Why do you think this issue will be important to include in the 2016 Health and Wellbeing Strategy?

Evidence indicates that personally tailored support and information at the point of diagnosis of sight loss, that provides early and accurate referrals to statutory and voluntary sector services, registration advice, emotional support, and prevention support for those at risk of falls, stroke or further sight loss, provides the following benefits:

- increases people’s capacity to self-manage their condition, improves health outcomes,
- helps people live independently
- reduces the burden on the health service by avoiding unnecessary hospital admissions.
- Bridges the gap between health and social care.

Can you tell us any data or information which you feel makes this an issue worthy of inclusion in the strategy?

The amount of people living with sight loss in the UK is set to double from 2 million to 4 million by 2050, unless measures are taken to prevent avoidable sight loss. The cost to the UK economy was approximately £6.5 billion in 2008, through direct costs to health and social care services and indirect costs such as informal care and losses in work productivity. This figure is estimated to increase to £7.88 billion by 2013. There are an estimated 8,460 people living with sight loss in Coventry. Of this total, 1,020 are living with severe sight loss (blindness). By 2020, the number of people living with sight loss in Coventry is projected to have increased to 9,990, and increase of 18%. Over 26% of the population of Coventry are from other ethnic groups who are often at higher risk of developing eye conditions. Evidence shows that people from African and African-Caribbean populations are at higher risk of developing glaucoma and diabetic eye disease, and those from Asian populations are at higher risk of developing cataracts and diabetic eye disease. Half of people with sight loss experience difficulties with access outside the home, and a fifth experience problems of access within their own home. Almost all people (94%) with sight loss experience some kind of restriction to participating in society (Circumstances of People with Sight Loss, RNIB 2012).

The emotional and psychological impact of sight loss is profound. Depression amongst people with sight loss is significantly higher than the population in general. Adults with visual impairment show a rate of approximately 1 in 5 aged 65+ reporting depressive symptoms or being clinically diagnosed with depression. This is about twice as much as their sighted peers. The Royal College of Ophthalmologists believes it is important that support services are offered at time of diagnosis ’to maximize the chances of patients adjusting to their sight loss with minimal trauma’. Almost half (47%) of all falls in the visually impaired population were directly attributable to their visual impairment. Research estimates visual impairment related falls amount to 10% of the cost of all falls in the UK (Scuffham et al, 2002). According to RNIB, in 2014 there were 999 falls amongst blind and partially sighted people in Coventry, of which 472 were directly attributable to sight loss and 79 required a hospital admission. Projecting figures to 2020, it can be estimated that 4,646 blind and partially sighted people aged 65 and over will fall and this will lead to a hospital admission. Of this number, 177 admissions will be directly attributable to their visual impairment. Further References; Boyce, T et al 2013: “Projecting the number of falls related to visual impairment. British Journal of Healthcare Management. Vol 19 226-229. Network 1000 (2006): “Opinions and
circumstances of visually impaired people in Great Britain”, Visual Impairment Centre for Teaching and Research, University of Birmingham. Network 1000 Survey 1: “Comparing the general and registered visually impaired populations”, Visual Impairment Centre for Teaching and Research, University of Birmingham.

Can you tell us anything about your experience of working with the public which makes you feel that this is an important issue to include in the strategy?

