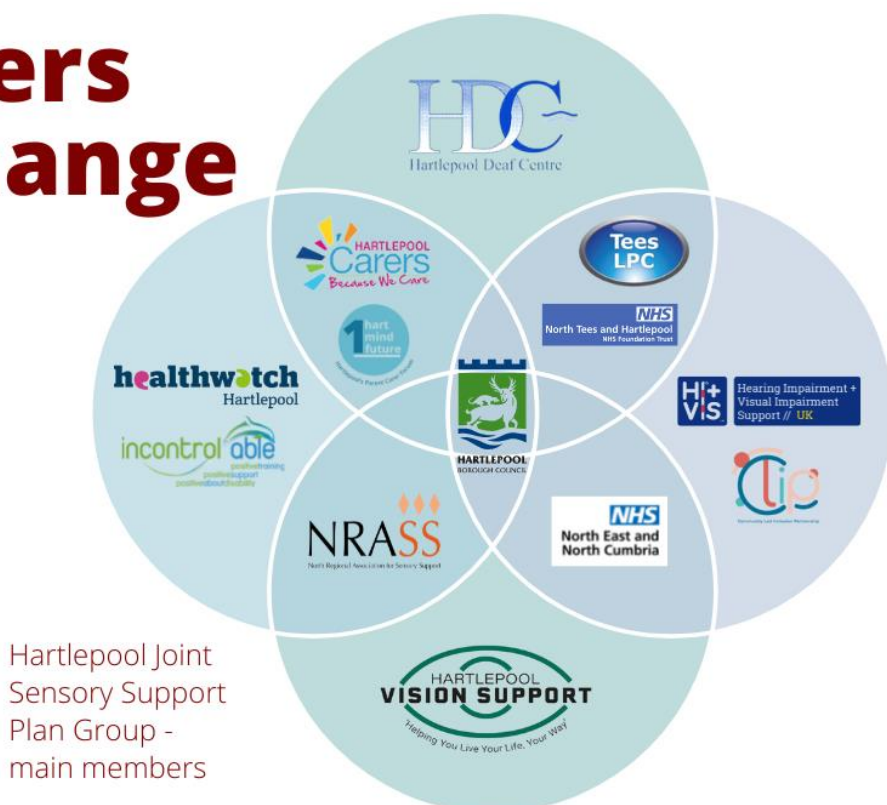
In the spring of 2019, the Council commissioned Hearing Impairment & Visual Impairment Support UK (Hi-Vis UK) a Charitable Incorporated Organisation to coordinate the development of a sensory loss support strategy.

Since 2019 Hi-Vis UK has engaged and consulted with key stakeholders, people with lived experience, carers groups and local organisations. The organisation has held workshops, conducted surveys and questionnaires and consulted with local commissioners.

A JSSP planning group of key local organisations continues to guide and support the development of this work. This is an open group. Local members currently are (diagram below):

Partners for Change

**Raise Awareness,
Invest in Skills,
Change Lives**



References:

1. ONS (2020) Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020. ONS (2020) Local authority ageing statistics, based on annual mid-year population estimates.
2. Pezzullo, *et al* (2017) The economic impact of sight loss and blindness in the UK adult population. RNIB and Deloitte Access Economics.
3. ONS (2014) Estimate, based on Adrian Davis, Hearing in Adults, 1995.
4. Department of Health (2009) Estimated 40:100,000 deafblind people in the UK, whilst, Robertson, J. and Emerson, E. (2010) Centre for Disability Research estimated 572/100,000; and by 2035 rising to 802/100,000. ONS in State of the Adult Social Care Workforce in England, Skills for Care (2010); Lang and Buisson, Care of Elderly People – market research (2002). Hi-Vis UK, Northumberland (2017), found the number is very likely much greater than 802/100,000.
5. Evans JR, Fletcher AE, Wormald RPL, *et al* Prevalence of visual impairment in people aged 75 years and older in Britain: results from the MRC trial of assessment and management of older people in the community. British Journal of Ophthalmology 2002; **86**:795-800.
6. Department of Health (2009); NHS, (2017) in Age UK Health in Later Life, (2019); NHS Health Advisory Service, (1998);

Davidson, *et al* (2005); Anderson, *et al* (2005).

