**Agenda**

**South West ROVI Forum**

**22nd January 2018 10am til 2.30pm**

**Room M02, Great Moor House, Bittern Road,**

**Sowton Industrial Estate, Exeter. EX2 7NL**

10am – Introductions – who we are and how our teams work

 Retaining our specialist role

Recruiting ROVIs

11.15 Coffee

Working with partners – support available and gaps / duplication

Case study

12.30 Lunch

Equipment / Tech update

Future meetings

AOB

**Minutes**

**Attendees**:

**Devon**: Alyson Badnell (Chair), Gisella Storm, Rebecca Gulley, Richard Pike, Nicky Searle, Sheila Matthews, Fiona Kilbey. **Plymouth**: Linda Charlton. **Somerset**: Andrea Doyle, Denis Davis, **Torbay**: Liz Beer, Emma Pethers, Olivia Richards, **Cornwall**: Rebecca Woods, Tracie Yates.

Introductions made and overview of how the teams work. Cornwall have 3 ROVIs and one HI worker who are based in regular teams with OT’s. Not line managed by someone with experience of Sensory matters. They self- allocate and manage their own waiting lists.

Torbay have 4 ROVIs and 3 HI workers plus 3 Admin staff. Manager has HI background but long experience of Vi too. Referrals come straight into the team where Admin triage and workers self-allocate. Part of NHS rather than council. Directive that they are not allowed to issue equipment but this needs clarification, so workers are currently using strengths based approach and their own judgement based on a core list of equipment. They also lend, then collect equipment once someone has had a chance to try it out.

Somerset have 2.5 ROVIs. Adult social care carry out the initial assessment then send referral onto ROVIs for their input. The call centre uses a community based approach but Sensory team can now get work referred direct to them. Increase in referrals from charities and ECLOs. Were managed by social worker with sensory background, but she has retired. Can issue small equipment as appropriate. Waiting list is kept on paper / email but case notes kept on council system. Registrations are done over the phone by social workers. Misunderstanding in council of ROVI work and some resistance too.

Plymouth – 2 ROVIs. Currently undergoing a ‘harmonisation process’ when they are likely to merge with Torbay (NHS). Currently employed by Livewell on a contract, but no Manager as such. No HI workers. Referrals come from ECLOs and from customer service centre. ROVIs prescribe OT equipment also.

Devon – 10 ROVis and currently 6 HI workers, inc Social worker for deaf people. Most areas have one worker so work is allocated straight to them, in other areas goes on waiting list and staff self allocate from there. Some Business Support for sensory but not same amount in all areas. Can issue equipment according to eligibility and now expected to arrange small items of OT equipment. Some staff based in general teams, others in Hospitals etc. 2 Managers: ROVI trained and Social work / Deaf trained.

Some areas have centres such as Jasmyn House and Hearing and Sight Centre and there is a sensory bus in Somerset and in North Devon. It was agreed that these services were useful but patchy coverage.

**Retaining Specialist Role:**

There is a feeling that our teams have to constantly justify their existence and value. Hard to show how we save money as it’s hard to prove what **might** happen without our intervention. RNIB coin the term cost avoidance rather than savings and have published report called ‘See Plan Provide’ <https://www.rnib.org.uk/campaigning-current-campaigns-care-and-support/see-plan-provide> which highlights the savings made by Surrey council. This covers prevention of falls, avoiding escalation of health needs, avoidance of residential care and or care packages.

Discussed ways that we could evidence our work –

* holding spreadsheets and logging data on care packages avoided
* doing reviews of work carried out to show the needs before and after.

Torbay review everyone who has had input from them after 6 weeks. Agreed this was good practice but not always feasible with very high caseloads.

Recruiting ROVIs – recognised as an issue – Devon had 2 applicants only for last role advertised. Looking at options such as Apprenticeships in conjunction with BCU as there seems to be a national shortage.

**Working with Partners**

Rehab Workers Professional Network – felt to be increasingly powerful with more members joining. Annual conference – on June 15th this year. You get subscription to British Journal of VI, there’s a mentoring scheme, CPD courses and chance to contribute ideas to the BCU course.

Devon Insight – several concerns. Lottery bid is 2 years in and although service was due to be delivered via hubs, ROVIs have noticed that much of the work is being done as home visits which causes confusion and duplication. Their sight loss MOT / assessment ran to some 35 pages with over 100 questions with one Torbay client. Also actions identified have not been completed. It is felt that they over promise and can be sales orientated.

There are clients who seem to be shared between lots of organisations but others that no one knows about who could probably benefit greatly.

Few referrals made to ROVIs and it was felt by some that little credit given to us or sometimes wrong info about waiting times etc given out.

Topsham centre no longer available for drop in and hubs not felt to be working effectively.

Wider concern about dealing with safeguarding and data protection and lone working issues.

Suggestions for better working

* Better training for workers
* Open communication with sensory teams / ROVIs and discuss before referring
* Giving out and recording accurate info
* Knowing role and boundaries
* Bring back the services VI people need (eg visiting service / resource centres) rather than those attractive to lottery funding – although it was acknowledged this is necessary for financial survival to some extent.

ECLOs – Cornwall and Plymouth have a good relationship with the ECLO at Derriford and Torbay and Devon do with the Torbay ECLO. They also have a good direct relationship with the Ophthalmologists and low vision service.

RD&E ECLO has had some issues since staff changes, but generally it is felt that ECLOs are a really useful resource but need the following to be successful: Room / space of their own with computer / phone access; appropriate level of training; good level of insight and awareness.

RNIB – (was Action for Blind). No longer do home visiting and referrals have to go to a central referral point covered by duty workers who may be anywhere in the country. South West workers Richard Shuker and Sarah Clifton are happy to be CC’d into the referral to alert them.

GDBA – no service in Cornwall. My Guide also not available and waiting list in other areas.

**Case Study** – trend in young men being referred with sight loss due to drugs / alcohol. Discussion about how best to progress and acknowledged that other issues may need tackling before ready for ROVI input. There is a tendency for very positive response followed by disengagement and cancelling of visits. Mentoring / buddying may be useful if available. Torbay have set up group for young people - VI Connect – contact Olivia for more details. Felt sometimes more appropriate for male worker but this can be a problem in an all-female team.

**Equipment / technology update**

‘Seeing Ai’ – app for iphone (not sure if Android) – reads text, recognises faces and reads colours. Doesn’t require photo to be taken.

Alexa – found to be really useful for VI. Does shopping list, to do’s, talks time, etc

Move it app – alerts for bus stops and delays

Connect 12 – tablet / cctv which scrolls text along screen. £2000.

Macular Society Newsletter – details apps that are recommended for VI users. Link here: <https://www.macularsociety.org/best-apps-people-visual-impairment>

**Future meetings**

* Focus on solutions as well as problems – positive actions we can take
* Proposed 3 meetings per year
* Next one Torbay have offered to host at Jasmyn House, Paignton – May 23rd discussed but room only available on 24th May so this date proposed instead, further details to follow.

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