

**County Durham and Darlington Low Vision Services
Committee**

**(6th) Meeting Thursday 10th September 2009
at 9.30am
Minutes**

Venue: Committee Room 1A County Hall Durham

Present: Andy Nuttall (Chair), Reti Winward, Ann Dormer-Adcock, Janet Hoyle, Tom Hoyle, Leigh Nicholson, Heather Hebden, Pauline Morphet, Phil Smith, Jim Welch, Margaret Welch, Nicky Brace, Marie Scott, Brian Splevins (Minutes)

Apologies: Sharon Meadows, Linda Curtis, Barbara Pratt, Rachel Emery, Adam Greatwood.

1. Minutes of 5th Meeting held on 2 July 2009 and Matters Arising

- Andy welcomed everyone to the meeting and pointed out that the Minutes of the Meeting held on 2 July 2009 had been substantially amended from the draft minutes as circulated.
- The Minutes of the Meeting held on 2 July 2009 were agreed as a true and correct record.
- Andy read out the Commissioner's Update from the 2 July 2009 Minutes. The Group commented that there was a lot to take in but that the information was very useful. Andy advised that Rachel and Chris would keep the Group up to date on these matters.
- The Group noted that secondary care had received significant increases in referrals of ocular hypertension or suspected glaucoma. These referrals were generating waiting lists, a likely outcome of which would be cases being pushed into the community much more quickly without appropriate or timely follow-up or information giving.

As there were waiting lists, a budget would be forthcoming to deal with them. Cases referred into hospital and found to be borderline were being discharged which raised the issue of whether they should be further monitored by secondary care.

- **Equality of Access to Eye Care Services – Learning Disability:** Andy mentioned that a representative from Learning Disability Services remains to be nominated to the Committee. Andy has arranged to present the work of the Committee, in relation to the UK Vision Strategy, to the LD Partnership Board in December 2009. He will in the meantime start discussions with colleagues in LD services responsible for Health Action planning

2. Terms of Reference

The Group approved the document and commented that they needed to be forward-looking.

3. Commissioner's Update

Andy had no comment on this item from the Council's perspective and informed the Group that Rachel would provide an update to be included with circulated minutes.

4. UK Vision Strategy England Implementation Plan 2009-14 – Our Response

- Marie Scott (CYPS Belmont School) spoke to the Committee about an innovative project she has formulated with Simon Berry. A pilot is due to begin in Simon's premises in Gilesgate screening children and young people for low vision equipment and there had been very positive feedback from consultants who were keen to trial the service. Simon would be carrying out assessments and hospitals would provide low vision aids. Letters had been sent out to parents outlining the pilot service. 16 families had confirmed interest.
- The first clinic would be held on 22 September 2009 and each child/ family would attend a set appointment; there would be 10 appointments on that date.

The project was a very positive move. Every child would have the opportunity to use the right aids in the classroom; at the end of the year a progress report would be produced.

Andy commented that the project would increase sight services for children. Aids could be provided in the home as well. This was an early start to promoting use of aids in the community which could only be beneficial in the longer term. As a significant piece of work the project should be included in the strategy plan.

Simon was to speak to Cathie Burke to invite her to a clinic session. He would liaise with and give formal feedback to consultants; families to be copied in. The Low Vision Aids hospital budget would fund LVAs and Simon would order the aids. However, the budget was only £1000 for the year; the Children's Disability Team had assisted with some funding.

- Andy suggested that a local Implementation Plan should be developed with a view to identifying the good practice occurring in the County and recording progress against the Vision Strategy targets.

The Group was of the view that the Level 1 priorities (achieved before December 2010) were appropriate for consideration and to make the process more manageable.

- The first level 1 objective was to maximise uptake of eye tests amongst 'eligible groups'. Andy pointed out that this linked with Agenda Item 6 – Access to Eyecare Services – Learning Disability. There was concern that eye testing should be part of annual health checks and care planning for adults with a learning disability. Health Action Plans for service users should include eye care in addition to dental care.
- Andy mentioned that a Learning Disability Service representative should sit on the Committee; he proposed that he should approach the Learning Disability Partnership Board to open a dialogue and this action was agreed.

