

**The Guide Dogs for the Blind Association's
response to the Cabinet Office Green Paper
"Modernising Commissioning: Increasing the
role of charities, social enterprises, mutuals and
cooperatives in public service delivery"**



Guide Dogs

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Why Guide Dogs is responding

The Guide Dogs for the Blind Association (Guide Dogs) welcomes the opportunity to comment on the Green Paper, *Modernising Commissioning*. As an organisation that is committed to the empowerment and liberation of individuals at the micro level, we have a keen interest in policies which encourage such an approach at the macro level. We recognise the importance of this document and the chance that this consultation presents for us to contribute to the development of public sector reform. We are not responding to every aspect of the Green Paper, partly due to time constraints but principally as we have more interest or experience in some of the areas covered by the document than we do in others. We do however have some thoughts and observations that we wish to share.

Background

Our 2008 report, *Functionality and the needs of blind and partially sighted adults in the UK* and its companion document focusing on the experiences of visually impaired children and young people paint a comprehensive picture of low levels of confidence and wellbeing amongst those with sight loss. We have catalogued high rates of depression and isolation. In short, the current emphasis on choice, control and active citizenship can seem out of reach for many blind and partially sighted people. More recently the survey conducted by TNS (on behalf of Guide Dogs) into the experiences of blind and partially sighted pedestrians showed that 81% of them had been negatively affected by the introduction by their local council of shared surface street schemes (where the traditional pavement as a delineator between the roadway and the footway is removed). Viewed as “modern” and enriching of the built environment we have concerns that such schemes, when designed badly, are turning some town centres into no go areas for a sizable proportion of local citizens. Again this is at odds with rhetoric about inclusive societies if some members cannot safely navigate through it.

As the UK’s leading specialists in mobility for blind and partially sighted people we have an ambitious strategy aimed at securing independence for as many blind and partially sighted people as we can reach and as a consequence, maximising their opportunities to participate in community life. We are increasingly doing so in partnership with others. Therefore it is in our interest to support policies which we feel will help us to achieve our aim, as well as to oppose those practices that act as barriers to independence or equitable citizenship.

General comments

There is much within the broad direction of travel in the Green Paper that Guide Dogs supports as several key proposals are things that we already do. There are one or two areas where we see potential threats for those we serve as well as opportunities. In some cases, it is perhaps too early to judge whether the changes will result in improvements. After all, some of this is uncharted territory. We cannot help but observe that the Green Paper puts

great expectations upon the role of commissioning at a time when despite the optimistic tone of government press releases, a tight spending round will inevitably impact on the resources available to local authorities and health commissioning bodies. We warm to many of the aims within the Green Paper but feel that its success could be impeded by the state of the economy. We believe that real choice and meaningful user involvement are rarely (if ever) cost neutral and so the timing of these changes is not perfect as local authorities are facing real term cuts in funding. There is a danger that authorities will only be able to afford to pay lip service to some of the most exciting proposals within the document.

Guide Dogs is a UK-wide charity and so we recognise the differences that can be found within the devolved administrations, most notably in those policy areas not reserved to Westminster. Whilst it is true that health and social care policy in the devolved administrations have become quite divergent with that in England, in our view the effect of sight loss and the barriers faced by those who lose their sight are the same whether the individual concerned lives in Newbridge, Newport, Newry or Newcastle. We are therefore not making any points that are country-specific unless referring to existing country-specific policies.

Finally in these opening general comments we feel that we must place on record our disappointment with a consultation period that is unacceptable and misses the spirit and letter of the compact by a mile. This exercise has been particularly badly handled when considering that the Christmas break has fallen in the middle. We appreciate that the fact that the timescale has been pitiful is acknowledged in the document and that reasons for the shortness of time are spelt out. None of this alters the fact however that this Green Paper, a key tool in the development of the coalition government's programme of reform, feels rushed and does not foster a sense of inclusion.

