

Please email your response to evidence@cpa.org.uk by **12th December 2014**. (extended deadline)

This is not a questionnaire. The questions included are for guidance and to act as a prompt. It is not necessary to answer all of the questions or even to use this form to submit your evidence if you find it more convenient not to do so.

The role of local authorities in preparing for the opportunities and challenges of an ageing society.

The Centre for Policy on Ageing has been commissioned by the Local Government Association (LGA) to undertake a call for evidence on the role for Local Government in respect of an ageing society. A cross-cutting Task and Finish group has been established by LGA to consider the opportunities and challenges that an ageing society presents and how local authorities might prepare themselves in the immediate and longer term to respond to these. The intention is for this programme to be completed and its report published by March 2015.

We would welcome your views on the contribution that Local Government can offer, and the changes Local Government should make, to adjust to their local ageing communities and to maximize the opportunities for local citizens and communities to age better. It would be helpful if you can cite examples where you are aware of good or innovative practice

Section A

Person answering the call for evidence

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Section B

The questions that follow are for guidance and to act as a prompt. It is not necessary to answer all of the questions or even to use this form if you find it more convenient not to do so. We are also happy to receive local reports and evaluations where appropriate.

The call is particularly interested in looking beyond traditional 'care and support' services to strategies that improve older-age quality of life, provide an age-friendly environment and include 'prevention' measures that promote healthy ageing in place.

We would like to hear of any innovative and groundbreaking work that you are doing, or planning to do. Examples may come from any area including strategic planning, commissioning, service design and delivery or activities developed in partnership with local networks of older people and communities.

As a charity for people with sight loss, our response is biased towards this section of the older population. A number of the issues highlighted below can apply to older people without sight loss. Thomas Pocklington Trust has funded numerous pieces of research relating to older people and sight loss. These research publications can be found here: www.pocklington-trust.org.uk/researchandknowledge/publications/Older+People

There are 1.86 million people in the UK living with sight loss. By 2020 this number is predicted to increase by 22 per cent and will double to almost four million people by the year 2050 (1). The increase can be attributed chiefly to an ageing population; over 80 per cent of sight loss occurs in people aged over 60 years (1).

The prevalence of sight loss increases with age. One in five people aged 75 and over and one in two people aged 90 and over are living with sight loss in the UK (1).

Local authorities have an important role to play in supporting an ageing society.

With regards prevention of sight loss, the local authority has a role through its public health team to provide messages about the importance of eye health and linking it to other related health issues such as smoking and obesity. Regular sight tests, provided by optometrists in primary care, can detect the onset of eye conditions and other health conditions such as stroke in some instances. The prevention of sight loss is crucial as over 50 per cent of sight loss can be avoided (1).

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Diagnosis of an eye condition leading to visual impairment can be devastating. As vision deteriorates we know that people face challenges of adjustment. We know that people with sight loss get the most out of rehabilitation services when the emotional challenges associated with their disability are being addressed. Timely - and repeated opportunities for - assessment and rehabilitation are essential.

Access to support is most often triggered by a Certificate of Vision Impairment issued by an ophthalmologist when treatment or correction of the sight loss is not possible. The CVI is sent to the local authority which is responsible for contacting the person and invites them to be registered (as sight impaired or severely sight impaired) and / or have their needs for support assessed.

Registration and assessment can lead to a range of support, including information and advice, practical guidance, and financial and emotional support, so it is important that all those who are eligible for a CVI receive one and are invited to register with the local authority and have their needs assessed.

Timely access to support, prior to or soon after a CVI is issued, is enabled when clinical and social care staff, voluntary organisations and sight loss charities work together to share information and ensure that people affected by sight loss can find the support they need.

ADASS produced a position statement on visual impairment rehabilitation in December 2013 which can be found here:

www.adass.org.uk/uploadedFiles/adass_content/policy_networks/physical_and_sensory_impairment_and_HIVAIDS/key_documents/ADASS_position_statement_on_visual_impairment_rehabilitation_in_the_context_of_personalisation_december_2013_MG.pdf

Rehabilitation provision varies from local authority to local authority. RNIB produced a report in 2013 entitled Facing Blindness Alone which highlights a number of key issues. The report can be downloaded here and should be read as part of this call for evidence submission: <https://www.rnib.org.uk/campaigning-policy-and-reports-hub-social-care/social-care-reports>

Local authority services need to join up effectively with secondary care. In particular, referrals from eye clinics to rehabilitation services. VISION 2020 (UK)

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Ltd have developed an Adult UK Sight Loss pathway which sets this out:
www.vision2020uk.org.uk/ukvisionstrategy/page.asp?section=299§ionTitle=Adult+UK+sight+loss+pathway

Sight loss in an ageing population should not be looked at in isolation from other conditions and issues:

Stroke prevention

Damage resulting from stroke can impact on the visual pathway of the eyes which can result in visual field loss, blurry vision, double vision and moving images. In addition there may be inability to read (alexia) or to write (agraphia).