- Andy referred to the SeeAbility pack which included a DVD. There was to be a presentation to the Group and the LD Partnership Board (LDPB) which was an appropriate starting point. The group commented that young children with learning disabilities had not been screened in Durham for sight problems since 1995 when funding ceased. The Vision Strategy should be looking at screening children from age 3 years of age in nurseries for sight problems. The current practice was for school nurses to screen children 5 years of age. These issues needed to be highlighted to raise their profile. This also raised the question why there were so widely different practices in neighbouring authorities.
- LD Partnership Board is due to meet again in December 2009. Andy proposed to take a paper or talk to LDPB. He invited anyone from the Group to attend LDPB with him. The Group suggested that this was such a big issue and possibly a sub-group should scope “at risk” sections. Andy was comfortable with talking to LDPB as they would know the appropriate person to attend the Group.
- The Group noted that there was a potential issue with parents taking children for eye tests which should be promoted in schools. Was this a priority for the Group and should work be started on this area? The RNIB was taking a lead and notwithstanding that school nurses were screening children 5yoa the problem lay with under 5s, specifically where children need glasses pre-school.
- Other issues to be considered pre-December 2010 included:
 - evidence based approaches to eye health and sight services;
 - integrated primary and secondary eye care service - the Group commented that there was a requirement to raise awareness amongst GPs to refer patients;
 - improved transition from clinical to social support – the Group commented that there was a general lack of information on eye care and sight loss prevention. Early diagnosis was key but low patient awareness led to late diagnosis. Stroke patients could slip through without eye

tests and an orthoptist service was being set up at UHND driven by the Stroke Rehab Team.

The Group possibly could undertake mapping of available services;

- emotional support as part of the service –
Andy referred to Agenda Item 7 – the Strategic Funding Programme 2009/10 Bid. Andy informed the Group that the bid had been unsuccessful. There had been 2,100 submissions received by the EHRC which was 3 times more than last year. The bid was rejected for the reasons that there was no clear need for the work and was too narrowly focused on one equality group. Rachel would again be asked to see if there was other funding available in due course in the PCT; also to ask Rachel to what extent managers were aware of the risks to funding for ECLOs at this time;
- Removing barriers to employment –
Andy remarked that Access to Work was critical in supporting people with sight loss into work. The Group noted that funding was being restricted or taken away in many work areas. DCC Workable Solutions secured placements but not permanent jobs and employers were left to decide on longer term prospects for those service users who could be referred back to Access to Work for aids. Welfare Rights could raise the profile of those seeking benefits and advise on benefits for people with sight loss. Service users needed to be in the system as “registered blind” to access some benefits.
- Accessible transport –
Andy commented that some targets, possibly 1 or 2 were feasible but others were too long or generalised. The Group suggested mapping what existed. Andy could send out a template for each of the targets to capture data on what was in place and what was working. The Group then could identify gaps to be plugged for action plans.

5. Communication and Information Sub Group

Andy asked the Group if they thought there was any relevance in restarting this sub-group. The sub-group had

started to produce a DVD for low vision clinics but stopped the project because of changes expected in the service. There was also a cost implication which needed to be considered.

6. Access to Eyecare Services – Learning Disability

Discussed under Agenda Item 4.

7. Strategic Funding Programme 2009/10 Bid

Discussed under Agenda Item 4.

8. Darlington BC and Voluntary Sector Representation

Andy commented that there was still no attendance at the Group although representatives had been invited.

9. Exhibition – Look to the Future 2009

The Exhibition was going ahead on 8th October 2009 in County Hall. National Vision Strategy would be represented. There would also be free glaucoma testing. All stalls were now taken by attendees.

10. Any Other Business

- A Group photo would be going onto the 20/20 Vision website. The photo would be taken at the Exhibition on 8th October 2009. Andy mentioned that he had done a press release and was waiting to hear if there was any interest from North-east TV to attend.
- The National Eye Health Strategy Presentation was coming to the North-east in November 2009. Andy suggested that the next meeting should be planned around the Presentation which took 20 minutes. The date would be 19th November 2009.

11. Date and Time of Next Meeting

19th November 2009 – Venue and Time to be confirmed.