Outcomes

As stated in our opening remarks, Guide Dogs is well aware of the limited outcomes achieved by many people with sight loss. In the case of children, outcomes can deteriorate during their school years, particularly at periods of transition. So an emphasis in the Green Paper (page 9) on outcomes rather than inputs, outputs or processes is welcome. There are however some challenges around the identification of the most appropriate outcomes. Another government consultation with which Guide Dogs is engaging illustrates this point. *Transparency in outcomes – a framework for the NHS* offers an outcome in figure 4, paragraph 3.21 which is "Able to attend school". Our research in this area for visually impaired children and young people suggests that whilst a policy of mainstreaming has resulted in more blind and partially sighted young people attending mainstream schools, ironically they often report to feeling quite isolated. Typically they may have to sit in the library whilst their classmates play football, or they travel home by taxi rather

than on the bus with their peers as they have not been given adequate mobility training. So whilst the outcome of being able to attend school may be being met – we would argue that in human rights terms, the more important quality of life outcomes revolving around concepts such as citizenship, affiliation and social inclusion are not. We would be very happy to share our work around the development of outcome measures for mobility and other aspects of daily living for blind and partially sighted young people and adults.

We are continually researching outcomes with regard to our own clients, and one of the outputs of our functionality and needs survey has been a set of “functional indices” in various life domains. It is these indices that enabled us to plot the correlation between “functional mobility outcomes” and “wellbeing”. We have empirical evidence that show that the ability to get out and about and to master a number of different routes is greater for those with higher levels of emotional wellbeing. In fact emotional wellbeing seems to be a better predictor of mobility outcome than the degree of sight that has been lost. Put simply, this means that the success of any intervention around practical skills training such as mobility is likely to be limited if no attention is paid to a person’s emotional state or levels of confidence. Again, we would be very happy to share our work with those responsible for drawing up outcomes frameworks – whether in relation to commissioning (including payment by results) or any other aspect of public services.

To date, whilst outcomes have often been developed around a number of morbidities or specific client groups, we have not seen any which relate to sensory impairment. Given an ageing population and a high prevalence of sensory loss in old age, it seems to be a major oversight not to devote any outcomes or evaluation of outcomes to sensory loss. We would welcome government guidance which encourages consideration of sensory-specific outcomes at the local level. Without such guidance there is a danger that those advocating on behalf of this group are drowned out by others with “louder voices”. This is not simply the case in the health and social care domain. As already touched on, modern “shared surface” street schemes work well for ambulant, fully sighted adults. Consultations around such designs could be popular amongst a majority in a community. However the result of decisions based on a simple majority can have a devastating impact on vulnerable groups and deny them access to civic amenities. We do not believe that this has been the intention of badly designed schemes, but it has still been an unwelcome consequence. In short, giving power and a greater say to citizens, unless it follows certain guidelines may result in inequity.

User involvement and the right to challenge

As an organisation that has a system of continuous engagement with our service users through a system of District Client Representatives (DCRs) we understand the value of ongoing user involvement in the design, implementation and evaluation of our services. We provide regular training (and national conferences) for them to enable them to act as a conduit for other guide dog owners in their area and to facilitate as much “user involvement” in our organisation as people wish to have. We conduct regular

client satisfaction surveys and through the DCR system, have a virtual open-door policy with regard to suggestions, questions, complaints or compliments. We also have guide dog owners who volunteer for things such as fundraising, giving visual impairment awareness-raising talks to schools or workplaces, and even running a counselling and bereavement phone service for other guide dog owners coming to terms with the ending of a partnership (eg, through retirement of the dog, ill health or sadly in some cases, the death of a guide dog).

Our experience of user involvement is not restricted to that within our organisation. We have also supported such initiatives within the statutory sector. Guide Dogs part-funded a user involvement project (Improving lives: Raising standards) that built capacity amongst service users and facilitated their participation in auditing social care services for adults with visual impairment according to the standards laid out in *Progress in sight*. In one location (Wigan) the exercise involved the establishment of a "user-jury", the members of which interviewed key personnel from their local authority using the standards as a benchmark. The visually impaired people who carried out the service audit were subsequently invited by the local scrutiny committee to present their findings at a council meeting. We believe this represents a genuine, democratic and particularly beautiful example of citizen participation. Those with statutory responsibility for arranging social care services voluntarily placed themselves in a position where they were accountable not only to the electorate, but directly to those in receipt of those services. So this aspect of the Green Paper is one that we wholeheartedly support. We must remember though that the Wigan user jury and the 15 other user involvement pilots that were run as part of the project could only happen with dedicated funding. Building the capacity and skill sets of "ordinary" service users (eg, those not categorised in the vernacular as "the usual suspects") requires a reasonable level of investment of time and money.