7. Online references to research and briefing papers highlight the impacts of sensory impairments: Department of Health, NHS, Age UK, SENSE, Action on Hearing Loss; Deafblind UK, RNIB, the Thomas Pocklington Trust, Hersh, M, 2013, OUP; Social Care Institute for Excellence; NHS Action Plan on Hearing Loss, 2015.
8. RNIB, 2016; Action on Hearing Loss (now RNID), (2013, 2019); (see also 4 above re dual sensory loss).
9. There are many references to the challenge presented by low identification, low self-identification of sensory impairment, including: SENSE (2010) Deafblind Guidance, Eight Years On and reports by Action on Hearing Loss (now RNID) and the RNIB.
10. Department of Health (2001) LAC Circular (2001/8), Deafblind guidance, 1997, 2007, 2009, Care Act, 2014, Deafblind guidance; Mental Health – Divisional Intelligence Unit, 2014; Tiwana, *et al.*, 2016; Pavey, *et al.*, 2009.
11. Flatters, *et al.*, 2007; Roberts, *et al.*, 2007. (see also 3 and 6 above).
12. Epidemiological studies indicate that the prevalence of depression in visually impaired older adults living in the UK is 13.5% compared to just 7.4% for those without a visual impairment (Evans JR, Fletcher AE, Wormald RPL. Depression and anxiety in visually impaired older people. *Ophthalmology*. 2007;114(2):283–288. “Deaf People are Sick of it (2014)”. Deaf people reported more depression

than the rest of the population (24% compared with 12%), in keeping with previous studies. (Sign Health, Deaf People are Sick of It, 2014). Deaf people are more likely to have poor mental health - up to 50%, compared to 25% in the general population.

[https://www.gov.uk/government/publications/understanding-disabilities-and-impairments-user-profiles/saleem-profoundly-deaf-](https://www.gov.uk/government/publications/understanding-disabilities-and-impairments-user-profiles/saleem-profoundly-deaf-user#:~:text=Deaf%20people%20are%20more%20likely,79%25%20of%20the%20general%20population)

[user#:~:text=Deaf%20people%20are%20more%20likely,79%25%20of%20the%20general%20population](https://www.gov.uk/government/publications/understanding-disabilities-and-impairments-user-profiles/saleem-profoundly-deaf-user#:~:text=Deaf%20people%20are%20more%20likely,79%25%20of%20the%20general%20population) Accessed

June 2022. Impact of COVID on those with hearing loss and tinnitus found 74% of respondents felt sad, anxious, or stressed at least some of the time and concerning this figure increases to 86% for BSL users. Deaf, deaf and those with tinnitus, online survey, Changing World, RNID 2021 Chrome-

extension://efaidnbmnnnibpcajpcglclefindmkaj/https://rnid.org.uk/wp-content/uploads/2021/06/ChangingWorldReport.pdf) Accessed June 2022.

Appendices

1. Glossary: A-Z of sensory loss terms


Assistive Technology <i>(inc. Adaptive Technology)</i>	Assistive technology includes items or technology which helps people who have an injury, disability, sensory loss, or illness to carry out everyday tasks.
Acquired deafblindness <i>NB: This is a long-term health condition (LTHC) associated with ageing (60 years and older).</i>	The main cause of acquired deafblindness is ageing and wear and tear. A person who loses their sight and hearing after they have developed language as a child is said to have 'acquired deafblindness'. An individual may already have a sight or hearing impairment, and suddenly or gradually lose the other sense. It could be related to a specific genetic condition from birth, or because of an illness or accident but ageing is by far the main causal factor.
Blind (Severely Sight Impaired / SSI)	People who are 'blind' meet criteria under the 'Snellen Scale'. This is the eye test using the lines of letters getting smaller and smaller. The NHS use the term 'Severely Sight Impaired' (SSI) to describe people previously described as 'blind'.

