KENT PUBLIC HEALTH OBSERVATORY

Sensory Impairment

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Produced by

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Sensory Impairment

Introduction

Sensory needs cover three types of impairments, each of which are covered in separate sections:

- people who are sight impaired
- people who are deaf, deafened or hard of hearing
- people who have a combined sight and hearing impairment or who are deafblind.

It should be noted that nationally, there are conflicting statistics on the prevalence of sensory impairment. This is due to the following issues:

- differing criteria used to classify a person as sight impaired or D/deaf
- differing methods of surveys – some are self-reporting questionnaires whilst others are face-to-face examination
- low response rates for surveys
- lack of consistency in the results.

Latest (May 2016 data) Public Health Outcomes Framework data indicate Kent having relatively higher rates of sight impairment for age-related macular degeneration (AMD) and diabetic retinopathy and a slightly lower rate for glaucoma compared to the England average.

The Kent County Council registers for sensory impairment show more than 9,548 blind and partially sighted and 9,999 deaf as of December 2015 and 1,400 deaf/blind people (May 2014). However other national estimates suggest that these numbers could be only 33%, 10% and 25% of the expected figures respectively.

Key Issues and Gaps

The key issues and gaps identified in the JSNA 2013 have not materially changed except for some continuing work by the Kent and Medway Local Professional Network optometry who prioritised the provision of an eye screening service for children in parts of Kent (apart from East Kent) where there is a lack of service provision. 2013 data from the Joint Sensory Needs Assessment highlighted this gap.

Who's at Risk and Why?

Vision

The impact of eye disease, sight impairment and blindness increase exponentially with age (both for individuals and populations) half of this is preventable if caught early. Health outcomes of eye disease are significantly better if detected and treated early. Although all

age groups can be affected, the main causes of sight impairment in the UK have a higher incidence among the over 65s.

The numbers of people with sight impairment will increase. National figures indicate that between 2010 and 2030 the number of adults with sight impairment will increase by 64%.

By 2021, nationally 40% of the population will be over 50 – a significant proportion of sight impairment is related to age. Over 80% of sight impairment occurs in people over 60. As this population is set to increase by 21% nationally by 2020, there will be a significant increase in the number of people with sight impairment.

Older People within Kent

Within Kent - Thanet, Canterbury and Maidstone have the highest populations of over 75s and are therefore more likely to have a larger population of people with a sight impairment.

The number of older people in Kent is projected to increase by 67% by 2033. The largest increases will be in Dartford (32%) and Ashford (31%). However, east Kent coastal districts Shepway, Dover and Thanet will continue to have the largest proportion of older people in their population.

It is often expected that sight will deteriorate with age and therefore, people just 'accept' their sight is failing (UK Vision Strategy).

People with learning disabilities

There is a significant population of people with learning disabilities within Kent who will have some level of sight impairment.

Registrations

There is a significant gap in the numbers of people registered as sight impaired and those who are predicted to have sight impairment. This will mean that services linked to registration are not being received by all those that could be eligible for them.

Deafness

Approximately 5% of over 85s in Kent will have a profound hearing impairment. The number of people aged over 85 with a moderate or severe hearing impairment in Kent is set to increase by 110% between 2014 and 2030.

By 2030 the number of people with a profound hearing impairment in the KCC area will have increased by 42% for those aged 65-74 and 59.7 % for those aged 75-84.

Between 2014 and 2030 there will be a 56.5% increase in the number of people aged 18 and over with a moderate or severe hearing impairment in the KCC area.

Of the 2,243 people in Kent with Down's syndrome, (Learning Disabilities Needs Assessment 2010) 1,570 have hearing problems.

Deafblind

Numbers known to services

There is a gap of between 1,379 and 6,518 between those who are currently known to service providers and those who could be deafblind and living in Kent.

Increase in numbers

There will be a significant increase in the number of people, particularly older people, who are deafblind by 2030. Sense forecast this to be 86% for those who are severely deafblind and 60% for those who have any hearing and sight impairment.

Learning disabilities

Kent's population of people with learning disabilities is estimated at 26,000, of which up to 8,000 people may have significant sight difficulties and 9,620 may have some degree of deafness. A significant number of these are likely to have a dual sensory impairment.

The Level of Need in the Population and Assessment of Future Need

Table 1: Estimates of the number of glaucoma and cataract cases per Kent District, taken from the National Eye Health Epidemiological Model based upon the relevant population segment.

	Mean estimated Glaucoma cases (adults 30+ years)	Cataract cases (low estimate)[1](Adults 40+ years)
Ashford	931 (1.42%)	922 (1.86%)
Canterbury	1,418 (1.70%)	1,536 (2.31%)
Dartford	699 (1.33%)	663 (1.75%)
Dover	1,068 (1.57%)	1,112 (2.08%)
Gravesham	818 (1.37%)	778 (1.74%)
Maidstone	1,234 (1.39%)	1,201 (1.77%)
Sevenoaks	1,046 (1.45%)	1,039 (1.84%)
Shepway	1,050 (1.65%)	1,122 (2.24%)
Swale	1,041 (1.36%)	1,002 (1.74%)
Thanet	1,466 (1.77%)	1,611 (2.42%)

[1] * NEHEM's lower estimate rate is taken from research undertaken by Frost et al (not cited) on patients in Somerset and Devon. See NEHEM website for greater detail.

