

Herefordshire Vision Links 2021/2022

Chair of Trustees : Glynn Bailey

Deputy Chair of Trustees : Andy Bailey

Treasurer : Alan Leary

Chief Executive: John Eden

Rehab and Mobility Officer [VI] : Mark Brock (*to June 2022*) Tom Shufflebotham (*from Aug*)

Volunteer Co-ordinator : Julie Cavanagh

Resource Centre : Isobel Powell

Admin and Activities : Dan Sergent

Hearing Impaired Officer [employed by Acton Deafness] Sally Joyner

Activities and Events 2021-2022

The lifting of COVID restrictions in 2021 was not met with an immediate enthusiasm or appetite for the resumption of 'on-site' clubs and activities, or visits and trips to places of interest. The footfall to the Resource Centre finally reached pre-COVID levels mid-2022. A number of on site clubs - Coffee Club / Weaving / Craft / Book groups resumed mid-2022, although across all activities, vulnerable clients with other disabilities/health conditions were reticent initially as they were shielding.

HVL relaunched its Coffee Club, meeting on a Third Thursday, and the ambition is to develop this into a bi-weekly event, with a light lunch to be offered in partnership with a local supermarket.

The Macular Society at national level has not restarted local/area meetings, including at HVL, due to the ongoing concerns around COVID and social distancing. The stated ambition is to resume the monthly meetings as soon as it is practical.

Volunteers continue to work in the community supporting clients with a wide range of activities, including mobility and transport, communication, social organisation, shopping and supporting independent living in a variety of ways. Event volunteers have resumed their roles in supporting VI clients in involvement in HVL organised trips and events, on-site clubs and meetings.

The Trustees and Staff would like to thank all volunteers for their commitment and dedication through the exceptional COVID pandemic.

Sensory Service 2021

Overview

The service continued to deliver support and equipment throughout the year, initially restricted to COVID-secure client encounters, with lock-downs having effect on ability of the Rehab Team to progress with care plans in some cases. Mobility sessions with VI clients, which necessarily involve working in close proximity to an individual was not possible in all cases, although clients who had already embarked on long cane training (for example) were able to be tutored at distance to maintain their confidence and develop skills. We increased monitoring of online communications and telephone services, including notifying service users of particular services available to them, assistance and concessions that were available, and liaising with the Eye Clinic Liaison Officers around administration of registrations, which had been largely abandoned during the heart of the epidemic.

In most cases, waiting times for aids and appliances were relatively low, as it was possible to modify approaches to induction and training in equipment, often using carers and family members to explain uses and help with non-technical installation. For hearing impaired clients, we loaned portable loops where required and continued to recommend personal listeners and TV Listening devices to improve audibility. Whilst room loops are still an option for clients, it can be difficult to discern a particular conversation in a busy environment, so a personal loop or listener can often produce better results. For Vision Impaired clients, many of the solutions are fairly 'low-tech', with the emphasis on quality lighting, magnification equipment, communication aids and mobility equipment. As restrictions eased, the issues around VI domiciliary visits relaxed and both strands of the service were able to complete full assessments in the home environment. From mid-2020 to mid-2021, we were able to engage with clients without delay, often contacting clients to begin the assessment process on the day the referral was made. This was due to the

low level of referrals, allowing the service to be 'up to date'. The number of home visits on the Hearing Impaired side was very low, mainly to repair or replace time expired or faulty equipment.

Case Study (Client Registered July 2021)

Client lives in semi-rural property on outskirts of Ledbury with his wife. Client is a twin and is visually impaired to the same extent as his bother. Client can discern outlines but not details, such as facial features or the television. Client has had diagnosis of cancer about four years ago and has undergone treatments and is attending monthly follow up appointments. Client reports negative impact of treatment on his eyesight, which accelerates deterioration, and it is only in last couple of weeks that client is feeling better, with everything happening so fast. Client has seen Low Vision specialist and has magnifier, but tends to using audio books and listens to radio and television a lot. Client has SIRI and finds it 'very useful'. Client has difficulty preparing hot drinks and is able to manage the microwave, although client's wife does all meal preparation and cooking.

We determined that client would benefit from membership of RNIB Talking Books - a free service, and a form was provided for completion, which client and wife happy to complete. Client would be issued with a USB player so that he can access the Talking Books on flash drive.

Client would benefit from a talking watch, liquid level indicator and some tactile marking of his kitchen appliances.

Client felt he was not ready for long cane training yet, but client's wife felt sighted guide training would be very useful for her.

We referred client internally to our TechCafe co-ordinator, who was going to introduce and advise client on availability of scan and read equipment, including booking a free demonstration from one or two suppliers. We also advised initiating the accessibility software on the iPhone, and app's that can be downloaded for use on the device.

This client is ably supported by his wife, however, a client presenting with these issues living alone would be vulnerable, and the incoming resources required to enable him to live at home would be significant. If such care was unavailable or infrequent, it is likely that the client will suffer deterioration in his medical condition. In these cases, it is important for us to engage with and support the partner of the VI person, as the key to success lies in training them up to the challenges.

Case Study

Client has recently moved from South Wye to Tupsley into bungalow accommodation and is well known to HVL as a social and service user. Client is single, sight impaired and uses a long cane. Client had major issues around the conveyancing around her move and spent 3 weeks in the Green Dragon Hotel due to delays and errors on behalf of legal services. We supported the client before and during the move to accelerate the process, and now support the client in setting up her new IT equipment to allow for online shopping etc, which client has not done before. Our TechCafe specialist helped client procure and commission a new iPad, helped her with settings suitable for her level of vision and sorted out her WiFi and online security settings. Client is not a luddite, but has not used IT to any great extent before. She is competent in most aspects of daily living, but wanted the greater convenience afforded by online services etc.