British Sign Language	This is the sign language used by most Deaf people who live in Britain. There are regional dialects. Each country around the world has their own, distinct, Sign Language. British Sign Language is distinct from English and has its own, different, grammatical rules.
Cataracts	Cataracts are cloudy patches that develop in the lens of your eye and cause blurred or misty vision. Very common.
<u>Deaf</u>	People who identify themselves as being Deaf (using a capital 'D') are people who use Sign Language as their first language and see themselves as being culturally distinct and part of the Deaf Community.
deaf	Generally, people who are 'deaf' (lower case 'd') are people with hearing loss who use speech and consider the dominant language of their country to be their first language (e.g. English).
Deafblind	A person is regarded as deafblind if their combined sight and hearing impairments cause difficulties with communication, access to information and

	<p>mobility. This includes people with sight and hearing loss which gets worse over time. Many have some hearing and vision. Others will be totally deaf and blind.</p>
deafened	<p>People who were born hearing and became severely or profoundly deaf after learning to speak are often described as 'deafened'. This can happen suddenly or gradually.</p>
Diabetic retinopathy	<p>Diabetes can cause several problems with sight. Diabetic retinopathy is the most serious complication. It involves the blood vessels in the area at the back of the eye known as the retina.</p>
Disabling hearing loss	<p>Hearing loss which is greater than 40 decibels (dB) in the better hearing ear in adults and a hearing loss greater than 30 dB in the better hearing ear in children.</p>
Dual Sensory Loss	<p>A combination of sight and hearing loss. Sometimes also referred to as either deafblindness, combined sight and hearing loss, or dual sensory impairment.</p>

Eye Clinic Liaison Officer (ECLO)	A person whose role involves providing support to people with vision loss in eye clinics.
Glaucoma	Glaucoma is a condition which can affect sight, usually due to build-up of fluid and pressure within the eye.
Hard of Hearing	The term 'hard of hearing' is mostly used to describe people with mild to severe hearing loss. Often it is used to describe people who have lost their hearing gradually, often due to ageing.
Hearing Impaired	This is a term used to describe a person with a lower level of hearing. The word "impaired" can be offensive to some.
Low Vision	Moderate visual impairment and more severe visual impairment are grouped under the term "low vision".
Mild deafness	25 – _39 decibels. People with mild deafness may find it difficult to follow speech in noisy situations or busy places.
Moderate deafness	40 - 69 decibels. People with moderate deafness may need to use hearing aids.
Normal vision	People with normal vision are defined as able to read the

	bottom, or second bottom line of the Snellen Scale which is the commonly used test featuring rows of letters getting smaller and smaller.
Ophthalmologist	Is a specialist in medical and surgical eye problems. Since they perform operations on eyes they are considered as both surgical and medical specialists.
Optician	Is a specialised healthcare practitioner who designs, fits and dispenses lenses for the correction of a person's vision. They convert a prescription for the correction of a refractive error into an ophthalmic lens or some other device such as treading aids or telescopic lenses.
Optometrist	Is a licensed medical professional trained to prescribe and fit lenses to improve vision, and to diagnose and treat various eye diseases.
Partially Sighted / SI	People who are partially sighted meet certain criteria under the 'Snellen Scale'. This is the eye test using the lines of letters getting smaller and smaller.

Profound hearing loss/deafness	95 + decibels. British Sign Language is likely to be the first or preferred language of people who are profoundly deaf.
Retinitis Pigmentosa	Retinitis pigmentosa causes night-blindness and a loss of peripheral vision (side vision) through the degeneration of the retina which gets worse over time. The retina is a light-sensitive tissue at the back of the eye and is crucial for vision.
Severe deafness	70 - 94 decibels. People who are severely deaf will need hearing aids and may also rely on lipreading. British sign language may be their first or preferred language.
Sight Impaired	A term used to describe someone who is unable to see as well as someone with 'normal vision'.
Sighted	This term is sometimes used to describe a person who can see.
Snellen Scale	<p>A test used to define whether someone has normal vision, has a sight impairment (SI) or a severe sight impairment (SSI).</p> 

Tinnitus	The word 'tinnitus' describes when a person can 'hear' sound in the absence of any corresponding external sound. The noise may be low, medium or high-pitched. There may be a single noise or two or more components. The noise may be continuous, or it may come and go. It can be highly distressing.
Usher Syndrome	Usher Syndrome is a genetic or inherited condition that affects hearing, vision and balance.
Visually impaired	This is a term used to describe someone who cannot see well. The NHS often use this term. (See also SSI and SI above)

Appendices

2. Organisations A-Z

Local (Hartlepool based or serving)

(*denotes JSSP main member)

Community Led Inclusion Project*: <https://www.clip.uk.com/>

Everyday Language Solutions (for a BSL-English interpreter):

