



COMMUNITY HEALTH PROFILES **2022**

Birmingham Public Health Division
September 2022

A BOLDER HEALTHIER BIRMINGHAM

Public Health Evidence Reports

1. Statutory Reports – required by law

Joint Strategic Needs Assessment

- This is a summary of the health and wellbeing of the people in Birmingham and what can affect their health. This report is refreshed every other year.
- Shows the inequalities at a high level across the city.
- Uses data from across the Council and public sector.

Annual Director of Public Health Report

- Annual independent report of the Director of Public Health on a specific topic/focus area.

Public Health Evidence Reports (cont.)

2. Elective Evidence Reports

Deep Dive Needs Assessments

- Structured needs assessments into a specific area/topic/community
- Brings together published and grey literature, service data and qualitative data from community insight

- Makes recommendations for action

Community Health Profiles

- Desktop analysis of published evidence and grey literature and population survey data.



- Snapshot of inequalities.

Topic Based Commissions

- Evolving methodology using evidence collation with active community collaboration to focus on creating evidence-based solutions.

The Community Health Profiles

- Birmingham City Council wants the city to become a **bolder, healthier city**. This is city where everyone can have a healthy, happy life.
- The Community Health Profiles help us understand the gaps (health inequalities) in achieving this in different communities.
- The Profiles describe the health inequalities of a specific community of identity, interest or experience.
- Setting out the differences in need shown by the evidence can help the Council, its partners and communities take action to close the gaps and improve the health of people in Birmingham.
- The Community Health Profiles will be published on the Council's website as resources to support greater understanding and awareness of the issues affecting different communities in our city.
- We aim to refresh them every 5-8 years depending on the data availability.

Evidence Report Forward Plan

Community Health Profiles

- Sikh – (Sept 2021)
- Bangladeshi- (Sept 2021)
- Muslim
- Lesbian
- Trans
- d/Deaf & Hearing Loss
- **Sight Loss** ←
- Nigerian
- Indian
- Caribbean Islands Commonwealth States
- Somali
- Kenyan
- Pakistani

Deep Dive Reports

- Veterans (published)
- End of Life (published)
- Learning Disabilities
- Dual Diagnosis
- Mobility Impairment
- Sensory Impairment

Commissions

- Birmingham Poverty Truth Commission – focus on Housing issues
- Birmingham & Lewisham African & Caribbean Health Inequalities Review

Community Health Profiles aim to...



To find and review the physical health, mental health, lifestyle behavioural and wider determinants (social and economic factors) that exist in health in a specific community.



To collect and present this information using the 10 key priority areas identified in the Health and Wellbeing Strategy for Birmingham - Creating a Bolder Healthier City.



To engage with the local communities on the evidence found and highlight the opportunities to address inequalities.



To promote the use of these summaries for Local Authority and wider system use for community and service development.

Health and Wellbeing Themes

Getting the Best Start in Life

Mental Wellness and Balance

Healthy and Affordable Food

Active at Every Age and Ability

Working and Learning Well

Protect and Detect

Ageing and Dying Well

Closing the Gaps

Green and Sustainable Future

Mitigating the Legacy of COVID-19

Methodology

- A full review of
 - Academic resources, including PubMed, Census 2011, Web of Sciences
 - Grey literature, including national, voluntary and community reports, PHE and NHS, google/google scholar and Sight Loss organisations
- Health & Wellbeing data review and research according to specified health and well-being indicators
- Comparison groups include the sighted population of the UK.

Limitations of the Findings

- Limited data was collected on disability from the 2011 Census.
- Population data used is from the 2011 Census and is likely to have changed since then. Conclusions on populations must therefore be taken with caution.
- Limitations exist in the profiles due to the ways that people in the studies are found and included.
 - For example, people who are born Blind or with sight loss may have different lived experiences to those who become Blind or who have sight loss at some point in their life. Often studies do not separate the two groups.

Sharing Community Health Profiles

- Written report & PowerPoint slide set
- Published on the BCC Communities Pages: [Sight Loss community health profile](#) | [Community health profiles](#) | [Birmingham City Council](#)
- YouTube highlights video
- Webinars for Sight Loss community and wider partners



A large, stylized letter 'B' graphic on the left side of the page. The 'B' is pink with a thick black outline and a yellow shadow effect. It is set against a teal background that transitions into a pink background at the top right.