Tonbridge and Malling	907 (1.32%)	860 (1.67%)
Tunbridge Wells	961 (1.45%)	974
Total Kent	12,639	12,820

Table 2: Estimates of the number of AMD cases per Kent District and type taken from the National Eye Health Epidemiological Model. (All ages 50+)

	AMD cases	**NV-AMD cases (Wet)**	**Geographic atrophy (Dry)**	**Drusen cases**
Ashford	850 (2.38%)	601 (1.68%)	296 (0.83%)	3,925 (10.99%)
Canterbury	1,450 (2.89%)	1,025 (2.05%)	510 (1.02%)	6,048 (12.07%)
Dartford	612 (2.30%)	432 (1.62%)	214 (0.80%)	2,894 10.87%)
Dover	1,038 (2.62%)	734 1.85%)	363 (0.92%)	4,562 (11.51%)
Gravesham	723 (2.26%)	510 (1.59%)	253 (0.79%)	3,435 (10.74%)
Maidstone	1,114 (2.29%)	788 (1.62%)	388 (0.80%)	5,202 (10.71%)
Sevenoaks	964 (2.37%)	681 1.67%)	336 (0.83%)	4,443 (10.92%)
Shepway	1,057 (2.80%)	747 (1.98%)	372 (0.98%)	4,485 (11.87%)
Swale	927 (2.24%)	654 (1.58%)	324 (0.78%)	4,404 (10.65%)
Thanet	1,515 (2.97%)	1,071 (2.10%)	533 (1.04%)	6,292 (12.32%)

	AMD cases	NV-AMD cases (Wet)	Geographic atrophy (Dry)	Drusen cases
Tonbridge and Malling	794 (2.18%)	561 (1.54%)	276 (0.76%)	3,842 10.53%)
Tunbridge Wells	924 (2.18%)	653 (1.81%)	324 (0.90%)	4,046 (11.91%)
Total Kent	11,968	8,457	4,189	53,578

Table 3: Public Health Outcomes Framework May 2016

PHOF Indicator:	Figures need to be:	England	Published KCC	Time period
4.12i Preventable sight loss – age related macular degeneration (AMD)) in those aged 65+ years (per 100,000)	**Low**	**118.1**	**126.3**	**2014/15**
4.12iv Preventable sight loss – sight loss certifications(per 100,000)	**Low**	**42.4**	**39.3**	**2014/15**

PHOF Indicator:	**Figures need to be:**	**England**	**Published KCC**
4.12ii - Preventable sight loss – glaucoma (in those aged 40+ years) (per 100,000)	**Low**	**12.2**	**9.6**
4.12iii - Preventable sight loss - diabetic eye Disease (in those aged 12+ years) (per 100,000)	**Low**	**3.2**	**3.6**

Source: Public Health England –May 2014.

The trend in three of the indicators for the period 2012/13 to 2015/16 is upward with the exception of that relating to glaucoma eye disease which remains in green setting as being lower to the rate for England. The other three indicators are amber being higher than the rate for England. (See chart above)

However, caution should be exercised regarding a reduction in PHOF Indicator for CVIs (4.12.iv) as this could be influenced by a number of factors for example by Ophthalmic Consultant support or otherwise of the advantages of patient registration. There is therefore a need to clearly understand the locality practice.

Deafness

Kent Registrations (as at December 2015)

The register is held by Kent County Council, but inclusion on the register is optional and decided by the individual.

Table 4: Numbers of Clients on Hearing Impairment Register by Category

HI Register Category	Number of Clients
Deaf without speech	499
Deaf with speech post lingual	2675
Deaf with speech pre lingual	627
Handicapped but not permanently or substantially	4
Hard of hearing	6122
	72
Total	**9999**

Deafblind

The Centre for Disability Research (CeDR) report identifies an upper and a lower estimate for prevalence in dual sensory impairment. The lower estimate includes only those with a severe sight and hearing impairment. The upper estimate includes all those with any impairment in both hearing and sight (as defined by the Annual Population Survey).

Using the CeDR prevalence rates it is estimated that there are around 3,026 people in Kent who have the more severe impairment of both hearing and sight.

Table 5: Total deafblind population in Kent

Mid year population estimate	Total population	Population divided by 100,000	Cases per 100,000	Total number of cases
2010	1,427,400	14.27	572 212 (severe)	8165 3026
2030	1,678,600	16.79	806 343 (severe)	13529 5757

The 2030 population is based on ONS Sub National Population Projections which are trend based projections. This means that they project forward migration patterns seen over the last five years, assuming that the trend will continue indefinitely into the future.

