

Associated guidance for this document can be found [here](#). Each section has a link to the relevant section within the guidance document.

1 Details of the activity (i.e. the policy, strategy, service, project or function)

1.1 Directorate	Health, Housing and Communities
1.2 Service	Public Health

1.3 Title of the activity (i.e. the policy, strategy, service, project or function):
The provision of a Vision Screening Programme for Children aged 4-5 years in Sunderland

1.4 Brief description of the activity:
The Vision Screening Programme for children aged 4 to 5 years is primarily undertaken to detect children with amblyopia, a form of abnormal vision system development. The most common predisposing conditions are strabismus (squint) and refractive error (focusing problems requiring glasses). Early detection of amblyopia is necessary to avoid permanent visual impairment by allowing treatment to be undertaken within the sensitive period of neuroplasticity (growth and change) in the visual system.

1.5 If the activity involves working with other directorates, partners or joint commissioning please state who is involved:
Work will be undertaken alongside corporate procurement.

1.6 Will all or part of the activity be delivered through a provider external to the Council? If Yes, please refer to the Corporate Procurement Processes
Yes

1.7 If Yes, please explain what element(s) of the activity will be delivered through an external provider:
All of the activity will be delivered through an external provider.

1.8 Which areas of the city will be impacted?	
Whole City	<input checked="" type="checkbox"/>
Coalfield	<input type="checkbox"/>
East	<input type="checkbox"/>
North	<input type="checkbox"/>
Washington	<input type="checkbox"/>
West	<input type="checkbox"/>
Internal Council Activity – Impact on employees	<input type="checkbox"/>

1.9 Is the activity targeted at protected characteristics or any other key groups?	
All of the below	<input type="checkbox"/>
Age (e.g. older people, younger people/children, a specific age group)	<input checked="" type="checkbox"/>
Disability (e.g. mobility, long term health conditions, sensory impairment or loss, learning disability, neurological diversity or mental health)	<input checked="" type="checkbox"/>
Marriage and civil partnership	<input type="checkbox"/>
Pregnancy and maternity (including breastfeeding)	<input type="checkbox"/>
Race	<input type="checkbox"/>
Religion or belief (including no belief)	<input type="checkbox"/>
Sex	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>
Human Rights	<input type="checkbox"/>
Care Experienced People	<input type="checkbox"/>
Other vulnerable groups and people with complex needs (e.g. veterans, children and young people who are cared for or care experienced, carers, domestic abuse victims and survivors, ex-offenders etc.)	<input checked="" type="checkbox"/>
People vulnerable to socio-economic deprivation (e.g. unemployed, low income, living in deprived areas, poor/no accommodation, low skills, low literacy etc.)	<input type="checkbox"/>

Completed by: K Lightfoot Gencli

Version	Status	Author	Comments	Date Issued
1	Draft	Karen Lightfoot Gencli	Reviewed by Lorraine Hughes	21/06/2023

2 Data and Intelligence

[Guidance for this section](#)

2.1 What data and intelligence has informed the activity?

In England, responsibility for funding vision screening for 4 to 5-year olds was passed to local authorities in October 2015, forming part of the Healthy Child Programme. This change in responsibility was followed by the publication of the [UK National Screening Committee](#) (UK NSC) commissioning guidelines and supporting materials in October 2017 to enable local authorities to plan and deliver according to the best evidence available.

The Child Vision Screening Programme is part of a wider health screening programme. The [UK National Screening Committee](#) (UK NSC) continues to recommend vision screening for 4 to 5 year old children ([Vision Defects - UK National Screening Committee \(UK NSC\) - GOV.UK \(view-health-screening-recommendations.service.gov.uk\)](#)) and that there should be no change to the current guidance (August 2019) on screening for vision defects in children aged 4 to 5, however this should remain under review. Local authorities are responsible for this as part of the [healthy child programme](#) (Guide 2, page 21), which includes screening all children between 4 and 5 years of age for visual impairment in line with National Screening Committee Guidelines, which is based on available evidence and current guidance, with recommended standards for safe practice. The [evidence base](#) has been established by the UK NSC. The current recommendation is that screening for visual impairment between 4 and 5 years of age should be offered by an orthoptic-led service and be delivered in line with the [Public Health England Pathway](#) for Child Vision Screening Programme.

Sunderland continues to experience a good uptake of support for the maintenance of eye health in children through the Vision Screening Programme, currently provided by Sunderland Eye Infirmary as part of South Tyneside and Sunderland Foundation Trust.

On average, the annual population of 4 or 5 years olds in Sunderland is around 3000. General data from the annual programme demonstrates the following outcomes:

- 96% of vision screening tests are carried out amongst the eligible cohort;
- 76% of children pass the screening test;
- 20% of children are referred for further testing.

Of the 4% not tested, there is a low opt out of around 0.3%, 0.6% have moved and 3% are absent.

