

HEALTH AND WELLBEING BOARD

20 OCTOBER 2015

Title:	Health and Adult Services Select Committee's Scrutiny Review on Local Eye Care Services		
Report of the Health and Adult Services Select Committee			
Open Report	For Decision		
Wards Affected: None	Key Decision: No		
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Sponsor: Anne Bristow, Strategic Director for Service Development and Integration			
Summary: At the start of the 2014/15 municipal year, the Health and Adult Services Select Committee agreed to undertake an in-depth scrutiny review into local eye care services. Appended to this cover report is the final report arising from this scrutiny, which makes six recommendations to the Health and Wellbeing Board to help improve the eye care pathway and raise the profile of eye health in the borough. The Committee's report (at Appendix 1) provides the background to why Members chose to review this area, the methodology for the scrutiny, what the scrutiny found in relation to the eye health of Barking and Dagenham residents, and the evidence base for six recommendations made to the Health and Wellbeing Board to improve the delivery and take-up of local eye care services.			
Recommendation(s) The Health and Wellbeing Board is recommended to agree the following recommendations made by the Health and Adult Services Select Committee in its Scrutiny Review report on Local Eye Care Services 2014/15: That the Health and Wellbeing Board: <ol style="list-style-type: none">1. Oversees a review by the Barking and Dagenham Clinical Commissioning Group (CCG) of the local eye care pathway, given that:<ul style="list-style-type: none">• The current arrangements seem complex and difficult for patients to understand;• It is not clear that everyone who should have a sight test is getting one; and• It was not clear to the HASSC that the pathway currently fully promotes choice and control by service users;2. Oversees a review by the CCG which considers the clinical benefits of community optometrists (high street opticians) being able to refer patients directly to hospital eye clinics and other services rather than having to do this via GPs;			

3. Asks the CCG to consider the benefits of commissioning an 'Eye Care Liaison Officer' for local residents, to ensure that people with newly acquired sight loss are provided with support at the point of diagnosis and signposted to appropriate services;
4. Asks the CCG to consider whether cost-effective improvements could be made to local low vision services, given that the HASSC found that in other parts of London these services are delivered closer to where people live and provide tailored support to ensure that visually impaired people are able to make ongoing, beneficial use of magnifiers and other equipment provided to them;
5. Oversees a local communication campaign undertaken by the Council's Public Health Team emphasising the importance of having regular eye tests, whilst also delivering other important eye care messages as part of the future programme of public health campaigns; and
6. Considers a range of options to 'make every contact' count and introduce a scheme or schemes to encourage and possibly incentivise parents to arrange an eye test for their child prior to starting school.

Reason(s)

This report relates to the Council's priority to enable social responsibility and under it the objectives to "ensure everyone can access good quality healthcare when they need it" and "protect the most vulnerable, keeping adults and children healthy and safe."

1. Introduction and Background

- 1.1 In September 2014 the Health and Adult Services Select Committee (HASSC) agreed to undertake an in-depth scrutiny review into local eye care services. There were a variety of reasons for this; Members hypothesised that the cost of glasses was deterring local residents from having an eye test every two years and they also felt that eye care was an important area to review due to the very serious impact sight loss can have on lives. Furthermore, Members noted that people in the borough were more likely to experience health conditions that could lead to sight loss than was the case in most other areas of the country.

2. Proposal and Issues

- 2.1 During the Review, although Members came to the view that there was a good range of eye care services in the borough, they received evidence suggesting that the eye care pathway was more complicated than it needed to be and that the availability of certain services in the community could potentially improve the experience of those living with sight loss. National research suggested that the take-up of free NHS eye tests in poorer areas was lower than in affluent areas; given the borough's economic profile, Members felt this would also be applicable locally. Members noted that NHS glasses and eye tests for children were free but there was no 'systematic' way of ensuring that all children were having regular eye tests; it was down to parents to take their children to a local optometrist practice

for a test. This could potentially lead to variability in the numbers of children from different backgrounds having regular eye tests. The report arising from this Review therefore makes six recommendations to the Health and Wellbeing Board to help address these issues.

