



Yn cefnogi pobl  
â cholled golwg  
Supporting people  
with sight loss

# Response to National Assembly for Wales Inquiry into the Cost of Caring for an Ageing Population

## 1. Introduction

RNIB Cymru is Wales' largest sight loss charity. We provide support, advice and information to people living with sight loss across Wales, as well as campaigning for improvements to services and raising awareness of the issues facing blind and partially sighted people. We support, empower and involve thousands of people affected by sight loss to improve lives and challenge inequalities.

We welcome the opportunity to provide evidence to this Inquiry into the Cost of Caring for an Ageing Population and will use this opportunity to highlight the needs of blind and partially sighted people. We hope that the recommendations that emanate from this inquiry will provide greater consideration to future social care needs and related costs of an ageing population. Being blind or partially sighted can affect every area of your life and there are many different conditions which someone may develop in later life which are either related to their sight loss or need to be considered as people will need additional assistance in coping with such conditions and their sight loss.

Many areas of the health and social care service in Wales are struggling to cope with or do not fully recognise the links between conditions and sight loss or the impact of sight loss on those conditions. There is a large capacity issue within the eye care service and RNIB Cymru has been working with Welsh Government to try and find solutions. In this area in particular, it is likely that demand is going to increase hugely with the ageing population and thus the cost of health and social care.

## **2. About sight loss**

There are approximately 107,000 people living with sight loss in Wales [1]. 8,400 people are registered severely sight impaired and almost 8,600 are registered sight impaired [2]. Every day in Wales, nearly 4 people start to lose their sight [2] and one in five people will live with sight loss in their lifetime [3].

The risk of sight loss increases with age and 1 in 9 people over the age of 60 is living with sight loss, which rises to 1 in 5 people aged 75 or over [1]. With an **ageing** population, the number of people with eye conditions is projected to rapidly increase over the coming years and by 2050, it is estimated that the number of people living with sight loss in Wales will double [1]. With this demographic shift come new challenges, with more older people needing support to live with sight loss and more experiencing sight loss alongside other challenges associated with age.

Sight loss has a huge impact on individuals. For many people, loss of sight results in increased dependence on others [4]. In a survey of blind and partially sighted people conducted by RNIB, 60 per cent of respondents stated that they needed help to get out of the house because of their sight loss [5]. Nearly half of blind and partially sighted people report feeling 'moderately' or 'completely' cut off from people and things around them [6], with 43 per cent saying that they would like to leave their homes more often [7]. This sense of isolation inevitably has an impact on people's mental and emotional wellbeing.

## **3. Estimated number of people with sight loss by 2050 and related health and social care costs**

The projected estimate for the number of people with sight loss in the UK in 2050 is 4,145,000. This is approximately 218,000 people in Wales [1]. Although sight is the sense we most fear losing, as a society we spend relatively little to prevent, detect and treat eye disease.

Government also spends relatively little on health and social care services to support independent living by those with sight loss. Key services such as rehabilitation, social support, community

equipment, disability benefits, and accessible transport are generally under-funded and under-developed.

Vision rehabilitation services are crucial to ensuring blind and partially sighted people remain as independent as possible. Now, new independent research commissioned by RNIB, with support from the Department of Health, has identified that the cost of providing vision rehabilitation services is dwarfed by the financial benefits [8].

Independent research by the Office for Public Management (OPM) and based on a case study of services provided by Sight for Surrey has shown that the financial benefits of good vision rehabilitation services significantly outweigh the actual costs of delivering this service. In fact, in the case study site, over £3.4 million of health and social care costs were avoided, reduced or deferred annually based on a service which cost an estimated £900,000 a year to deliver [8].

The **Social Services and Well-being (Wales) Act 2014** in particular provides the statutory framework to deliver the Welsh Government's commitment to transform social services in Wales to improve the well-being of people who need care and support and carers who need support. The Act sets out a definition of well-being for people who need care and support. Everyone, adult or child, has the right to be heard as an individual to shape the decisions that affect them, and to have control over their day to day lives.

Financial pressures in healthcare services are further compounded with the direct healthcare cost linked to eye health estimated to be at least £151.1 million every year. This includes NHS healthcare expenditure [1]. So this is money spent on preventing and treating eye conditions. Indirect costs associated with sight loss due to lower employment rates and unpaid care provision cost the Welsh economy around £268 million\* every year. [1]. Furthermore, it is estimated that the associated reduction in wellbeing and health due to living with sight loss totals £1 billion every year in Wales [1].

(\*this figure includes estimates for Lower employment, Absenteeism, Premature mortality, Informal care costs, Devices and modifications, Deadweight loss. It doesn't directly include social care benefits.)

In addition to paid health and social care provision, there is also a cost to unpaid carers. The Office for National Statistics (ONS) now regularly publishes estimates of the value of unpaid household services in the Household Satellite Account [9]. The data examines the value and division of that unpaid household work using time use data and presents estimates of the amount and value of informal child and adult care with analyses by sociodemographic variables including sex, age, and labour market status.

Information from the ONS census provides a cost to care provided by unpaid carers at an estimated value of time and the cost of providing this unpaid adult care is £7.97 billion [9]. This would further increase with an ageing population.

### **The Well-being of Future Generations (Wales) Act 2015**

The Well-being of Future Generations (Wales) Act 2015 came into force in April 2016. The Act requires public bodies, including the Welsh Government, to think more about the long-term, to work better with people, communities and each other, look to prevent problems and take a more joined-up approach – helping to create a Wales that we all want to live in, now and in the future.

This is intended to support an integrated approach to public service delivery, and a focus on giving people and communities a voice in how their services are provided.

## **4. Conclusion**

Sight loss is closely linked to ageing, and as the number of older people is set to rise dramatically, so will the number of blind and partially sighted people. People in later life face unique challenges as, in addition to sight loss, they are also more likely to have additional health problems such as loss of hearing, reduced mobility and dementia. Increases in sight loss as the population ages will serve to increase pressures on the health and social care system and NHS and social care expenditure.

Current Welsh Government policies including recent social services legislation and reforms to social care funding on local authorities, care providers and service users, will need to be considered in the costs of caring for an ageing population.

## References

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