For those who are referred, 4% are generally already attending the Eye Infirmary, 15% are referred to a Community Optometrist and the remaining 5% to the Sunderland Eye Infirmary or The Galleries Health Centre.

Of the average referrals, 73% attend for further assessment with 45% generally needing glasses. In total, 7% of all the children screened through the vision programme need glasses to correct an assessed condition, which is usually a squint as reported by the service.

A review of the service has been carried out, including an options paper and briefing papers to SMT. This has involved consultation with the current provider, 0-19 Public Health Service, and benchmarking from other Local Authorities. Soft market testing has also been carried out with prospective providers through procurement, in line with the commissioning process.

As the main part of the programme is carried out in school time, there is very limited formal feedback from children and feedback from families tends to be where the child has been referred for further tests.

<p>2.2 Summary of data / intelligence / consultation outcomes to inform understanding of differences in:</p> <ul style="list-style-type: none"> the way people use, access or experience your activity; how the activity may impact; and/or outcomes for different groups?
<p>This is a targeted health screening programme. Although serious vision problems during childhood are rare, routine eye checks are offered to newborn babies and young children to identify any problems early on. Free NHS sight tests are also available at opticians for children under 16 and for young people under 19 in full-time education.</p> <p>Eye checks are important as the sooner any eye problem is detected, the sooner a child will be able to get any treatment and support needed. Children may not realise they have a vision problem so, without routine tests, there's a risk a problem may not be spotted. This may affect their development and education. Vision screening is usually carried out in a child's school, however, if a child's vision is not checked at school, families are directed take them to a local optician for an eye examination.</p> <p>Population based vision screening ensures ALL children have equality of access and guarantees children from all socio-economic backgrounds receive vision screening.</p> <p>It is recognised that it was not possible to gain the views of service users via the review process and there is limited feedback to the service provider. Therefore, requirements will be included within a future service specification to encourage an appropriate process for feedback, to enable service improvement and improved equity of access.</p>

3 Equality and Human Rights

[Guidance for this section](#)

<p>3.1 Eliminate discrimination, harassment and victimisation</p>
<p>What impact will the activity have?</p>
<p>Positive</p>
<p>Explain how/why:</p>
<p>The Child Vision Screening Programme will detect amblyopia, a form of abnormal vision system development in children aged 4 to 5 years. Early detection of amblyopia in children aged 4-5 years is necessary to avoid permanent visual impairment by allowing treatment to be undertaken within the sensitive period of neuroplasticity (growth and change) in the visual system.</p>

<p>3.2 Advance equality of opportunity between people who share a protected characteristic and those who do not</p>
<p>What impact will the activity have?</p>
<p>Positive</p>
<p>Explain how/why:</p>
<p>Population based vision screening ensures ALL children have equality of access and guarantees children from all socio-economic backgrounds receive vision screening. The service will be offered on a universal basis to all children aged between 4 and 5 years. The community pathway means that children referred receive treatment and management closer to home. Appointments are available after school and at weekends which means that families will not have to take children out of school.</p>

<p>3.3 Foster good relations between people who share a protected characteristic and those who do not</p>
<p>What impact will the activity have?</p>
<p>Not Applicable</p>
<p>Explain how/why:</p>
<p></p>

3.4 Age (older ages, children and young people, middle ages, an age range or a specific age)
What impact will the activity have?
Positive
Explain how/why:
The Child Vision Screening Programme will detect amblyopia, a form of abnormal vision system development in children aged 4 to 5 years. Population based vision screening ensures ALL children have equality of access and guarantees children from all socio-economic backgrounds receive vision screening. The service will be offered on a universal basis to all children aged between 4 and 5 years. The community pathway means that children referred receive treatment and management closer to home. Appointments are available after school and at weekends which means that families will not have to take children out of school.

3.5 Disability (mobility, long-term health conditions, sensory, learning disability, neurological diversity or mental health)
What impact will the activity have?
Positive
Explain how/why:
Early detection of amblyopia in children aged 4-5 years is necessary to avoid permanent visual impairment by allowing treatment to be undertaken within the sensitive period of neuroplasticity (growth and change) in the visual system.