Table 6: Deafblind population by area

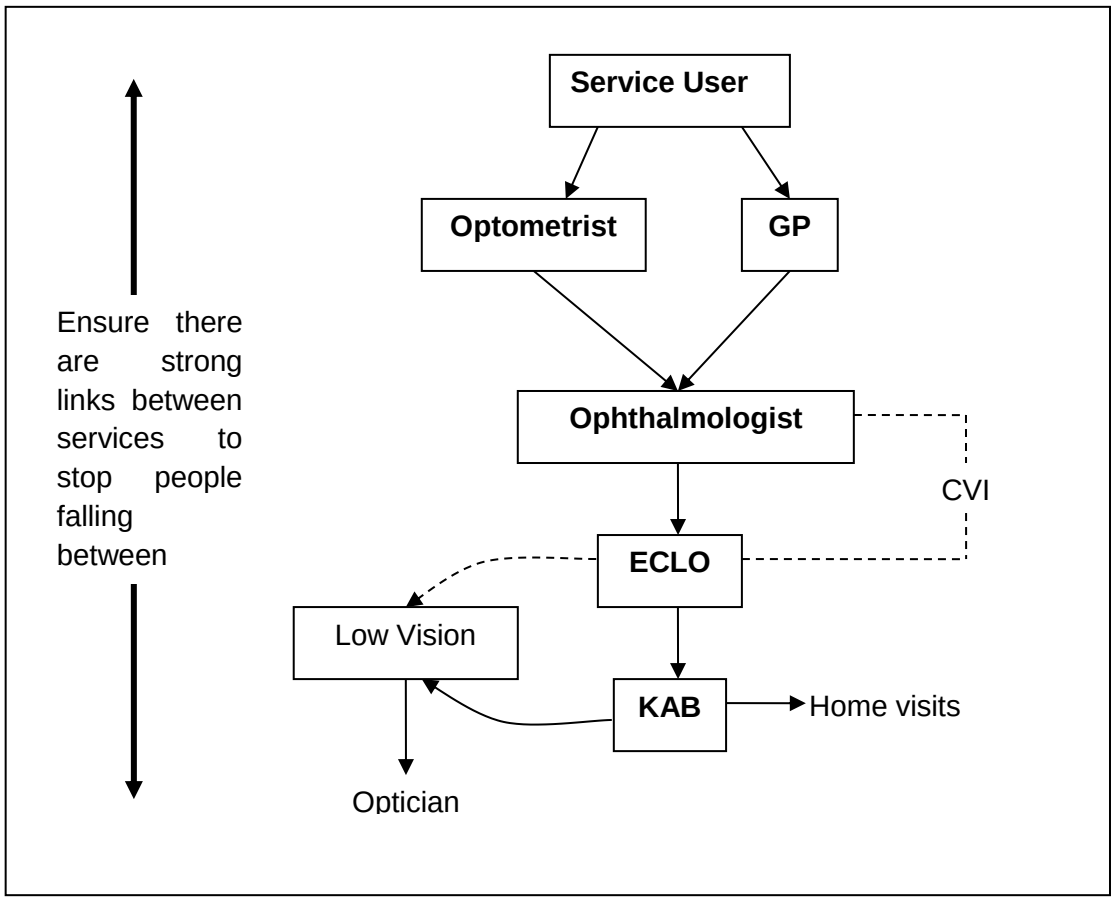
Area of Kent	Total population	Kent total estimated to have a severe impairment of both hearing and vision
West Kent	678,700	1439
East Kent	732,368	1553

Vision

Table 7: Numbers of Clients on Vision Impairment Register by Category

VI Register Category	Number of Clients
Severely sight impaired / blind	4760
Sight impaired / partially sighted	4730
Visual handicap not permanent	3
Visual handicap not registered	2
	53
Total	**9548**

Figure 1: Integrated Pathway for Health and Social Care Vision Impairment

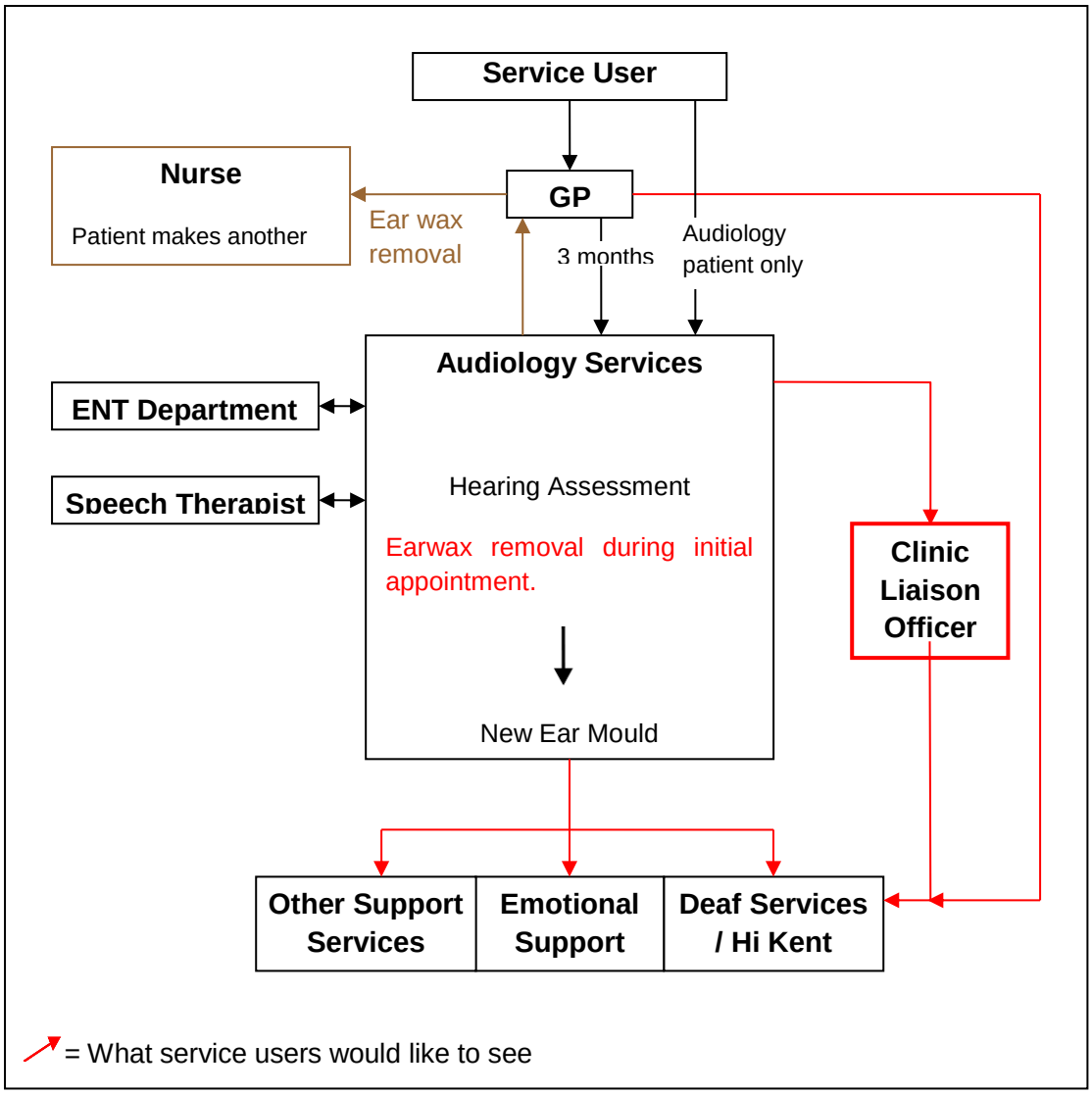


Source KCC Sensory and Autism Services 2013

The Kent and Medway Local Eye Health Network have identified the following issues where there is believed to be an inequality of access:

