


<p align="center">Health and Wellbeing Board 9 September 2014</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Tower Hamlets Plan for Eye Care</p>	

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Executive Key Decision?	No

Executive Summary

The report outlines the development and implementation of the Tower Hamlets Eye Care Plan. The development of the plan was supported by the London Visual Impairment Forum and the Thomas Pocklington Trust, which has also funded this project.

The vision of the Eye Care Plan aims to ensure that the broad outcomes of the UK Vision Strategy are being met at a local level and with a joined up, integrated eye care pathway that places the person at the centre of their journey. It aims to achieve the outcomes prioritised by people living with sight loss, their families and carers in Tower Hamlets and to eliminate preventable sight loss and promote inclusion.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the contents of the report and support the implementation of plan

1. REASONS FOR THE DECISIONS

- 1.1 This paper is presented to the Health and Wellbeing Board for information and support.

2. ALTERNATIVE OPTIONS

- 2.1 N/A

3. DETAILS OF REPORT

3.1 Background of Report

- 3.1.1 The Tower Hamlets Eye Care Plan has to be understood in the context of the UK Vision Strategy 2013 to 2018. This Strategy sets out a framework for change and the development of excellent services to build a society in which avoidable sight loss is eliminated and full inclusion becomes accepted practice. It continues to respond to shortfalls in the UK's eye health, eye care and sight loss services that have been identified through consultation across all four UK countries.
- 3.1.2 Since the summer of 2013, the Tower Hamlets (TH) Vision Strategy group has been meeting to develop the Tower Hamlets Eye Care Plan with support from the Thomas Pocklington Trust. The group was chaired by Sharon Schaffer, Development and Vision Strategy Manager with the London Visual Impairment Forum (LVIF) and the East London Vision (ELVis). This project is part of a wider national, programme – the UK Vision Strategy Implementation Programme – funded by the Thomas Pocklington Trust and with further support from the London Visual Impairment Forum. The LVIF which aims to implement an Eye Care Plan in each of the 32 London Boroughs with a benchmark of standard services to avoid a 'postcode lottery'.
- 3.1.3 Representation of the TH Vision Strategy group has been developed over the past few months to include Strategic Commissioning, the Sight and Hearing Service, Children's Services, the Voluntary Sector such as, BlindAid, DeafBlind and user led groups such as Dekhtay Chai, Beyond Barriers. Members also include representatives from Moorfield's Eye Hospital.
- 3.1.4 The vision of the Eye Care Plan is to ensure that the broad outcomes of the UK Vision Strategy are being met at a local level and with a joined up, integrated eye care pathway that places the person at the centre of their journey. It aims to achieve the outcomes prioritised by people living with sight loss, their families and carers in each local area and in the context of 'Seeing it My Way' the nationally recognised framework that has defined these outcomes:
- Inclusion of eye care in JSNA (NB. eye health is a public health indicator)
 - A joined up pathway

- Key stakeholders round the same table
- Communication exchange
- The implementation of an action plan

3.1.4 The support provided by the Thomas Pocklington Trust has facilitated and directly work towards

- **a local eye care plan**, built on model documents and populated with local information
- **engagement with key local stakeholders**
- a clear description or **map of local services** that are important to people with sight loss with some indication of their recognised quality or value to people with sight loss
- an **indication of gaps in services** vis á vis the universal framework indicated by 'Seeing it My Way'
- effective **consultations** with local stakeholders and people with sight loss living in the Borough and those working with or caring for them
- **refinement and extension of the local eye care plan** in ways that reflect consultation and local priorities for service development
- **establishment of a local eye care plan working group and action plan** to implement the local vision plan.

3.1 Key Issues

3.2.1 The main challenges facing Tower Hamlets in its provision of eye health and visual impairment support services are:

- The population of visually impaired people, who are affected in their day-to-day life in Tower Hamlets, is expected to increase from 3,340 to 3,950 by 2020 ¹
- In 2010/11, £9.34 million was spent by Tower Hamlets Primary Health Care Trust on 'Problems of Vision'. With the expected increase in visual impairment by 2020, this could rise significantly over the next seven years².
- It is estimated that 50% of visual impairment and associated expenditure, is avoidable. Greater awareness of eye health, improved sight loss pathways, more timely detection of eye disease and changes to individuals' lifestyles are some of the factors that can reduce this.

3.2.1 Reducing unnecessary sight loss can help to maintain good health, wellbeing and independence for individuals and along with modification of lifestyle and increased awareness of visual impairment can potentially lead to cost savings within local areas.

3.2.2 While there is some good work happening to support those with a visual impairment in Tower Hamlets there are also some critical gaps and recommendations.