The Green Paper (on page 10) seems to take this idea a stage further, with its talk of a "right to challenge". Clearly the Wigan example above was a voluntary arrangement, and the circumstances were such that members of the user-jury were broadly satisfied with the services they were receiving (or that the local authority had plans in place to make any necessary improvements). Whilst we welcome the idea that groups of individuals or local organisations can challenge poor practice (or the paucity or absence a key service) we do have a couple of slight concerns. The first is that we do not believe that it necessarily follows that a challenger or group of challengers would want to or would have the capacity to take on responsibility for such provision themselves. We are all for supporting the right to challenge, for making this something easy to do and for those responsible to addressing any shortcomings to have an inescapable obligation to do so, but the degree to which the challengers have subsequent involvement should be optional.

The second concern is to do with a theoretical issue around a conflict of interest. The devil will ultimately be in the detail but if the challenger has a commercial interest in mounting a challenge (eg – they could subsequently win a contract) then we wonder how this conflict of interest will be declared

and managed. Whilst we appreciate that the main thrust behind the proposals are to facilitate local people who are stakeholders with personal investment in their local area, it is clear that opportunities will also be available to external agencies whose primary motivation for mounting (or engineering) a challenge may be financial. In essence we would like to see safeguards in place against abuse of what sounds like a very useful tool and one which may incentivise providers to redouble their efforts to focus on quality and customer service in order to minimise the likelihood of being challenged.

The notion of employee-led mutuals

This idea of employees taking on responsibility for running and managing services (introduced on page 11 of the Green Paper) is not one that immediately chimes with the structure and mission of Guide Dogs as it seems aimed at those in statutory public sector agencies. This is perhaps a good opportunity to raise one of our concerns around the shortage of specialist rehabilitation workers (sometimes referred to as rehabilitation officers) who give practical skills training to those with sight loss in order to help them retain or regain their independence. We actually employ a number of these professionals in-house supporting our core guide dog service and we also provide some to a handful of local authorities under contract. There is however a national shortage of rehabilitation workers. The majority that do exist are employed by local councils, though many are also employed by local societies for blind and partially sighted people through commissioning arrangements with their local council. With the continuing role out of personal budgets (in England at least) there are some concerns about the security and viability of this practitioner role. What is still unclear is whether rehabilitation services would be expected to be commissioned out of a person's individual budget and if so, what happens if a proportion of those in need of such a service were to decide to spend their budget elsewhere. This commissioning of rehabilitation issue is a topic we will return to later in this response. However we do see that there may be potential for statutory sensory service practitioners to form mutual organisations under "right to provide" arrangements. Whether or not this makes such essential services more or less secure is not something on which we would offer a view, but we can envisage that such a scenario may be the only way of safeguarding such a specialty as local authority commissioning and direct provision continues to shrink.

The Big Society Bank

Clearly we would welcome the injection of any additional resources into the provision public services. We note (on page 16) the emphasis on banks and building societies being able to "volunteer" to contribute money from dormant accounts. We are not overly confident that they will be as generous with unallocated and unclaimed resources that they are sitting on as we or the government would like them to be. Of course we recognise that this is only one source of funding for the Big Society Bank. Detail on other sources of investment is not spelt out however so it is difficult to gauge how much value this proposal will add.

Forming and operating consortia

We applaud efforts to encourage the formation of consortia as outlined on page 17. Guide Dogs is committed to partnership working and is already involved in supporting a number of local societies of and for blind and partially sighted people in exciting ways. One such example is the development of a "sighted guide" service. Sighted guiding is one of the most basic forms of mobility. In essence, the visually impaired person who has limited or no independent mobility skills is guided by a sighted partner using a combination of technique and communication to safely navigate a particular route. By using our mobility expertise (and a modest cash injection from Guide Dogs) we have brought together smaller charities in the visual impairment sector from across the UK to give people the skills not only to run a volunteer sighted guide service as part of their operation, but equipping them with the competencies they need to train people locally to become sighted guide trainers themselves. We believe that this is an example of the Big Society in action. We have had tentative discussions with other organisations that do not specifically provide support to people with sight loss but which by definition will have such people amongst their client base. For instance, organisations with a branch structure who support retired service men and women. Sight loss is most prevalent amongst older age groups. By working with and through such organisations we can reach more blind and partially sighted people who rarely or never go out.

There has been a culture of suspicion within the visual impairment sector, particularly amongst some local groups, that the larger national charities are intent on "taking over" their services. We do not believe that such fear of competition only exists within third sector organisations in the sight loss field. We passionately believe that there can be added value and synergy in bringing organisations together – not by way of merger, but by way of formal partnership working. If the government could do more to create further incentives for such collaborations (over and above the advantages to working in partnership that are there for the taking) we think this might help to overcome some suspicion between organisations. We certainly recognise the benefits of collaborative work between national organisations like our and independent local groups and would like to see more of this as we believe that citizens benefit from such arrangements.