Case Study

Client is sight impaired and lives in housing association property close to the Courtyard Theatre. She suffers from mild learning disabilities and displays as very anxious. Client has a number of pets that are the focus of her affections. She does have a sister living in the city who offers her support, but the sister has her own health problems. Client has lost two of her pets which caused her to be very upset and she sent text messages to HVL to relay her distress. Upon restarting the clubs and activities, we included client in a soft advertising exercise and client has accessed the activities, feeling more positive and sense of belonging once more. Her anxiety has diminished somewhat and she looks forward to the social time she has at HVL. Client had also damaged her symbol cane, and a new cane was issued.

This client could very easily fall into Residential Care, the mental health and learning disability issues compound the challenges she faces and with the right support across housing, social care and third sector agencies, there is no reason for this to happen. However, some issues in her neighbourhood cause her anxiety and this results in her going 'off-grid' sometimes.

Staffing

We were pleased to appoint a very experienced and skilled Rehab and Mobility Worker for the Sight Impaired in August 2021, Tom Shufflebotham, who has worked the majority of his career with Powys County Council Social Service Dept made an immediate start with clients and has proved to be a very effective mobility officer. Tom has qualifications in wider disability as well as in VI spheres, and is able to work with clients with complex disabilities, and multiple conditions. We were sorry to see Mark Brock leave, who took up a role in his home town of Monmouth, working for Sight Concern Cymru. Mark was very well liked and respected as a Rehab Officer and clients were sorry to see him leave.

We were also sorry to see Alex Gerrard leave Action Deafness (previously Deaf Direct) as the Equipment Officer, who had sector wide respect and long experience in working for the Hearing Impaired. Alex now works as a joiner - a skill he refined during the first two lockdowns! Alex was succeeded by Roxanne O'Doherty who moved on fairly quickly to a role as an interpreter for the deaf in Birmingham, for which she was qualified. Sally Joyner was recruited from Shropshire to take the role, and has been instrumental in restarting the client support groups meeting on Hereford.

Clubs and Activities

The 'full' range of activities and services through the Widemarsh Street premises was restarted in September 2021, with a full programme of craft & art groups, reading group, braille learners group and social groups meeting. Take up has been steady, with significant caution and reticence amongst some VI clients to re-engage, due to COVID. We ensured that we kept contact with our members and clients, particularly those who have not returned to use of public transport, as there was a risk of isolation and disengagement. External activities, such as trips and visits were scheduled where the risk was considered low.

Referrals and Third Party Relationships

Hospital services were severely impacted by COVID 19 and restrictions in frequency of clinics at the VEU meant that referral levels were much lower in the earlier part of the year. The data below shows the significant reduction in referrals. The Hearing Impaired service was particularly affected as the work of the satellite clinics in the county towns were suspended throughout the period, and have not restarted. Clinics at the Hospital restarted, and referrals began to flow, and the work rate picked up beyond the period of this report.

Private Practice Optometrists and Audiologists were closed during the early stages of the pandemic, and this had an impact on the NHS Low Vision Service, to which HVL makes referral on a fairly regular basis. We did pick up on a number of clients who had been unable to secure appointments with private practice optometrists, or where the waiting times were excessive, so the Resource Centre was able to assist with equipment for issue to registered clients, or for sale to non-registered clients.

The availability of equipment and appliances from UK-based suppliers held up during COVID, however, significant delays were experienced for supplies originating in Canada, the EU and the far East. The combination of COVID and Brexit led to extended lead times, although some stock already available was issued to clients. Bespoke items, such as orientation canes were repaired to increase longevity, where possible, and pre-owned donated stock was used to plug gaps.

The ECLO role at the Hospital was not occupied for part of 2021, as Val Humphries resigned, and with limited clinics, the full time role was not recruited until late in 2021. We have had meetings with the ECLO to speed up transmission of CVI referrals, and these are now processed digitally and a hard copy follows. A great deal of the referral and reporting records were transferred to digital processes during COVID, and this has reduced the contact times still further.

Comparative Referral Numbers for the VI service since Sensory Contract 1 - 2014-2017

Total Registrations to SI/SSI Register	
	Number
2014-15	107
2016-16	159
2016-17	138
2017-18	131
2018-19	137
2019-20	144
2020-21	56
2021-22	78
2022	56

**Herefordshire Vision Links
Management Accounts [Receipts April 2021 to March 2022]**

A/c	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	Totals
**372	20.00	8.00		8,938.29	8.08	562.78	8.13	283.68	8.08	168.00	13.05	94.74	10,112.83
***463	6,496.95	2,625.21	26,451.75	2,625.21	2,298.31	3,634.93	10,898.39	2,282.74	27014.25	10,906.32	1,114.89	1,143.65	97,492.60
**736	0.93	0.89	0.98	0.92	0.96	0.93	0.90	0.96	3.26	8.96	15.62	19.02	54.33
***604	0.01		0.01		0.01			0.01		0.01			0.05
iZ	9.82	99.14	146.71	109.44	4.91	156.84	223.22	161.75	100.55	176.83	225.72	72.45	1,487.38
													109,147.19
RC**372				282.30	514.78			179.64				36.65	1,013.37
RC**493			437.20				2,221.39	2,272.74	999.51	2,229.32	1,104.89	1,130.21	10,395.26
RC**493	9.82	99.14	146.71	109.44	4.91	156.84	223.22	161.75	100.55	176.83	225.72	72.45	1,487.38
													12,896.01

Sensory Contract (Herefordshire Council) - Value £104000 plus up to £25000 for Aids and Appliances.
Only receipts received between 01 April 2021 and 31 March 2022 shown.

Herefordshire Vision Links
Management Accounts [Payments] April 2021 to March 2022

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