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Michelle Dyson

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DHSC

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Dear Michelle,

Many thanks for the invitation offered during the meeting with CSA members on Monday to contact you and expand on the comments that RNIB’s Policy Manager, John Dixon, made with regards vision rehabilitation.

As John outlined, these services form part of local authority preventative duties, set out in section 2 of the 2014 Care Act and Care and Support Statutory Guidance. We see these services as a crucial, cost-effective part of the sight loss pathway, providing specialist support and training to help individuals to adapt and maintain their independence.

Services such as these which, in the words of the Act, “prevent, delay, and reduce demand” will also be essential for your vision of a long-term plan for social care. RNIB would encourage you to include them in your proposals for system reform and the new powers sought, to hold local authorities to account for the delivery of services and data, in the Health and Care Bill.

I cannot emphasise strongly enough how essential preventative services such as vision rehabilitation are for blind and partially sighted people, as part of of the sight-loss pathway. They must be considered as an equal priority alongside care needs-assessed services in any government proposals for adult social care reform.

Preventative services, as part of wellbeing duties, were a centrepiece of the 2014 legislation, yet remain unreported to government. With no data collection from local authorities, those involved in the sector rely on individuals reporting service failures, surveys and case studies to try to gain a picture of provision.

In order to improve both the consistency and quality of services and of data collection, we would suggest that DHSC commissions NICE to produce vision rehabilitation best practice guidelines and quality statements, to be included in the DHSC Adult Social Care Outcomes Framework, or its successor, for reporting by local authorities.

The low visibility and priority given by local authorities to rehabilitation and reablement services, is compounded by a lack of independent oversight. Vision rehabilitation, in common with other tertiary prevention services, is not monitored or inspected, despite requiring a specialist assessment, and therefore lack consequence for poor or absent provision. As a result, there is little political or senior management incentive to improve.

RNIB has advocated for CQC’s mandate to be extended to all adult care services that require specialist assessment and support, which would include tertiary preventative services such as vision rehabilitation. This, in addition to the new powers you mentioned in the Health and Care Bill, would provide the Secretary of State with better intelligence of the state of provision, consequences for poor performance, and a resultant reason for improvement.

Vision rehabilitation, in common with other rehabilitation services, is key to governmental aims to reduce dependence and escalation of needs and would benefit from closer national attention. I would welcome further conversation if you feel this would be useful.

Yours sincerely

Matt Stringer

Chief Executive Officer / Prif Swyddog Gweithredol