A brief word about the UK Vision Strategy

As a key stakeholder organisation, Guide Dogs has a keen interest in the achievement of all three priority outcome areas identified within *the UK Vision Strategy*. Services for people with sight loss are patchy and disjointed. It is important that the UK has first class eye health services, and that everything that can be done to preserve sight is done. Despite the best efforts of the NHS there are and always will be those whose sight loss cannot be prevented, and we must ensure that all those with failing sight have the support they need and in a timely fashion. This can only be achieved through proper planning

and effective commissioning. We have seen little evidence that recent models of planning and commissioning have made in-roads here.

Joint working (including citizen involvement) in commissioning

The structures developed in England around the Joint Strategic Needs Assessment (JSNA), Partnership Boards and Local Area Agreements have undoubtedly contributed to a more integrated approach to serving local communities, but some gains that we might have anticipated with a spirit of collaboration and joint planning still seem illusive for our client group. For instance, the gap between the eye clinic and social care provision for those with sight loss that cannot be corrected or treated seems as wide as it was when first flagged up by government inspectors in 1988 in *A Wider Vision*.

We await the best practice guidance on JSNAs referred to on page 21 of the Green Paper. We assume that this will fully consider the role of the new GP consortia and emerging local authority public health duties. There is potential for greater citizen involvement in local planning and we are aware that this transcends health and social care. Getting health and social care right is essential though for those with failing sight which is why we will focus some attention on this aspect. Having shared boundaries (and by definition, a shared population) is a logical approach to pooling budgets and producing joint strategic plans. We would not be in favour of any diminution of shared organisational boundaries. However, the creation of a Public Health Director role within local authorities announced previously in the NHS White Paper is a very positive step and seems to signal a determination to create even more joined up thinking between key players in the health and wellbeing of local communities.

One significant deficiency in traditional arrangements (with completely separate statutory agencies) is the failure of any one agency to take responsibility for the emotional wellbeing of those with a diagnosis of permanent sight loss. In 1995 Robin Lovelock and colleagues referred to the interface between health and social care for blind and partially sighted people as “shared territory.” This described the stage at which someone with sight loss is passed from an NHS establishment (that can do nothing more for them clinically) to a social care sector that is more often than not ineffective at responding to sensory loss. This transfer happens when the patient’s need for advice, information and emotional support is probably as great as it is at any other time. Each statutory provider has tended to assume responding to the emotional impact is not their responsibility, but that of their statutory partners. Lovelock argued that in reality, responsibility lies with both partners. Sadly, with historically separate commissioning and inspection arrangements and with little attention being paid to sensory loss where there has been greater collaboration, such a disconnect has been allowed to continue unchecked.

We see the potential around the increased use of pooled budgets and closer collaboration between primary healthcare and local authorities as being an opportunity finally to secure a jointly owned strategic commissioning response

to this area of need. Coupled with a combined inspectorate, there really are opportunities to sort out this long-standing problem once and for all. We and others in the third sector are often required to pick up the pieces of disjointed patient pathways for those with sight loss, so any additional input we can have to service design on the back of this Green Paper could also help to deliver more seamless transitions and lead to improved outcomes.

Personalisation - putting people first

We welcomed this policy driver and its underpinning philosophy in the social care domain when introduced by the previous government. It is entirely right that services should be far more user-focused, and that indeed the very concept of “services” should be challenged when we know that vulnerable people often simply want to live an ordinary life “just like anybody else”. We welcome the government’s restated commitment to these principles on pages 21 and 22 of the Green Paper. We have caveats though.

We return now to the point we introduced earlier in this response around the commissioning of rehabilitation services. We have some concerns that personalisation is perceived as a panacea for all that is wrong within the NHS and social care systems. We share a desire to enable people to have more choice and control in their lives and in their treatment, but we fear that for some people, particularly those reeling from a life-changing sight loss diagnosis, choice and control may be the last thing on their mind. For them, the first thing they often require is time to adjust and as mentioned earlier in this response, an emotional support intervention, whether that is a low level service such as peer support or a hospital based “listening-ear” type service, or a more structured and intense provision such full-blown counselling or “psychological therapies”.

It is clear to us and to others who work in the sight loss sector (in both voluntary and statutory agencies) that unless a firm foundation is provided for rehabilitation, and that includes attention to the emotional impact of acquired disability, then people may opt for “care” services or a personal budget to pay someone to do things for them rather than developing an appetite for greater independence and autonomy through rehabilitation skills training.