- that the impact and burden of glaucoma care is managed with appropriate use of step down care to primary care practitioners / optometrists ensuring equitable consistent and timely access to care for glaucoma.
- that the burden of age-related macular degeneration care is managed with appropriate use of step down care to primary care practitioners / optometrists, and ensuring equitable, consistent and timely access to care for macular degeneration care.
- that the burden to the health economy is minimized when commissioning services for age-related macular degeneration by using safe and effective therapies.
- that equitable consistent and timely access to care for cataract services with primary care practitioners / optometrists for pre and post-operative assessments.
- the development of consistent and equitable vision screening for children.

Figure 2: Integrated Pathway for Health and Social Care - Deafness



Source KCC Sensory and Autism Services 2013

- that there is the consistent availability of communication support for D/deaf and deafblind people across all health settings.
- that there is effective joint working between health and social care services for sight impaired people and D/deaf people for those with a dual sensory impairment.

Projected service use and outcomes in three - five years and five - 10 years and extent to which these will redress equity differentials/un-met need

Vision

Figure 3: Adults aged 18 – 64 predicted to have a serious visual impairment in the KCC area

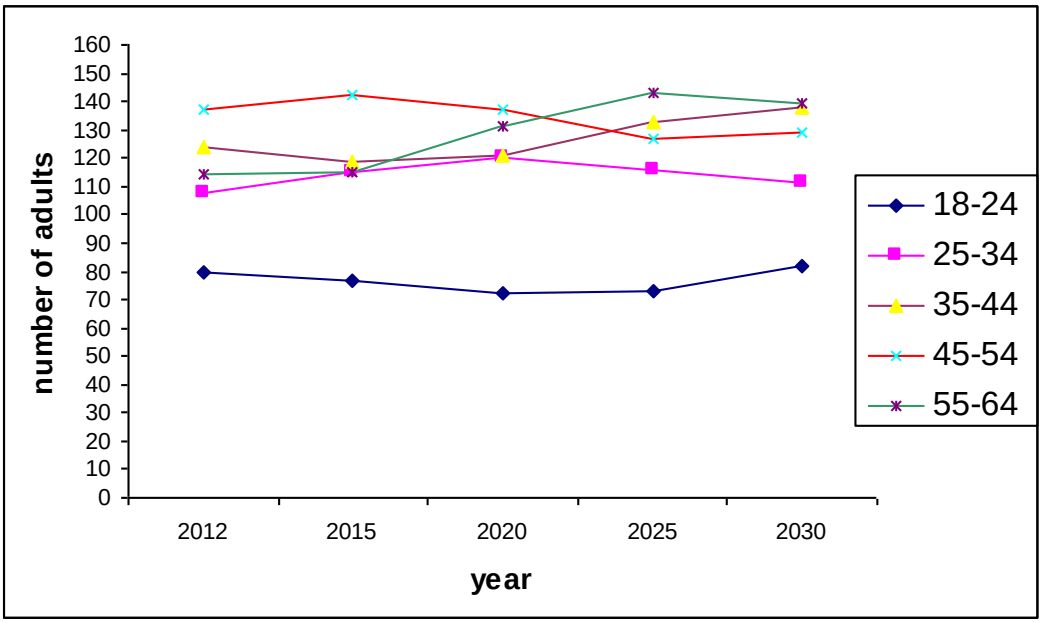


Figure 4: Adults aged 65 and over predicted to have a serious visual impairment in the KCC area