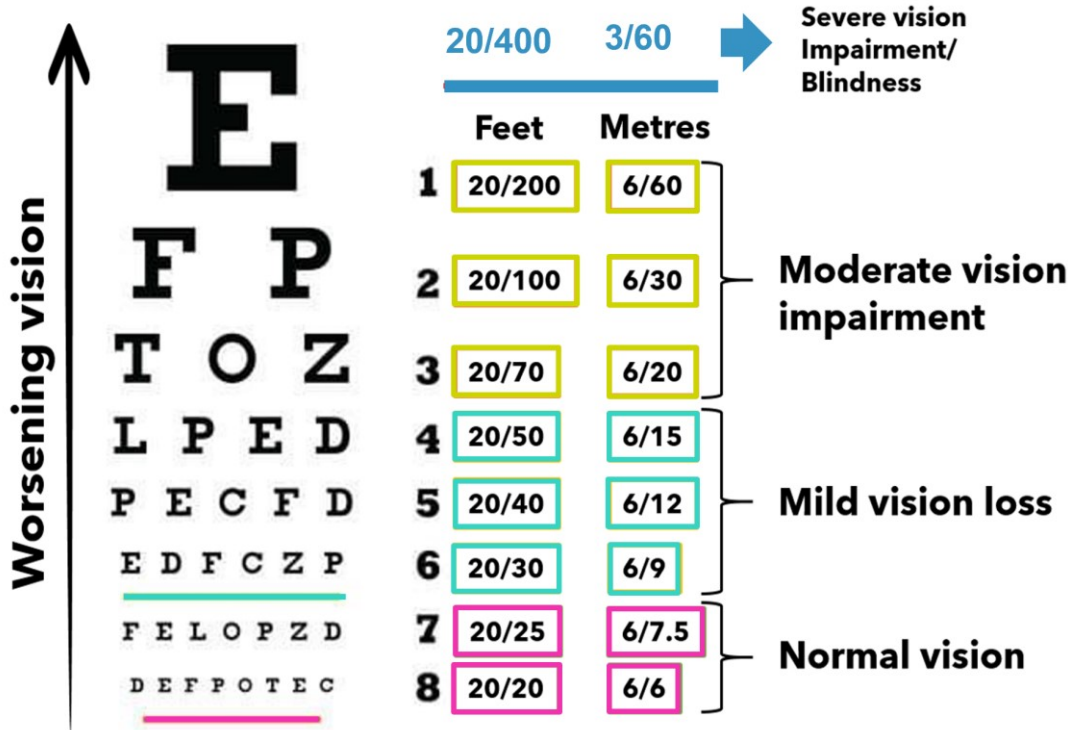
COMMUNITY HEALTH PROFILES **2022**

Sight Loss Profile

Weblink: [Sight Loss community health profile | Community health profiles | Birmingham City Council](#)

A BOLDER HEALTHIER BIRMINGHAM

The Severity of Sight Loss



- The International Classification of Diseases classifies the degree of vision impairment in two groups, distant and near vision impairment [1]
- This profile will focus on people with severe sight loss, for whom the terms blind and partially sighted or low vision are most frequently used.

Sight Loss in England

- One in every five people in the UK will live with sight loss in their lifetime.^[2]
- Estimates of the current number of people in the UK with sight loss vary widely, due to different estimation methods and limited number of sight loss screenings.
- It is estimated that at least half of sight loss is avoidable.
- 193,490 over 65's in England registered blind or partially sighted.^[4]



2.2 billion people living with sight loss globally



1.84 million people living with sight loss in England (2021)^[3]



276,690 people registered blind or partially sighted in England^[4]


Sight Loss in Birmingham



- Estimated **28,600** total people living with sight loss in Birmingham.^[5]



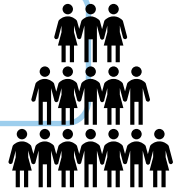
- **3,710** people in Birmingham with sight loss living with blindness.



