

Response from Royal National Institute of Blind People (RNIB)

1. About us

We are the largest organisation of blind and partially sighted people in the UK and welcome this opportunity to respond to the consultation.

We are a membership organisation with over 12,000 members who are blind, partially sighted or the friends and family of people with sight loss. More than 80 per cent of our Board of Trustees are blind or partially sighted. We encourage them to be involved in our work and regularly consult with them on government policy and their ideas for change.

We campaign for the rights of blind and partially sighted people in each of the UK's countries. Our priorities are to:

- Stop people losing their sight unnecessarily
- Support independent living for blind and partially sighted people
- Create a society that is inclusive of blind and partially sighted people's interests and needs.

We also provide expert knowledge to business and the public sector through consultancy on improving the accessibility of the built environment, technology, products and services.

Our response considers the issues for older blind and partially sighted people around health and social care with additional comment about digital exclusion. In all this we define older people as aged 65 and older.

We consider rehabilitation services for those with a visual impairment to be central to the services offered by local authorities and have given it priority in this paper.

2. What are the key issues for blind and partially sighted people with regard to an ageing society?

2.1 Increase in sight loss

We know that the number of people living with sight loss is increasing. Over the next decade it is predicted that numbers will increase to over 2.25 million. This increase is due to an ageing population.

- Sight loss is linked to age; the older you are the more likely you are to be living with sight loss [1].
- Around 1 in 7 people over the age of 65 and 1 in 3 people over the age of 85 in the UK are living with sight loss [1].
- An estimated 1,430,000 people aged 65–84, and 580,000 aged 85 and over are living with sight loss in the UK [2].

Increases in sight loss will serve to increase pressure on health and social care services.

2.2 Causes of sight loss

The leading causes of sight loss in older people in the UK are uncorrected refractive error, age-related macular degeneration (AMD), cataract, glaucoma and diabetic retinopathy [1].

- Over 500,000 older people are living with late stage AMD in the UK. In addition, approximately 1.8 million older people are living with the early stages of the disease [3].
- Over 300,000 older people are living with glaucoma, either detected or undetected [4].
- Around 570,000 people aged 60 and over are living with a cataract in either eye in the UK [3].
- Some ethnic backgrounds increase a person's risk of eye disease in older age [5].

Sight loss is not inevitable. It is estimated that in the UK between 50 to 70 per cent of sight loss in the older population could have been avoided [6].

2.3 Co morbidities

The majority of people over 75 have three or more long term health conditions [7]. Recent research shows that blind and partially sighted people over 65 have a higher rate of physical and mental co morbidities than sighted counterparts. In particular hypertension (55.6%), coronary

heart disease (28.8%) and diabetes (25.9%) and this could indicate that visual impairment may pose significant barriers to encouraging a healthy lifestyle. [8]

2.4 Impact of sight loss

Losing your sight can have a profound impact on a person's life. Everyday activities such as making a cup of tea, reading, cooking, shopping, going outside and using the internet, can become a challenge. Sight loss can lead to isolation and loneliness and have an emotional and financial impact on people's lives.

2.4.1 Isolation, well being and falls

Evidence suggests that the more severe someone's sight loss is, the higher the probability that they never leave their home. Almost half of people who report poor vision or blindness say that they "always" purposely limit the amount of walking they do outside the house. This compares to 12 per cent of people who report good or better vision who say that they always purposely limit the amount of walking they do outside the house [9].

There is a link between sight loss and reduced psychological wellbeing, particularly for older people. Older blind and partially sighted people are three times more likely to experience depression than those with good vision [10].

Older people with sight loss are more prone to falls than their sighted peers. The risk of injury from falls is nearly twice as high and so is the rate of hip fractures [11]. When visual impairment forms part of a falls reduction plan, falls can be reduced by as much as 14 per cent [12].

2.4.2 Accessible information

People with sight loss regularly share their concerns with RNIB about the problems that they have accessing care; we know from recent research that people with sight loss are a third more likely to experience difficulties in accessing care services than non-disabled people [13].

The lack of health information provided in accessible formats such as large print, Braille, audio and electronic is a significant cause of health inequality. This leads to people not having control over the management

of their own health and missing appointments, not being able to read test results or complete pre appointment instructions accurately.