¹ RNIB Sight Loss Data Tool (Nov 2013)
22010-11 Programme Budgeting Benchmarking Tool Version 1.1 27.01.12

- **Health and Wellbeing:** Embed the Eye Care Plan into the Health and Wellbeing framework, and achieve a user led partnership approach to the planning, delivery and evaluation of eye health and sight loss support services
- **Prevention:** Maximise the uptake of eye examinations and raise awareness of eye health to ensure that avoidable sight loss is prevented wherever possible
- **Joined up data:** Ensure that comprehensive cross sector data on sight loss and local demographics is collected and shared to inform resource allocation across Public Health, NHS, Optometry, Social Care and Voluntary organisations
- **Joined up services:** Ensure that an effective and efficient service provision is available, resulting in a clear pathway for people experiencing sight loss from diagnosis through to independent living. This will include optometrists, GPs, eye clinics, social care teams and voluntary services
- **Social inclusion and independence:** Ensure that people with sight loss have good access to key local services - information, transport, leisure, employment, education and welfare rights to obtain and maintain independence and not experience social exclusion, inequality or isolation
- **Children's services:** Develop and embed into the main eye care plan considerations for children and young people, including evidence of current and future need, sight loss pathway, arrangements for transition to adult services and an action plan to address gaps and need
- **Visually Impaired people with complex needs:** Ensure that the needs of people with visual impairment as a secondary presenting condition are recognised. Visual impairment is often overlooked in those with, for instance, Dementia, Parkinson's, Learning Disabilities, etc.

3.3 Current and Future Needs

3.3.1 There are 1,225 residents registered with a visual impairment in Tower Hamlets; 615 are registered as Severely Sight Impaired (blind) and 610 as Sight Impaired (partially sighted). Of these 105 are under 16 years of age.³ However, for a number of reasons, not everyone with a visual impairment affecting their day-to-day life is registered as sight impaired or severely sight impaired.⁴ Therefore, a much more accurate estimate would be about 3,340 blind or partially sighted people living in Tower Hamlets⁵.

3.3.2 In 2011, £9.34 million was spent by Tower Hamlets Primary Health Care Trust on 'problems of vision'⁶. This refers to the cost of low vision services such as hospital admission for cataract surgery or glaucoma treatment. This does not include the associated costs to the NHS for accidents that arise from visual

³RNIB Sight Loss Data Tool (Nov 2013)

⁴This is based on the fact the while 360,000 are registered as blind and partially sighted it is estimated that 2,000,000 people in the UK live with sight loss that affects their day-to-day lives. See <http://www.rnib.org.uk/aboutus/research/statistics/Pages/statistics.aspx> for more information.

⁵RNIB Sight Loss Data Tool (Nov 2013)

⁶NHS programme budgeting PCT

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132501.zip

impairment. It is estimated that there are 3,340 people currently living in Tower Hamlets with a visual impairment. The three major causes of preventable sight loss are: glaucoma, age-related macular degeneration and diabetic retinopathy. This is projected to increase to 3,950 by the year 2020. This would be an extra 610 people living in the community with visual impairment that impinges on their day-to-day life.⁷

3.3.3 The main reasons for this increase are related to an aging population, ethnic background, living in a deprived area and certain lifestyle factors such as alcohol, smoking and associated conditions such as obesity, high blood pressure, strokes and diabetes that place people at increased risk of visual impairment which in turn can lead to depression and social isolation.

3.3.4 For example, Tower Hamlets is a deprived borough ranked 3rd out of 32 for levels of deprivation in London and 7th out of 346 in England. Research has shown that three out of four people with visual impairment live in, or on the margins of, poverty.⁸ This means that those living with a visual impairment are also more likely to include some of the most economically vulnerable people in the Tower Hamlets. Those with a low life expectancy are also more likely to develop a visual impairment later on in life, due to poorer health indicators throughout their lives.

3.3.5 Ethnicity can also affect one's chances of developing a visual impairment:

- Glaucoma - is more common in people of African, African-Caribbean, South- East Asian, or Chinese origins.
- Cataracts – are more common in people of Asian origin.
- Diabetic Retinopathy – is more common in people of African, African-Caribbean, or Asian origins.

3.3.6 Furthermore, one in ten people with a learning disability have some form of visual impairment.⁹ This means that out of the 1,000 adults in Tower Hamlets with learning disabilities, roughly 100 will also be experiencing some form of visual impairment¹⁰. In addition, visual impairment is most likely to develop in older people. Therefore, it often accompanies other medical conditions that are more prevalent later in life - such as dementia. Research by the Thomas Pocklington Trust conservatively estimated that 2% of the population aged 75+ are visually impaired and suffer from dementia. This equates to 148 people in Tower Hamlets.

3.3.7 Blindness and visual impairments are also linked to a higher risk of falls which can be both physically and psychologically damaging. Physically, blind and partially sighted people are 1.7 times more likely to fall and 1.9 times more

⁷RNIB Sight Loss Data Tool (Nov 2013)

⁸Unseen: neglect, isolation and household poverty amongst older people with sight loss, RNIB, March, 2004,

⁹http://www.seeability.org/our_services/knowledge_base/eye_2_eye_campaign.aspx

¹⁰Learning Disabilities Tower Hamlets JSNA 2010-11 http://www.towerhamlets.gov.uk/lgsi/701-750/732_jsna.aspx

likely to have multiple falls leading to injury, such as fractured hips. The cost of falls to the NHS in Tower Hamlets in 2010-11 was estimated to be £1,146,000.¹¹ 21% of this total is estimated to have been spent on those with a visual impairment, this equates to £240,660.