- 2.2 Members received a number of presentations, took part in a workshop with local stakeholders, considered local data and research provided by the Council's Public Health Team, commissioned surveys and received submissions from local stakeholders on the eye care pathway as part of the methodology for the Review. Pages 8 to 10 of the HASSC's report provides further detail on the Committee's methodology.
- 2.3 It is good practice for the select committees to request updates on the progress of recommendations arising from scrutiny reviews. In response to previous HASSC scrutiny review recommendations the relevant sub-group of the Health and Wellbeing Board has produced and overseen the action plans on how the recommendations will be implemented. 'Monitoring' reports were subsequently presented to the HASSC approximately six months after the approval of the recommendations. This principle is supported by the Department of Health's 'Local Authority Health Scrutiny' guidance document (2014) which says that "Relevant NHS bodies and health service providers to whom scrutiny reports have been presented should be prepared for this kind of follow-up and be able to report on progress and improvements resulting from scrutiny reviews." Should the Board accept the recommendations of the Local Eye Care Services scrutiny review report, the HASSC would request that a progress report be submitted to it in approximately six month's time in order that the Committee can evaluate the impact of the review.

3. Consultation

- 3.1 Members engaged with the following groups and individuals as part of this Review which supported them with the formulation of the recommendations:
- The Local Optical Committee (representing local opticians);
 - The Vision Strategy Group
 - Ophthalmologists from Queen's and Moorfields Hospitals
 - Edward Watts Opticians - providing a Low Vision service at Queen's Hospital
 - Choices Independent Living Agency
 - Thomas Pocklington Trust
 - East London Vision
 - Macular Disease Society
 - VIPERS (local organisation of visually impaired people)
 - The Magnifier and Lighting Workshop
 - Bridge to Vision
 - The Council's Sensory Impairment service
 - Electronic visual aids

4. Mandatory Implications

4.1 Joint Strategic Needs Assessment

The priorities for consideration in this report align well with the strategic recommendations of the Joint Strategic Needs Assessment. It should be noted, however, that there are areas where further investigation and analysis have been recommended as a result of this year's JSNA. The purpose of the ongoing JSNA process is to continually improve our understanding of local need, and identify areas to be addressed in future strategies for the borough.

4.2 Health and Wellbeing Strategy

This report aligns and supports our Health and Wellbeing Strategy delivery plan on the need to promote eye health and prevent sight loss across the life course.

4.3 Integration

One of the outcomes we want to achieve for our Joint Health and Wellbeing Strategy is to improve health and wellbeing outcomes through integrated services. The report makes several recommendations related to the need for effective integration of services and partnership working.

5. Financial Implications

5.1 The Health and Wellbeing Board is being asked to consider six recommendations made in this report. Recommendations 1 to 4 are to the Clinical Commissioning Group (CCG) and therefore, at this stage, not expected to have a financial implication to the Council. If this recommendation is agreed by the Health and Wellbeing Board, future reports to the Board on the implementation of the recommendations will need to set out any potential financial costs and benefits to the Council and to the CCG.

Recommendation 5 (overseeing a local communication campaign) will affect the Council in terms of officer time and the recommendation suggests that funding would be from the Public Health Grant. If the recommendation is agreed, the funding would need to be confirmed and contained within existing Public Health budgets.

The financial implications of recommendation 6 (making every contact count) to the Council need to be determined. Again, if this recommendation is agreed by the Health and Wellbeing Board, future reports on how the recommendation will be implemented will need to set out any potential financial costs and benefits to the Council.

(Implications completed by: Carl Tomlinson, Group Finance Manager, LBBD)

5.2 The allocation of CCG management resource to implement recommendation 1 would need to be considered in the context of other programmes of work that have been prioritised for this financial year.

The financial implications of recommendations 2, 3 and 4 would need to be determined. CCG investment is subject to Governing Body approval which would take into consideration the available resources and potential benefits of investment alongside other priority areas.

(Implications completed by: Rob Adcock, Deputy Chief Financial Officer, Barking and Dagenham CCG)

6. Legal Implications

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 under the National Health Service Act 2006 (governing the local authority health scrutiny function) give the Council the power to review and scrutinise matters relating to the planning, provision and operation of the health service in the borough and make reports and recommendations to NHS bodies; the expected response time is within 28 days. The Council's Constitution delegates these duties to the Health and Adult Services Select Committee. The Select Committee has made six recommendations to the Health and Wellbeing Board as the body which would oversee any changes arising as a result of this report.

(Implications completed by: Dawn Pelle, Adult Care Lawyer, Legal & Democratic Services)

Public Background Papers Used in the Preparation of the Report:

None.

List of Appendices:

Appendix 1 - Scrutiny Report of the Health and Adult Services Select Committee on Local Eye Care Services 2014/15.