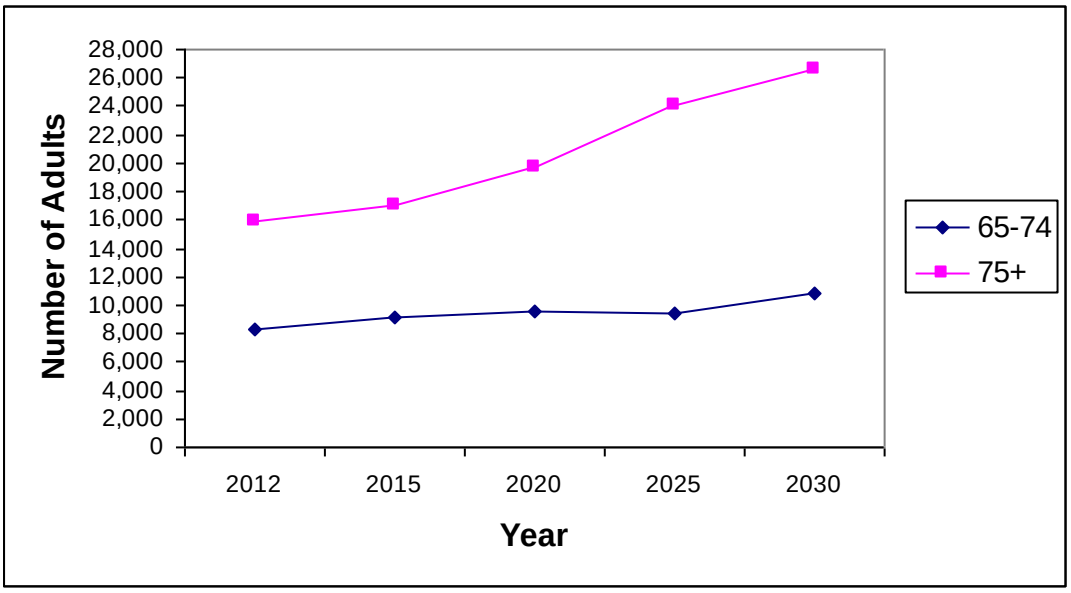
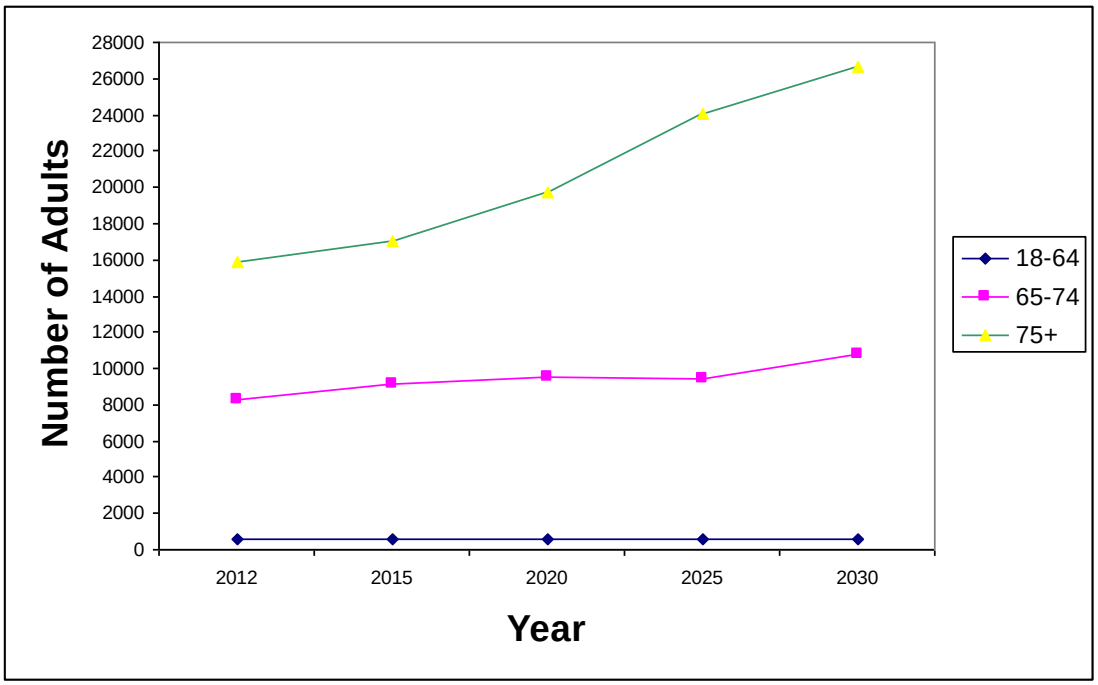


Figure 5: Projected number of people predicted to have a visual impairment by age in KCC area



Deafness

Figure 6: Total population aged 18-64 predicted to have a moderate or severe hearing impairment in the KCC area (*POPPI and PANSI data)*