Around 60 per cent of stroke survivors have some sort of visual dysfunction following stroke. The most common condition is homonymous hemianopia, a loss of half a person's visual field, which occurs in 30 per cent of all stroke survivors (<http://www.stroke.org.uk/factsheet/visual-problems-after-stroke>).

Dementia

At least 123,000 people in the UK have both dementia and serious sight loss (1). Most are aged over 65 and, among everyone of that age, normal ageing of the eye will reduce their vision to some extent. As the population ages an increasing number of people will experience both dementia and sight loss (2).

Pocklington funded research on dementia can be found here: www.pocklington-trust.org.uk/researchandknowledge/publications/Dementia

Depression

Older people with sight loss are almost three times more likely to experience depression than people with good vision (3). The Royal College of Psychiatrists estimates that 85 per cent of older people with depression receive no help at all from the NHS (4).

Falls

A recent review of evidence on the link between falls and sight loss found that almost half (47 per cent) of all falls sustained by blind and partially sighted people were directly attributable to their sight loss (5).

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On average, the estimated medical cost of falls nationally is £269 million. Of the total cost of treating all accidental falls in the UK, 21 per cent was spent on the population with visual impairment (5).

Local authorities need to consider how accessible they and their services are to an ageing population. For people with sight loss, alternative formats need to be available when communicating. It is extremely unlikely older people with newly acquired sight loss will read Braille as this is a new skill they will need to learn. Communications should be available in standard print, large print and audio as well as Braille.

Social Isolation

Social isolation may follow reduced mobility, and loss of activities and hobbies. It may be exacerbated by increased reliance on family and friends (6). The Campaign for Loneliness has gathered research showing that sight loss is a risk factor for increased feelings of loneliness in older age (7).

Local authorities need to consider how they can reach older people in their homes. Consideration also needs to be given for the role transport plays in an individual's life. An elderly person with sight loss will be unable to drive and therefore reliant on public transport, community transport schemes or friends and family to travel any distance. Lack of transport can present barriers to people accessing the services they need.

Housing and help with housing

Most people want to live in their own home for as long as they can. People with sight loss may particularly value a known and familiar home because they can find their way around and are confident moving about.

Housing policies that maximize independence can include letting policies that address sight loss, sight sensitive assessments for improvements, adaptations, repairs and redecorations and targeted housing assessments.

Thomas Pocklington Trust has funded considerable amounts of research relating to housing and independent living. These research findings can be found here and include practical steps to improving homes for people with sight loss:
<http://www.pocklington-trust.org.uk/researchandknowledge/publications/Housing>

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www.pocklington-trust.org.uk/researchandknowledge/publications/Lighting+and+Design

Voluntary sector

The voluntary sector, both at a national and local level, has a key role to play in supporting older people with sight loss. They have strong expertise in this area and can provide both services as well as advice and guidance. Working in collaboration with local societies, local authorities can work in partnership to address gaps in provision and meet the needs of this population.

Thomas Pocklington Trust is working hard across the 32 London boroughs to bring together health, local authorities and the voluntary sector to develop vision strategies to address the needs of people with sight loss including older people. We would be happy to be contacted to discuss this in further detail and more information about this work can be found here including template strategy documents: <http://www.pocklington-trust.org.uk/policy/local-vision-strategies>

References

1. Access Economics 2009. Future Sight Loss UK 1: Economic Impact of Partial Sight and Blindness in the UK adult population. RNIB
2. Thomas Pocklington 2007 (Feb), Dementia and Sight Loss
3. Evans, Fletcher and Wormald, 2007. Depression and anxiety in visually impaired older people. *Ophthalmology*. Volume 114 (2), 283–288
4. Age UK, 2012. Later Life in the United Kingdom.
5. Boyce, T. et al 2013. Projecting number of falls related to visual impairment. *British Journal of Healthcare Management*. Vol 19 226-229
6. Victor et al (2009) Emotional Support to People with Sight Loss. Thomas Pocklington Trust Research Findings, no.26.
7. Impairment and hearing loss among community-dwelling older Americans: implications for health and functioning, *American Journal of Public Health*; 94 (5)