- **6,380** people living with partial sight loss and **18,500** living with mild sight loss.

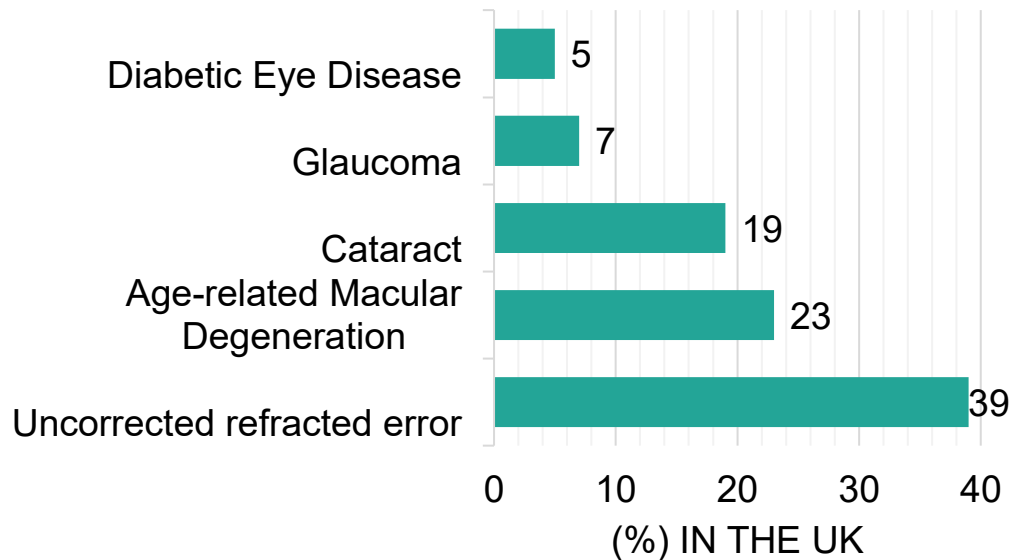


- Estimated prevalence of sight loss lower in Birmingham than national average (**2.5% vs 3.2%**).^[3,5]



Causes of Sight Loss

Main causes of sight loss^[4]



- **4-8x** higher risk of Glaucoma and Diabetic Eye Disease in Black African & Caribbean communities.^[6]
- **3x** higher risk of Diabetic Eye Disease in South Asian communities.
- Higher risk of Cataracts in the Asian community.

Overview of Inequalities

Lower educational attainment

Increased prevalence of clinical depression

Difficulties maintaining healthy diet

Less likely to partake in physical activity

Limited employment opportunities

Lower life expectancy

Increased risk of falls in older adults



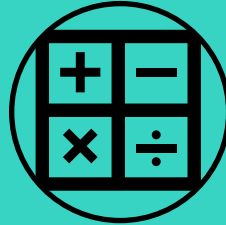
Getting the Best Start in Life

- Roughly **25,000** children aged 0-16 live with sight loss in the UK (**550** in Birmingham).^[7,8]
- **495** children in Birmingham have a statement of special educational needs (SEN) or education, health and care (EHC) plans with vision impairment as their primary support need.^[8,9]
- Severe sight loss/blindness associated with lower economic status, ethnic minority, low birthweight, premature birth, additional needs, special education needs.^[10]
- Currently every primary school in Birmingham aims to offer an eye test for every child during their primary school year.^[11]

Getting the Best Start in Life (cont.)



Visual Impairment Services face resourcing issues, so children are often deprived of specialist support e.g. adapted learning materials.^[12]



Children with Sight Loss at both primary school and secondary school levels record lower levels of achievement than their sighted counterparts.^[9]



Children with visual impairments are more likely to be overweight or obese compared to those without.^[13] They may be deprived of opportunities, like sports.^[9]

Mental Health and Wellbeing

- **22-38%** of people with severe sight loss show symptoms of clinical depression.^[14,15]
- **31%** of people with severe sight loss have pessimistic attitudes towards the future.^[16,17]
- Only **17%** of individuals with sight loss report getting support from clinical or rehabilitation staff with emotional problems.^[18]



Adjustment to sight loss



Stress



Discrimination



Isolation and loneliness

Healthy and Affordable Food



Obesity

- Higher prevalence of obesity (BMI > 30) amongst those with severe visual impairments in the UK.^[19]