There is already anecdotal evidence of people who are hesitant about learning to do things for themselves when they can have a budget to buy in personal assistance. We do not wish to imply that we do not value a person’s right to chose dependency over independence skills training. Far from it. We are just keen to see an infrastructure in place that enables people to make informed and meaningful choices and that must include information, advocacy and emotional support.

Local verses national

We welcome the note on page 21 of the Green Paper regarding the respective roles of local and national government in deciding on priorities.

Whilst we recognise the benefits of devolving more power to the local level we have some concerns over the balance between directives and standards from the centre and local flexibilities in setting priorities. In our experience, responsibility for shortfalls in provision of some services that blind and partially sighted people need to achieve independence and well-being can be batted backwards and forwards between central and local government - the former suggesting that it is up to local authorities and PCTs to agree priorities in their areas, and the latter suggesting that falling numbers of visual impairment rehabilitation specialists within social care (a particular concern of ours set out in Independence and wellbeing in sight) can only be dealt through national strategic action. Clarity around responsibility and accountability would be highly desirable, particularly in relation to workforce issues.

The same principle would apply to statutory responsibilities. What is still unclear from this evolving policy is whether local authorities will continue to have certain statutory duties under community care legislation. We are aware that the Law Commission's recommendations regarding community care statute are awaited but we are assuming that there will still be some kind of minimum statutory entitlement to community care type assessment and for local authorities to provide services (or a budget) to meet assessed need. There is perhaps a danger that the more that power is devolved to an assortment of individuals and or mutual organisations or consortia of different organisations from a range of sectors, that lines of accountability and responsibility become blurred. We are not necessarily arguing for restrictive regulation, but it is important to have clarity as to who has responsibility for what.

Concluding remarks

We cautiously welcome the proposals on the Green Paper. As an organisation that believes in rights for blind and partially sighted people we are clearly sympathetic to any initiative that strives to give citizens greater choice and control over their lives and how services are delivered.. We have never sought preferential treatment for blind or partially sighted people, but we are keen that any new arrangements have equity at the core. We believe that commissioning should be based on:

- Clear and enforceable national minimum outcomes for blind and partially sighted people, promoting dignity and well-being and provided as a right not a privilege;
- A fully joined up service between health and social care to allow for a seamless journey from diagnosis to service provision, at a pace that suits the service user;
- A straightforward and timely assessment procedure delivered by appropriately trained and experienced staff;
- Rehabilitation services that are sustainable, adequately staffed, and which meet desired outcomes;

- Meaningful user involvement in the planning, delivery and evaluation of services and vitally, adequate resourcing of such engagement.

We have drawn upon or made reference to a number of documents in this submission, the details of which are given at the end.

Finally, a word about us

The Guide Dogs for the Blind Association (Guide Dogs) believes that every blind or partially sighted person has the right to a full, free, independent life - and that we should remove all obstacles in their way. These include psychological and attitudinal barriers as well as those of a physical nature.

We are experts in the area of mobility for blind and partially sighted people and our work has been transforming the lives of many thousands on a daily basis for over 75 years. We have longstanding concerns over the accessibility and quality of many public services, and in particular with the built environment, transport and health and social care for people with sensory impairment which are shared with allied organisations within the sector. We have not simply flagged up these concerns but have worked with a range of agencies to develop solutions. By way of example, during 2010 we published in conjunction with Sense, the National Autistic Society, Counsel & Care and several other organisations a good practice guide for local authorities in the development of Resource Allocation Systems to support the roll out of personalisation. *Putting everyone first* has a stated aim of trying to ensure equity in the assessment for and allocation of personal budgets.

We oppose (or support individuals and local groups in opposing) built environments that make independent travel more hazardous to our clients, but we also believe we have a responsibility to work constructively with councils and architects to get the balance right between design and accessibility. Therefore in terms of our response to concerns around accessible environments, we have published *Inclusive Streets: Design principles for blind and partially sighted people* which does exactly what it says on the cover. It provides planners and architects with guidance on how to ensure that new street-schemes do not unwittingly discriminate against visually impaired and other disabled people.

All of the Guide Dogs publications referred to in this response are available on request by emailing [redacted] and will be sent by return. For clarification on this response or for further information about the work of Guide Dogs, please contact Carl Freeman, Health and Social Care Policy Manager.

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