At a recent workshop on the NHS Accessibility Standard, one patient commented “My GP practice rang me on my mobile to invite me to go for a ‘flu jab, which was great, but then sent me a paper letter confirming my appointment – which I could not read” [14].

Whilst we acknowledge calling a patient is a good example of accessible, patient centred communication, it also demonstrates how significant problems can arise because accessible communication was not followed through. This example from a health setting could equally be applied to social care.

2.4.3. Care Services provision

Older people are also the biggest users of adult social care services in England [15]. While local authority budget cuts have resulted in a decline within all groups in the numbers of people getting social care, blind and partially sighted people are being disproportionately affected. In England, between 2008 and 2013, 35 per cent fewer blind and partially sighted people have received council care and support – 48,665 in 2008/09 to 31,740 in 2012/13 [16]. In particular the decline in community based services (such as home care, day care, meals services) is greatest for older blind and partially sighted people. Reductions in support may contribute to increased isolated and loss of independence.

2.4.4 Income

Visual impairment in older people is linked to reduced income.

- More than two-fifths of people living with sight loss are in the bottom fifth income bracket for this age group [9].
- Older people living with sight loss are much less likely than those without impairments to own their home [9].
- Sight loss is related to increased likelihood of being without paid employment before pension age [9].

3. What contribution can local authorities make to adjusting to challenges facing older people experiencing or at risk of sight loss?

Local authorities have a key role to play. They are hosts to Health and wellbeing boards, local health partnerships which create a platform for a strategic approach to local health and social care commissioning based on genuine co-operation between public health, NHS and local authorities. The repositioning of public health teams within local councils means strategies to improve population health can be embedded within wider strategies for health determinants such as housing, employment or social exclusion.

Equally important is the local authority's role as service provider or commissioner to ensure older people with sight loss have access to information, rehabilitation and care. Prevention must be at the heart of delivering these services to avoid crisis and isolation for older people with sight loss.

3.1 Rehabilitation for people with visual impairment

If a person does lose their sight local authorities should be ready to provide support to help the person adjust to their sight condition. The care act and associated statutory regulations and guidance place a duty on local provide or arrange for services, facilities or resources which would 'prevent, delay or reduce individuals' needs for care and support, or the need of support for carers (paragraph 2.23).

Rehabilitation services for visually impaired people provide training and support in people's homes and mobility training for a person to be able to access key facilities in their community. Guidance clearly recognises the benefit of these services "The term "rehabilitation" is sometimes used to describe a particular type of service designed to help a person regain or re-learn some capabilities where these capabilities have been lost due to illness or disease. Rehabilitation services can include provisions that help people attain independence and remain or return to their home and participate in their community, for example independent living skills and mobility training for people with visual impairment." (paragraph 2.9).

The Government also recognises the preventative benefits rehabilitation for visually impaired people "to the individual and, in many cases, the reduced risk of hospital admissions" (paragraph 2.61). Access to rehabilitation services is vital in ensuring that there is a structured program of rehabilitation.

Early identification of adults who might need support is important and local authorities must maintain registers for blind and partially sighted

people. “Local authorities should help health and social care organisations to work together to meet the needs of people who have sight loss, for example, ensuring that care and support services know what help somebody needs in their home when they leave hospital. Timely assessment and care and support that is integrated with health care and person-centred offer the potential to make improvements in experience and outcomes of people who are sight impaired, as well as improving system efficiency” (paragraph 22.3)

A way of ensuring that CVI are completed and that local authorities are able to identify and support people appropriately is through sight loss advisers. Sight loss advisers are based in the eye department and are an integral member of the team, freeing up ophthalmologists time to diagnose and treat patients.

Sight loss advisers provide valuable support with the registration and certificate of visual impairment (CVI) of patients. Certification is a gateway to a range of services and benefits. Once certified a patient is referred onto the local authority. They will then contact the individual to ask whether they would like to be registered and to carry out an assessment of their needs.

Between April 2012 and March 2013 an estimated 28,000 patients in the UK were certified as either sight impaired or severe sight impaired. However, we know that this is under representative of the number of people who have a sight condition which could be certified.

Sight loss advisers ensure the effective administration of CVIs. Over 96 per cent of ophthalmologists surveyed by the Royal College of Ophthalmologists believe sight loss advisers are beneficial to both them and patients in relation to CVIs [18].