<https://everydaylanguagesolutions.co.uk/>

Hartlepool Borough Council* (see final page):

<https://www.hartlepool.gov.uk/>

Hartlepool Carers*: <https://www.hartlepoolcarers.org.uk/>

Hartlepool Deaf Centre*: [https://en-](https://en-gb.facebook.com/deafcentrehartlepool/)

[gb.facebook.com/deafcentrehartlepool/](https://en-gb.facebook.com/deafcentrehartlepool/)

HartlepoolNow: <https://www.hartlepoolnow.co.uk/>

Hartlepool Vision Support*: <https://vision-support.org.uk/>

Healthwatch Hartlepool*:

<http://www.healthwatchhartlepool.co.uk/>

Hearing Impairment and Vision Impairment Support UK*:

<https://hi-vis.org/>

Incontrol-Able*: <https://www.incontrol-able.co.uk/>

Integrated Care Board*:

<https://northeastnorthcumbria.nhs.uk/>

North Tees and Hartlepool NHS Foundation Trust*:

<https://www.nth.nhs.uk/>

Northern Regional Advice and Support Service for Deaf/deaf people*: <https://en-gb.facebook.com/nrasscharity/>

The Tees Local Pharmaceutical Committee*:

<https://tees.communitypharmacy.org.uk/>

National

Action Deafness: <https://actiondeafness.org.uk/>

British Deaf Association: <https://bda.org.uk/>

Deafblind UK: <https://deafblind.org.uk/>

Guide Dogs for the Blind: <https://www.guidedogs.org.uk/>

Hearing Dogs for the Deaf: <https://www.hearingdogs.org.uk/>

Hearing Impairment & Visual Impairment Support UK:
www.hi-vis.org/

Hearing Link: <https://www.hearinglink.org/>

National Deaf Children's Society: <https://www.ndcs.org.uk/>

NRCPD – The National Registers of Communication
Professionals working with Deaf and Deafblind People:
<https://www.nrcpd.org.uk/>

RNIB: <https://www.rnib.org.uk/>

RNID: <https://rnid.org.uk/>

Sense: <https://www.sense.org.uk/>

Sign Health: <https://signhealth.org.uk/>

Tinnitus Association: <https://www.tinnitus.org.uk/>

Appendices

3. Further Resources (A-Z):

Accessible print standards and information formats:

(Print, PDF, video, web, images, audio)

<https://www.ukaaf.org/standards/>

<https://www.gov.uk/government/publications/inclusive-communication/accessible-communication-formats>

Making video calls inclusive to people with sight loss:

<https://www.rnib.org.uk/employers-and-businesses/employing-blind-or-partially-sighted-person/coronavirus-guidance/making-your-video-calls-inclusive>

Making meetings, courses accessible to someone with sight

loss: <https://www.rnib.org.uk/employers-and-businesses/employing-blind-or-partially-sighted-person/making-your-workplace-accessible>

Making meetings deaf/Deaf aware:

<https://rnid.org.uk/information-and-support/deaf-awareness/make-your-meetings-deaf-aware/>

Deaf/deaf communication tips from the RNID (includes poster for the workplace):

<https://rnid.org.uk/information-and-support/how-to-communicate-with-deaf-people-hearing-loss/>

Equipment and information (A-Z) see also p23&24

HartlepoolNow:

https://www.hartlepoolnow.co.uk/category_schemes/34-sast/categories

Deafness:

Connevans (in partnership with RNID):

https://www.cfdshop.org.uk/?gclid=Cj0KCQjw_viWBhD8ARIsAH1mCd5K6hhqaWNKU6EyS3vZUah75EUYpDFaBWd_odh88n7Y0Jr77Lw2Qt0aAqSDEALw_wcB

Hearing Link/Hearing Dogs for Deaf People:

<https://www.hearinglink.org/technology/assistive-equipment/>

Sarabec (based locally in Middlesbrough):

<https://www.sarabec.com/>

Sight Loss:

AbilityNet (sight loss and technology):

<https://abilitynet.org.uk/factsheets/vision-impairment-and-computing>

Macular Society:

<https://www.macularsociety.org/support/resources/low-vision-aids/>

RNIB: <https://shop.rnib.org.uk/>

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