3.4 Next Steps

3.4.1 Once the Vision Strategy group was established representing a range of stakeholders from the NHS, LBTH and the voluntary sector, wider consultations took place. A consultation questionnaire was developed and sent out to a diverse range of stakeholders including service users to identify any gaps and priorities in service provision and improve prevention and addressing 'at risk' groups. In addition, a stakeholder event took place earlier in 2014 to identify priorities and begin the development of an implementation plan that will be taken forward by an action planning subgroup.

3.4.2 By the end of March 2014, the support through the Thomas Pocklington Trust and the London Vision Forum came to an end. While there will be still attendance by the London Vision Forum as one of the stakeholders, the Vision Strategy group is now chaired by a service user of the Beyond Barrier service user group. The Vision Strategy group will meet quarterly with the action planning group twice yearly. The Vision Strategy group will own the Tower Hamlets Eye Care Plan and oversee its implementation while the action planning subgroup will complete and update the action plan and ensure that the agreed actions are followed up.

3.5 Recommendation

The Tower Hamlets Eye Care Plan supports directly the Public Health Indicator:

- healthcare public health and preventing premature mortality – preventable sight loss

It also would support the indicators

- healthcare public health and preventing premature mortality –health related quality of life for older people
- healthcare public health and preventing premature mortality - hip fractures in over 65s
- health improvement – self reported wellbeing
- Health improvement - falls & fall injuries in the over 65s

Supporting the implementation of the Tower Hamlets Eye Care Plan therefore would contribute to the Public Health indicators as part of the Health and Wellbeing Board performance and monitored by the Board.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1. This report is for information so there are no direct financial implications arising from it. The £9.340m spend by the health service relates to the direct

¹¹Falls in Tower Hamlets 2011 http://www.towerhamlets.gov.uk/lgs/701-750/732_jsna.aspx

costs of delivering the initiatives described in the strategy. The strategy will, however, contribute to public health outcomes which could indirectly assist in lessening the social care needs of some residents.

5. LEGALCOMMENTS

- 5.1. Section 29 of the National Assistance Act 1948 currently places a duty on the Council to provide services to promote the welfare of blind people in its area. Additionally, there is an existing requirement to maintain a register of blind and partially sighted people, under the 1948 Act. This is intended to ensure that the Council can properly plan service provision.
- 5.2. Please note that the current legislation will be replaced when the relevant sections of the Care Act 2014 come into effect in April 2015 and April 2016. Section 2 of the Care Act 2014 places a duty on the Council to provide or arrange resources, which will contribute towards preventing or delaying the development by adults in its area of needs for care and support or reduce the needs for care of adults in its area. Section 3 requires local authorities to integrate its care and support provision with health provision.
- 5.3. Section 77(1) of the Care Act 2014 replicates and replaces the existing duty on the Council to establish and maintain a register of sight-impaired and severely sight-impaired adults who are ordinarily resident in its area.
- 5.4. The recommendation that the HWB should note and support to contents of the Plan for Eye Care and Inclusion is consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies. As the HWB has statutory status, due regard should be given to its decision making authority within its terms of reference.
- 5.5. These recommendations are within the terms of reference of the HWB agreed by the Mayor in Cabinet on 4 December 2013, in particular:
 - To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
 - To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.
- 5.6. When considering its approach to planning how to meet the needs of residents in respect of sight and eye care, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 The Tower Hamlets Eye Care Plan will improve the pathways to eye care and contribute to improved access to treatment and early interventions and awareness raising to reduce preventable visual impairment and sight loss. There is an emphasis on reaching vulnerable and other at risks groups such as older people, those living with dementia and a learning disability; there is also a focus on residents of BAME background where they fall within identified risk groups. One important element of the TH Eye care Plan is its emphasis on inclusion of people with visual impairments and sight loss. The themes of the Tower Hamlets Community Plan that the Tower Hamlets Eye Care Plan addresses are
- A healthy and supportive community - objective 2: helping people to live healthier lives and objective 3: enabling people to live independently, particularly those with mental health problems
 - a great place to live - objective 5: providing effective local services and facilities

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 7.1 There are no immediate sustainability or environmental issues to consider. All commissioned and internally provided services would be required to comply with all national and local legislation regarding energy conservation, recycling etc.

8. RISK MANAGEMENT IMPLICATIONS

- 8.1. Currently LBTH does not have an eye care plan. This plan would support closer working relationships between different services which share the responsibility of eye care. [Authors should identify how the proposals in the report mitigate any risk to the Council and/or any risks arising from the proposals themselves and the action taken to address these.]

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

There are no immediate crimes and disorder reduction implications.

10. EFFICIENCY STATEMENT

- 10.1 The Tower Hamlets Eye Care Plan would implement a more effective pathway to treatment along with early interventions and awareness raising on how to prevent preventable visual impairment and sight loss. It would thereby contribute to maximising independence and avoid costly and more intensive care.

Appendices and Background Documents

Appendices

- Tower Hamlets Eye Care Plan

Background Documents

If your report is a decision making report, please list any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for background documents:

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