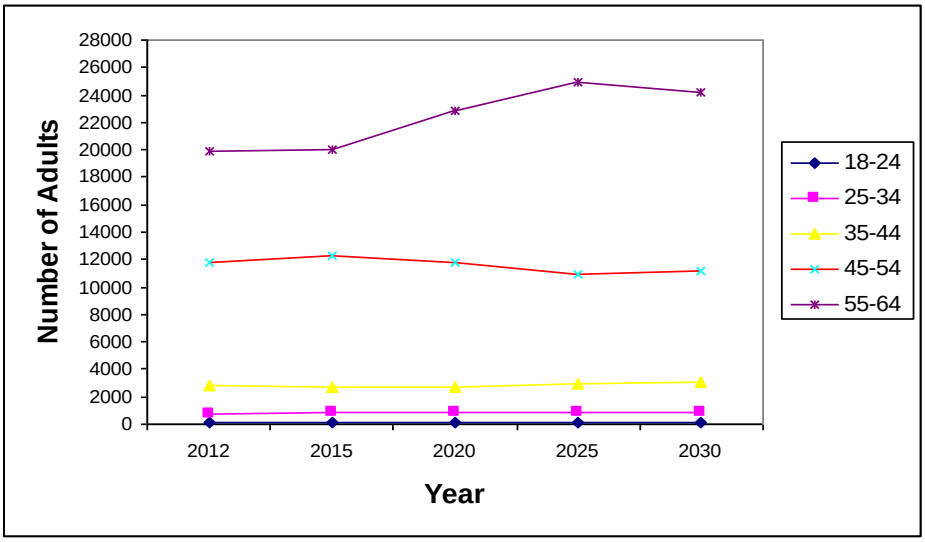
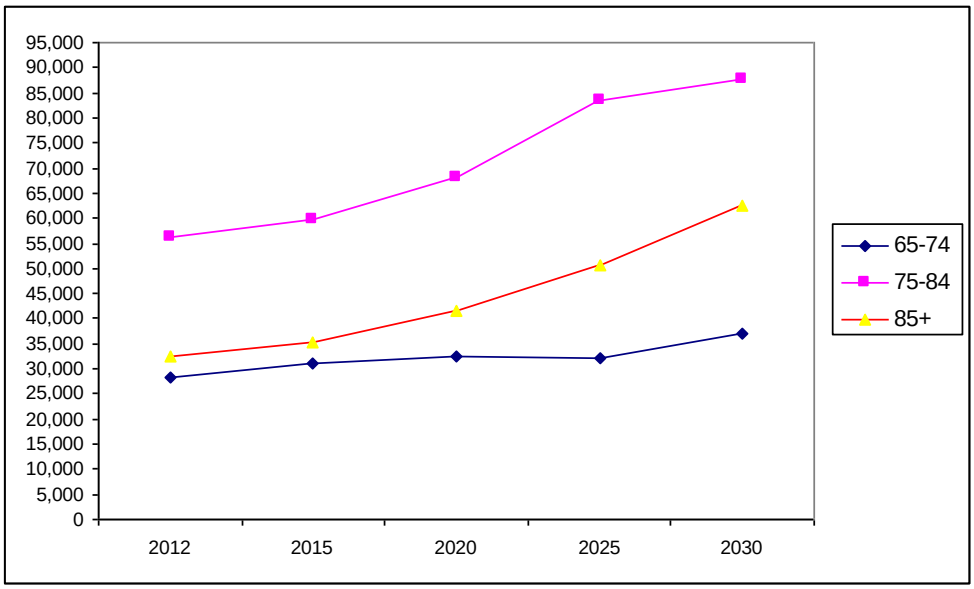
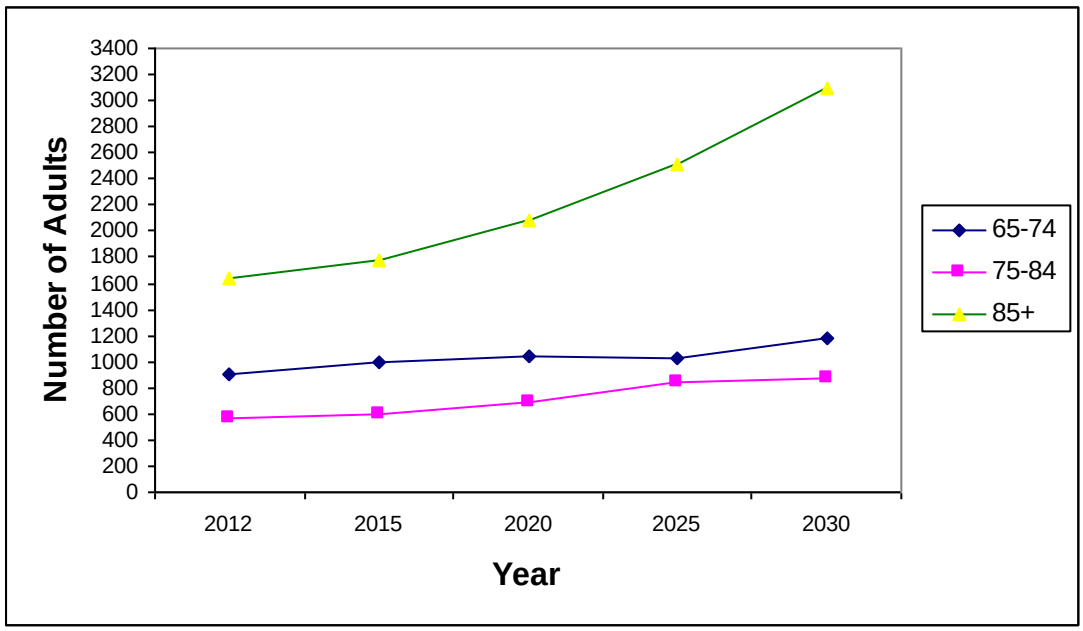


Figure 7: Total population aged over 65 predicted to have a moderate or severe hearing impairment in KCC area (*POPPI and PANSI data)*



It can be seen from the graph above that despite a small population within the 85+ age group the prevalence is higher, with around 78% of over 85s having a moderate or severe hearing impairment in Kent (based on 2008 population figures). As with sight impairment, those districts with a larger over 85 population will therefore have a higher prevalence within their population. Thanet, Canterbury and Maidstone have the largest over 85 populations in the KCC area.

Figure 8: Projected number of people over 65 predicted to have a profound hearing impairment in the KCC area (*POPPI and PANSI data*)



Deafblind

Figure 9: Comparison of those with a Severe Hearing and Sight Impairment in 2010 and 2030