RNIB has developed the Eye Clinic Liaison Officer/ Sight Loss Adviser (ECLO) model of service in UK eye clinics over the last 15 years as an integrated approach to improving patient health and social care outcomes at the point of diagnosis. The NHS Commissioning Board’s consultative service guidance includes ECLOs as a key part of the eye clinic delivery specification to support an integrated eye care pathway. The UK Vision strategy recommends that CCGs and Hospital Trusts build ECLOs into service specifications for eye health as it recognises the key role which the ECLO plays in achieving integrated care. The ECLO acts as a gateway to non-clinical information about community based services for longer term sustainable independent living. This may include referrals on to community based support groups (statutory sensory teams; local third sector services; low vision clinic; falls team); retaining employment/seeking employment; equipment & resources and welfare benefits e.g. Attendance Allowance, PIP and housing options. Action for Blind People (West Midlands) has been providing an ECLO at UHcw for the past 3 years with the support of funding from Novartis. Funding ended in March 2015 and we are currently recruiting for a new ECLO using funding secured from Trusts and some pump-priming funding from the RNIB Group. From 1st April 2014 - 31st March 2015 the total number of patients supported was 468 resulting in over 2,400 outcomes including emotional support and assistance to access specific information, advice and guidance relevant to their eye condition, needs and circumstances. Referrals are made to statutory, local & national organisations including referrals for low vision assessments. ECLOs ensure that patients have a personally tailored support and information package that provides early and accurate referrals to statutory and voluntary sector services, registration advice, emotional support, and prevention support for those at risk of falls, stroke or further sight loss. The "Long term access to support for people with sight loss" report 2011 suggests that the process of registering remains pivotal in linking people to services and provides the key to timely access to reablement services which help people recover their skills and confidence after diagnosis. ECLOs are an invaluable link between the hospital setting and social services. They provide a dedicated point of contact for patients in the future, reducing the likelihood of their return to clinical staff to seek non-medical assistance. In a recent study conducted in Wales ("Economic Impact of ECLO on Health & Social Care Budgets"), 59% of respondents reported increased independence in the home, and 59% also reported increased emotional well-being. Advice and guidance on falls prevention are vital components of a falls prevention programme for blind and partially sighted people, most of whom are 65 and over. Falls prevention advice is a vital aspect of the ECLO role. The ECLO routinely asks patients whether they have fallen in the past year, or if they are fearful of falling, and offers information about where they can receive further advice and assistance. The ECLO will refer patients to the local falls services and falls prevention programmes and follows up with the falls team to make sure that the patient has received the advice they need. This is an area that has been identified for development. If advice from an ECLO prevented just 1 or 2 falls associated with visual impairment that result in a fractured femur, the cost of an ECLO would be cost-neutral. 88% of patients said they had
more confidence in avoiding falls in their home as a result of seeing an ECLO (RNIB Group Impact Report 2014). A recent study conducted in Wales ("Economic Impact of ECLO on Health & Social Care Budgets") indicated that 11% of respondents had a reduced fear of falling as a direct result of support from an ECLO. Alongside our ECLO services, Action has also developed a programme of ‘Living with Sight Loss’ (LWSL) courses. These provide people newly diagnosed with sight loss with insight and experience of living with sight loss, knowledge of ways to deal with issues that are likely to arise including managing public transport, managing relationships, and knowledge of community networks that will help in the longer-term, and includes a day trip out to encourage participants to make new friends and learn about accessing local leisure facilities. LWSL empower VI people to gain more confidence and independence, take up new opportunities and interests and become active, healthy and integrated members of society. Action has delivered two very successful LWSL courses in Coventry attended by 31 visually impaired people. Our ECLO dealt with over 50 enquiries per month the majority of which were interested in attending a LWSL course.

In what way do you feel tackling this issue will help the City achieve its objectives to reduce health inequalities as a Marmot Pilot City?
Early intervention services at the point of diagnosis as described in section 3, clearly supports the integrated approach and ‘holistic’ direction of health and social care services. The service demonstrates how health and social care can work together effectively and supports DoH ambitions of more closely integrated Health and Social Care services. Improves access to services and resilience - the ECLO increases patient’s capacity to self-manage their condition by providing appropriate information and referrals to other agencies. The ECLO enables the best possible chance of medical interventions being successful by reinforcing the importance of treatment compliance in the community and by encouraging attendance at future appointments.

How do you think the unique role of the Health and Wellbeing Board can be best used to tackle this issue?
Raise awareness of the needs of the visually impaired community, the links between sight loss and other health determinants including smoking, obesity, stroke, blood pressure/hypertension, dementia, depression and falls, and the extent to which sight loss may impact on Coventry’s communities, both now and in the future. In particular those communities with high ethnic minority populations, deprived communities with higher prevalence of smoking and obesity (see response to ‘Smoking’), and large elderly populations (see response to ‘Dementia’ and ‘Age Friendly City’). Suggested outcomes that should be considered for inclusion as part of the JSNA actions; 1. Inclusion of eye health and sight loss in the Health & Well-Being Strategy. Coventry HWB complete a JSNA assessment of the eye health needs of the local population which maps assets and identifies gaps in knowledge or service provision. The process should involve Health, Social Care and Public Health Commissioners to ensure the JSNA gives them the information they need to make decisions and that recommendations are taken forward through an action plan and against relevant priorities in the HWBS. RNIB have a number of resources that support this process - https://www.rnib.org.uk/campaigning-current-campaigns-save-our-sight/public-health-dont-lose-sight). 2. Better integration of “Early Intervention Services” which provide support at the time of sight loss including rehabilitation support, counselling services or ECLO services to help people adjust to sight loss. Having ECLOs covering the Coventry area would
ensure that people receive essential support and advice at the time of sight loss and potentially reduce the demand on other social care and health services. 3. Incorporating eye health messages into health campaigns concerning obesity, smoking cessation and the management of diabetes and glaucoma. 4. Development of a targeted Public Health campaign to raise awareness of the importance of regular eye tests, particularly around risk groups such as older people or BME communities. BME communities such as Indian, Pakistani and African are likely to have a higher prevalence level for condition such as glaucoma and diabetic retinopathy. Targeting public health messages to these groups will help reduce avoidable sight loss. 5. A multi-disciplinary falls strategy is produced which clearly sets out a plan for both preventing falls in people with sight loss and supporting those who experience a fall.