3.6 Gender reassignment (the process of transitioning from one sex to another)
What impact will the activity have?
Not Applicable
Explain how/why:

3.7 Marriage and Civil Partnership
What impact will the activity have?
Not Applicable
Explain how/why:

3.8 Pregnancy and maternity (including breastfeeding)
What impact will the activity have?
Not Applicable
Explain how/why:

3.9 Race (colour, ethnicity, country of origin, culture, etc.)
What impact will the activity have?
Not Applicable
Explain how/why:

3.10 Religion / Belief (including no belief)
What impact will the activity have?
Not Applicable
Explain how/why:

3.11 Sex (male or female)
What impact will the activity have?
Not Applicable
Explain how/why:

3.12 Sexual orientation
What impact will the activity have?
Not Applicable
Explain how/why:

3.13 Will the activity impact on an individual's Human Rights as enshrined in UK law?
What impact will the activity have?
Not Applicable
Explain how/why:

3.14 Other vulnerable groups and people with complex needs (e.g. veterans, children and young people cared for and care experienced, carers, domestic abuse victims and survivors, ex-offenders, homeless or multiple complexities/characteristics)
What impact will the activity have?
Positive
Explain how/why:
Population based vision screening ensures ALL children have equality of access and guarantees children from all socio-economic backgrounds receive vision screening. The service will be offered on a universal basis to all children aged between 4 and 5 years. The community pathway means that children referred receive treatment and management closer to home. Appointments are available after school and at weekends which means that families will not have to take children out of school.

4 Reducing socio-economic and digital inequalities

[Guidance for this section](#)

Will the activity:

4.1 Impact on residents' financial circumstances?	Not Applicable
4.2 Impact on housing, including type, range, affordability, quality and/or condition?	Not Applicable
4.3 Impact on digital inclusion or access?	Not Applicable
4.4 Impact on education, skills and lifelong learning?	Positive
4.5 Impact on employment, including quality and access?	Not Applicable

4.6 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes
Early detection of amblyopia in children aged 4-5 years is necessary to avoid permanent visual impairment by allowing treatment to be undertaken within the sensitive period of neuroplasticity (growth and change) in the visual system. Early detection will ensure access to treatment, which has been shown to result in improved vision. The

service and provision of corrective glasses is free at the point of access for this cohort of children.

4.7 Outline how you will measure the anticipated impact(s)

The provider gathers data in relation to outcomes of the vision screening programme.
Quarterly contract meetings are in place to monitor the progress of the vision screening programme.

5 Improving population health and reducing health inequalities

[Guidance for this section](#)

Will the activity:

5.1 Help promote healthy living?	Positive
5.2 Help promote safe and inclusive environments?	Not Applicable
5.3 Impact on children, young people and families?	Positive
5.4 Impact on natural and built surroundings?	Not Applicable
5.5 Impact on accessibility and active travel encouraging active behaviours?	Not Applicable
5.6 Impact on living independently?	Not Applicable

5.7 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes

The vision screening programme promotes eye health in children aged 4-5 years through early detection of amblyopia and is necessary to avoid permanent visual impairment by allowing treatment to be undertaken within the sensitive period of neuroplasticity (growth and change) in the visual system. Early detection will ensure access to treatment, which has been shown to result in improved vision.

5.8 Outline how you will measure the anticipated impact(s)

The provider gathers data in relation to outcomes of the vision screening programme.
Quarterly contract meetings are in place to monitor the progress of the vision screening programme.

6 Carbon reduction and sustainability

[Guidance for this section](#)

Will the activity:

6.1 Impact on carbon reduction or the use of renewable energy?	Positive
6.2 Impact on the effects of climate change adaptation?	Not Applicable
6.3 Impact on reducing, re-using and recycling resources?	Uncertain
6.4 Impact on construction?	Not Applicable

6.5 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes

The vision screening programme has a planned timetable of delivery in primary schools across each academic year, reducing the need for the cohort group to travel to access the programme, unless they have a further referral. The equipment used is particular for the screening test.

6.6 Outline how you will measure the anticipated impact(s)

The provider gathers data in relation to outcomes of the vision screening programme.
Quarterly contract meetings are in place to monitor the progress of the vision screening programme.

7 Community wealth building

[Guidance for this section](#)

Will the activity:

7.1 Impact on community wealth and social value?	Positive
7.2 Impact on social inclusion, integration, and fostering good relations?	Positive
7.3 Impact on crime reduction, anti-social behaviour and community safety?	Not Applicable
7.4 Impact on access to services?	Positive

7.5 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes
The employer will be real living wage accredited. The provider is required to be based in Sunderland. The programme is delivered in a child's school, however, if a child's vision is not checked at school, families are directed take them to a local optician for an eye examination.
7.6 Outline how you will measure the anticipated impact(s)
Procurement process.

8 Key Actions

Any key actions identified throughout the IIA should be recorded here. This will be the action plan linked to your activity and should be implemented to ensure all inequalities or negative impacts are mitigated.

Key Actions	Timescale	Responsible Officer	Review Date
Ensure the child vision screening offer is communicated to eligible children who are home schooled.	Each academic year of delivery	K Lightfoot Gencli	Annual

Responsible officer sign off:	
Name	Lorraine Hughes
Job Title	Public Health Consultant
Responsible officer for reviewing actions:	
Name	Karen Lightfoot Gencli
Job Title	Public Health Practitioner

Once the Integrated Impact Assessment is complete, please send to IIA@sunderland.gov.uk.