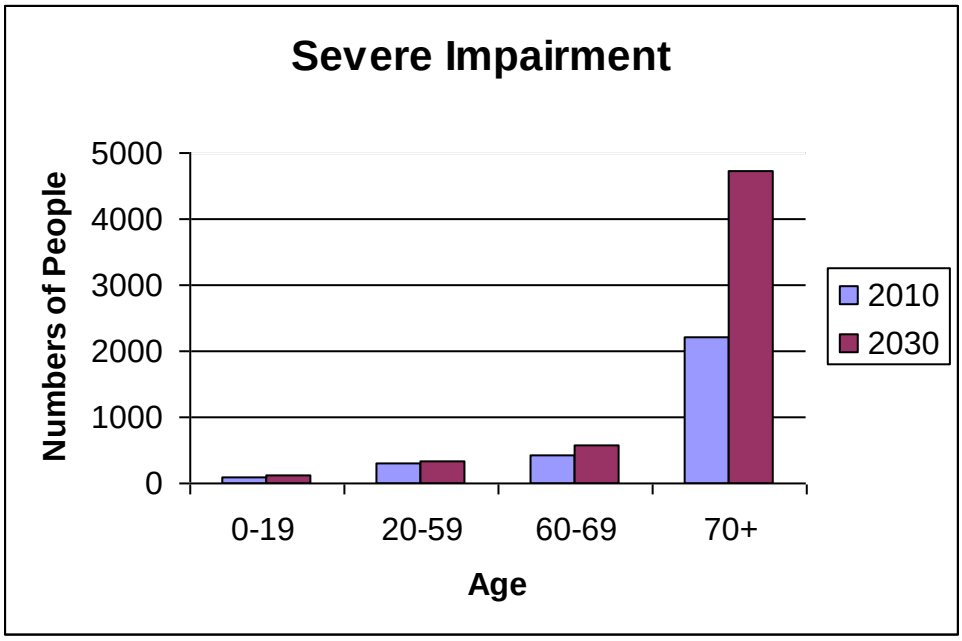
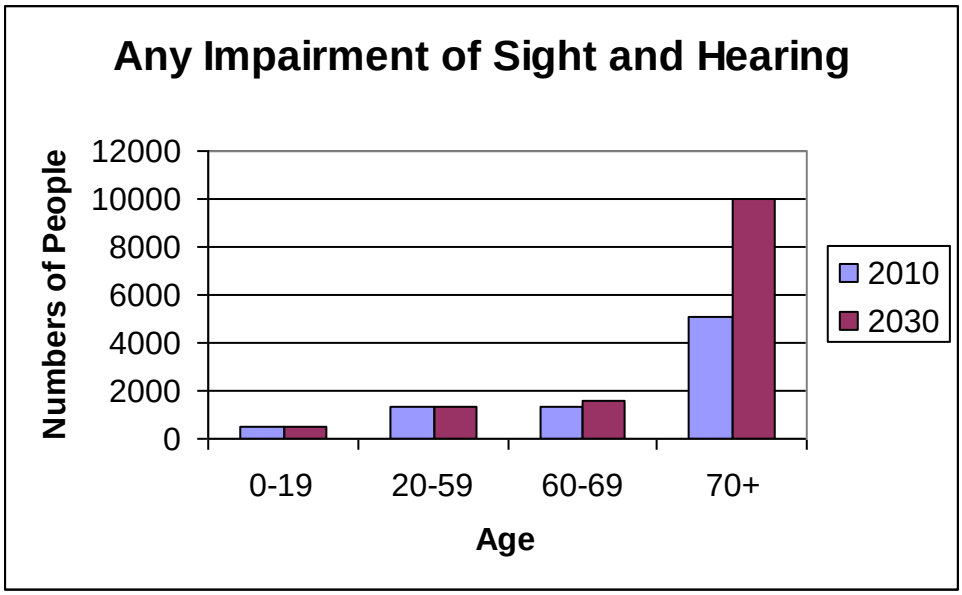


Figure 10: Comparison of those with any Hearing and Sight Impairment in 2010 and 2030



Evidence of What Works

Assessment of expected impact (including where possible social care impact assessment).
Key Themes

Vision

- Improved pathways between Health and Social Care.

- Importance of good eye care and early intervention.
- Early diagnosis of eye conditions.
- Need for improved access to information.
- Access to assistive technology.
- Sight impairment has an impact on other long-term conditions and their self-management.
- Services need to consider environmental factors in terms of access.
- The benefits of Eye Clinic Liaison Officers.

Deafness

- Prevention and early diagnosis can reduce the impact of hearing impairment.
- Need for improved access to information.
- Improvements needed in patient pathways and the way services work together.
- Key messages on hearing health issues for young people.
- Better access to communication support for D/deaf people when accessing services.

Deafblind

- Need for improved identification.
- Better integration and pathways between health and social care.
- Understanding uniqueness of disability and shared understanding of deafblindness.
- Providing specialists in deafblindness.
- Access to appropriate information, advice and guidance.
- Access to appropriate communication support.
- Greater awareness among people with deafblindness and their carers of support services available.

User Views

Vision

A review of previous service user events including the You Share, We Share conference in 2010 and outcomes from Kent Association for the Blind's service user group highlighted the following themes.

Access to Information:

- The need for improved access to information in all formats – audio, large print, Braille.
- Increased number of groups and forums as a follow up to events for voicing opinions and views also in order to receive feedback about positive developments being made.
- Lack of communication e.g. when you go to hospital for an appointment there's a lack of information, leaflets and posters, and you have to ask for information and advice.

Access to Services:

- Meetings accessibility: need to be easily accessible by public transport.
- Gateways are not user friendly.
- Difficulty accessing Low Vision Aids (LVA) Clinics through Kent Association for the Blind when patient is under a hospital with its own LVA Clinic.
- Abolition of Attendance Allowance.

Education:

- Need for sensory education and awareness training for service providers and also within schools.

Transport and Highways:

- Better information and provision on public transport – for example lack of announcements at train stations and audio services on buses.
- The problems caused by shared spaces and street furniture, such as A-boards.
- Taxi's refusing to carry and/or charging extra for guide dogs.
- Cars parked on footpaths/pavements.
- Cyclists not using their bells.
- Shared surfaces.

Employment

- Greater access to employment in order to overcome the benefit trap.
- Inconsistencies of benefits with regard to returning to work, many people want to return to the workplace.

Deafness

A review of previous service user events including the You Share, We Share conference in 2010 highlighted the following themes:

Access to Information:

- The need for improved access to information in all formats – audio, large print, Braille and British Sign Language or easy to read/plain English.
- Lack of communication e.g. when you go to hospital for an appointment there's a lack of information, leaflets and posters, and you have to ask for information and advice

Access to Services:

- The need for improved access to interpreters in emergency situations, health settings and the private sector.
- Care homes for older deaf people, should have staff who can sign.
- Information in day centres and deaf clubs for deaf people to access the services that KCC provide.

- Increased number of groups and forums as a follow up to events for voicing opinions and views also in order to receive feedback about positive developments being made.
- Increased work with small businesses who find it much more difficult to communicate with sensory impaired people. Support and engagement with chambers of commerce and other business organisations to help small businesses provide a better quality service.
- Public service organisations need to make a commitment to train a certain number of staff in at least Level 1 BSL in particular geographic locations. So in the police a certain number of officers trained or in social care a certain number of staff.