For more information about the value and role of sight loss advisers see our report, Hanging by a Thread.

<http://www.rnib.org.uk/campaigning-current-campaigns/being-there-when-it-matters>

We will also forward a copy of our latest report, “Being there when it matters”, when it is published at the end of November 2014.

3.2 Public Health messages

Approximately 9 million over 60s were eligible for an NHS sight test in England in 2010/11, yet only 5.31 million NHS sight tests were claimed for, even though sight examinations are free [15].

There needs to be properly evaluated, sustained, public health campaigns to raise awareness of the need to look after eye health. Messages should inform people that sight tests identify early stage eye disease, which can often be treated, and not just the need for glasses. Campaigns targeted at older people should highlight the links between sight loss and falls as well as other health conditions and be supported and reinforced by local health providers including optometrists, ophthalmologists, GPs, pharmacists and the local voluntary sector.

Public health teams should also take the lead in developing multi-disciplinary falls prevention strategies that clearly set out a plan to reduce falls amongst people with sight loss.

3.3. Data and Needs Assessments

There is an urgent need for better prevalence and incidence data relating to sight loss. Directors of Public Health should ensure that local needs and assets for eye health are comprehensively assessed through Joint Strategic Needs Assessments (JSNA). This will help local authority commissioners understand local demand and identify unmet need; which in turn will help them plan and deliver high quality services for their local populations. RNIB's sight loss data tool provides up-to-date information about blind and partially sighted people and those at risk of sight loss at a local level throughout the UK [19]. The UK Vision Strategy has created JSNA guidance demonstrating the links between eye health and other health determinants such as smoking, dementia and obesity.

Sight Loss is recognised as a public health priority; from 2013 the Public Health Outcomes Framework included an indicator directed at preventable sight loss which puts sight loss along such priority issues as dementia and obesity. Improving eye health can improve performance against at least 10 other indicators [20].

3.4 Reduce delays to accessing services

We know that timely access to services enables older people to maintain their independence, choice and control. Our members tell us that they need local health and social care services to work better together.

To achieve this we recommend that local authorities adopt the adult sight loss pathway to ensure that older people experiencing sight loss get the right support at the right time. Developed by the UK Vision Strategy consortium, this tool clarifies the pathway across health and social care to ensure

- Early interventions to address their presenting needs, as a right
- Visual impairment rehabilitation as an early intervention, delivered by specialist, qualified professionals
- Interventions that help them maximise their functional vision
- Community Care Assessment of eligibility for social care services, only if they still have un-met needs after receiving early intervention services.

Implementing the pathway requires input from all stakeholders on eye health, requiring structural as well as cultural change to be effective. However preventing sight loss, maximising mobility and maintaining independence through early intervention will improve wellbeing and reduce isolation for older people. It will also reduce the need for costly intervention.

3.5 Staff training and awareness

We know that many older people with sight loss are also coping with other health conditions and disabilities. Local authorities should ensure when working with older people and assessing for eligible needs, that staff check for sight and sensory loss and understand the impact of sight loss on an individual alongside any additional health conditions. Barriers to being able to maintain a healthy lifestyle should be considered in its obligations to prevent and delay future care needs.

With 1 in 7 people over the age of 65 and 1 in 3 people over the age of 85 in the UK living with sight loss, it is important that all services provided by or commissioned by Local authorities are accessible and staff are trained in the needs of older blind and partially sighted people. This knowledge should include the complexity around co morbidity such as dementia and sight loss, or learning difficulty and sight loss. Service specification should explicitly mention the requirement to identify and to meet the needs of people with sight loss.

4. How can Local authorities enable older people to reach their full potential?

Older people with sight loss face many barriers in daily life to maintaining independence, choice and control in their lives. When local authorities take steps to address these barriers, they are helping increase the wellbeing of older people. What full potential means depends on the individual person although we know important factors include having a say in the services they use, being able to access the information and support they need with ease, and maintaining social connections with friends and family.

4.1 Engagement with older people

Local authorities must continue to engage with older people to ensure their services and plans meet their needs. To address the isolation felt by blind and partially sighted older people, RNIB was a partner in VISAL (Visually Impaired Seniors Active Learning) to enable older people to become more civically engaged and as a consequence stays heard. It was selected as one of 15 good practice interventions in the social sector by the EU-project IROHLA (Intervention Research on Health Literacy among Ageing population) [21].