Transport:

- Better information and provision for D/deaf, sight impaired and deafblind people on public transport.

Education:

- Sensory education and awareness training for service providers and also within schools.

Employment:

- Greater access to employment in order to overcome the benefit trap.
- Inconsistencies of benefits with regard to returning to work, many people want to return to the workplace.

Deafblind

A review of previous service user events including the You Share, We Share conference in 2010 and outcomes from Kent Association for the Blind's service user group highlighted the following themes:

Access to Information:

- The need for improved access to information in all formats – audio, large print, Braille and British Sign Language or easy to read/plain English.
- Increased number of groups and forums as a follow up to events for voicing opinions and views also in order to receive feedback about positive developments being made.
- Lack of communication e.g. when you go to hospital for an appointment there's a lack of information, leaflets and posters, and you have to ask for information and advice.

Access to Services:

- Meetings accessibility: need to be easily accessible by public transport.
- Gateways are not user friendly.

- Difficulty accessing LVA Clinics through KAB when patient is under a hospital with its own LVA Clinic.
- Abolition of Attendance Allowance.
- The need for improved access to interpreters in emergency situations, health settings and the private sector.
- Care homes for older deaf people, should have staff who can sign.
- Information in day centres and deaf clubs for deaf people to access the services that KCC provide.
- Increased work with small businesses who find it much more difficult to communicate with sensory impaired people. Support and engagement with chambers of commerce and other business organisations to help small businesses provide a better quality service.
- Public service organisations need to make a commitment to train a certain number of staff in at least Level 1 BSL in particular geographic locations. So in the police a certain number of officers trained or in social care a certain number of staff.

Education:

- Need for sensory education and awareness training for service providers and also within schools.

Transport and Highways:

- Better information and provision for D/deaf, sight impaired and deafblind people on public transport.
- The problems caused by shared spaces and street furniture, such as A-boards.
- Taxi's refusing to carry and/or charging extra for guide dogs.
- Cars parked on footpaths/pavements.

Unmet Needs and Service Gaps

Develop consistent and equitable vision screening for children in Kent.

Recommendations for Commissioning

Special emphasis on whole systems approach

In policy terms the outcome of this needs assessment will be the development of a joint strategy and plan. This will include a detailed action plan which will provide a framework to implement the recommendations listed below:

- Ensure consideration of sensory impairment issues and services in DH long-term conditions agenda, including risk stratification and integrated health and social care teams.
- As part of a Sensory Public Health Improvement Strategy carry out health promotion campaigns aimed at raising people's awareness of the need for

regular sight and hearing tests, targeted particularly at risk groups e.g. older people, diabetics, young people at risk of hearing impairment from the effects of loud music and noise in the workplace.

- Improve the provision of information on services and the support available; ensuring it is available at key locations and in accessible formats.
- Develop and implement clearer pathways for accessing services; and improve processes for joined up assessment and delivery of services, for example eye clinic liaison officer posts.
- Carry out sensory impairment awareness training of health and social care staff to help them identify individuals with sight and hearing impairments and refer onto appropriate services.
- Transform services by developing new ways of working e.g. clinic approach for equipment assessment and provision to achieve efficiencies and meet increasing demand.
- Ensure sensory environmental audits are carried out to improve access for those with sight or hearing impairments e.g. colour contrast and loop system.
- Establish on an ongoing basis self-management and peer support programmes for sensory impaired people.
- Continue to develop personalised services for sensory impaired people, maximising opportunities for choice and control.
- Ensure sensory impaired people benefit from the opportunities to be gained from new technologies including Telecare and communication aids.
- Ensure the development of appropriate health and social care services to meet the specific needs of people with learning disabilities who have sensory impairments.
- Ensure the development of appropriate emotional support and mental health services for sight impaired, D/deaf and deafblind people, particularly at the point of diagnosis.
- Ensure consistent availability of communication support for D/deaf and deafblind people across all health settings.
- Ensure effective joint working between health and social care services for sight impaired people and D/deaf people for those with a dual sensory impairment.
- Ensure an effective low vision service for sight impaired adults and children.
- Establish child centred clinics, with a multi-disciplinary approach facilitating access to a range of services.
- Develop consistent vision screening for children in schools.
- Further work to be carried out on locality prevalence rates, service mapping, current levels of activity, pathways and the identification of additional unmet needs and gaps in services.
- Wider engagement with service users and other stakeholders.

- Development of a Sensory Commissioning Strategy and Implementation Plan.
- Closer working with the falls service to better understand the impact that sensory impairment has upon falls prevalence.
- Ensure the impact and burden of glaucoma care is managed with appropriate use of step down care to primary care practitioners / optometrists. Ensure equitable consistent and timely access to care for glaucoma.
- Ensure the burden of age related macular degeneration care is managed with appropriate use of step down care to primary care practitioners / optometrists. Ensure equitable consistent and timely access to care for macular degeneration care.
- Ensure the burden to the health economy is minimized when commissioning services for age related macular degeneration using safe and effective therapies.
- Ensure equitable consistent and timely access to care for cataract services with appropriate use of step down care to primary care practitioners / optometrists for pre and post-operative assessments.
- Health and Social Care partners to support any current plan(s) developed by the diabetic eye screening service commissioners and providers so as to reduce DNA rates.

Recommendations for Needs Assessment Work

(Whole systems perspective including social care considerations where possible)

The Kent and Medway Local Eye Network working on behalf of NHS England and other health and social care partners including KCC and the CCGs are currently assessing the future direction of assessment projects and the priority of those projects.

Further work should be carried out on locality prevalence rates, service mapping, current levels of activity, pathways and the identification of additional unmet needs and gaps in both health and social care services.

Key Contacts

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