4.2. Accessibility

Local authorities should ensure the services they provide and commission are accessible for blind and partially sighted people. Our report "Quick wins and missed opportunities" recommended that Local authorities should

"embed accessibility in everything they do, beginning by setting a specific and measurable objective to systematically record blind and partially sighted residents' preferred reading formats so all council information can be delivered in the correct way. Councils can also mainstream accessibility by involving blind and partially sighted people in decision-making on changes to the built environment and local transport." [22]

4.3 Travel

Older blind and partially sighted people often rely heavily on public transport or family members to help with travel [23].

However local authority cuts pose a risk to access to transport. Research by the Campaign for Better Transport found that 41 per cent of local authorities in England made cuts to bus services in the financial year 2012–13 [24]. Age UK found that these cuts meant older people:

- struggled to get to hospital and doctors' appointments
- stayed in, missing social activities
- found it hard to keep up voluntary and charitable work [24].

If older blind and partially sighted people are to avoid isolation, and maintain social networks and independence it is crucial that transport is made as accessible as possible and that local transport services are protected.

5. Comment on local authority role in addressing digital exclusion

Older people with sight loss report difficulty accessing information about services [22]. Local authorities have a responsibility not only to design and test their digital services with older people, but also to ensure that their digital strategies promote accessible and usable services for all, whilst catering for sections of the community who need equivalent quality "non-digital" options.

5.1 Opportunities created by the Care Act

With the commencement of the new Care Act regulations in 2015, local authorities have a major new opportunity to align their digital strategies with their health and social care strategy. For example, by ensuring digital services are designed with accessibility for older people and disabled people in mind, they will create good reasons for people to use digital technologies, which have built-in magnification and talk back features, reducing the levels of current and future demand for support workers and reader assistants.

Local authorities should also look for new opportunities provided by the Care Act to integrate digital strategy with their rehabilitation provisions. For example, low cost devices can be supplied as an aid for reading, along with skills training, to enable that person to switch into digital modes of communication with the added accessibility benefits that can be on offer.

5.2 Implications of the shift to Digital for older people

The marketing messages which encourage a public shift over to digital communications cause everyone to "think digital" rather than "think about human communication". The drive for take up of digital modes of communication and interaction forms poses a challenge to the public to adapt, but this challenge often has a confusing and disruptive effect on vulnerable people, including older people with sight loss.

This is not to say that older people use or even want to use outdated forms of communication, and it is the case that new technologies provide major accessibility advantages to some disabled people, but more that their preferences and needs for using new technologies and channels is differently balanced to those of younger and non-disabled people.

To compensate some sort of "fall back" based on conventional service models is kept in place, which sets up a fast track and a slow track divide in the way sections of the community can access services. However this fast and slow track divide inevitably widens unequal access to information.

5.3 Accessibility is important in the design of digital information

As highlighted in the Better Connected report 2014 by the Society of IT Managers, accessibility of local authority websites and associated applications is actually on a downward path compared to the previous year [26].

The impact of this is that a local authority might roll out a new digital service whose colour scheme fails the high contrast accessibility mode on a typical computer or smartphone, or fails the large print mode, TalkBack or Voiceover functions (for people who rely on spoken text). Consequently the opportunity is lost to enable a wide range of people with different types of impairments and disabilities to also choose digital.

Considering the predicted increase in sight loss for older people, accessible design in everyday services is more widely relevant than local authorities realise.

6. Closing remarks

We are acutely aware that our comments are made in the context of the increasing demand for local authority services and the further restriction on funding for local authorities. Local authorities must guard against marginalising sight loss as a minority issue, or see an increase in demand for services and long term care.

This paper outlines many steps open to local government to prevent sight loss, to integrate health and social care and to improve accessibility for all. Effective prevention to avoid crisis and isolation will enable local authorities to better meet the challenges that older people with sight loss face.

Finally the Care Act contains many welcome improvements in eligibility for rehabilitation and social care but we know its implementation presents many challenges. We will work with local authorities to ensure blind and partially sighted people benefit from the new framework.

7. Further information

For further information on this consultation response please contact

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8. References

Further information and links to all the references listed in this section can be found at our Knowledge and research hub:

www.rnib.org.uk/research

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