Healthy Eating

- Limited data to understand the knowledge of healthy eating and portions among people with sight loss. Many challenges that make it difficult to sustain a healthy diet.^[4]

Accessing services

- Birmingham and Solihull Health and Sight Loss Evidence Base notes that none of the healthy lifestyle services available have specific provisions for people with severe visual impairments.^[11]

Active at Every Age and Ability

- People with severe sight loss take part in much less physical activity than sighted people.^[20]
- **64%** of people with sight loss in a UK survey said they would like to do more physical activity.^[8]
- Mobility problems prevent many people with sight loss from engaging in physical activity. However, less than one in three receive mobility training in the first year after sight loss.^[8]



**Sensory coordination
and falls**



**Mobility and
transport**



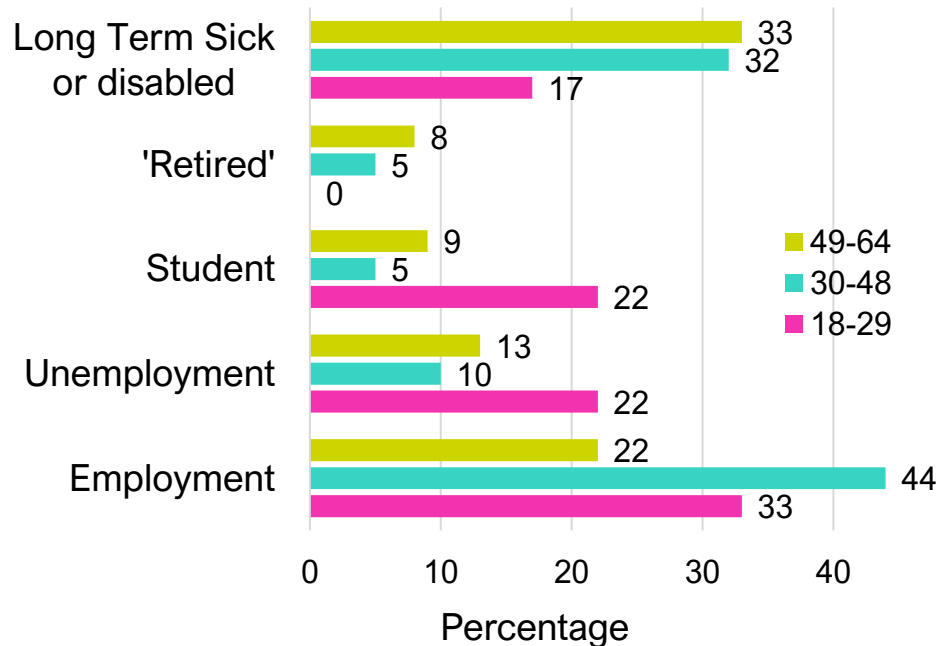
Lack of confidence



**Barriers to
communicating**

Working and Learning Well

Employment status of people with visual impairment [8,20]



- Pupils with severe sight loss have lower levels of educational attainment than sighted pupils.^[21]
- **1 in 5** with severe sight loss report struggling financially.^[22]
- Factors influencing employment prospects: educational attainment, housing tenure, registration status (as blind or visually impaired), additional disabilities.^[23]

Protect and Detect

Early detection

- **50%** of eyesight problems could be prevented or treated by early detection.^[24]
- Regular eye checks are necessary throughout life.^[25]

Uptake of eyesight screening

- Half of the UK population do not undertake tests every two years.^[25]
- Barriers to uptake: lack of awareness, attending only once symptoms develop, transport and mobility, language barriers, worry of costs.^[24]

Accessibility of GPs

- **1 in 40** GP consultations are concerning eyesight.^[26]
- NHS England audit of 18 GPs in Birmingham found that barriers to access are physical, communicational, procedural, medical and behavioural.^[27]



Ageing and Dying Well

- **13%** of the Birmingham population is aged 65 and older.
- **70%** of people in Birmingham who are blind or partially sighted are aged 65 or over. This is very similar to the national prevalence.^[14]
- Sight loss increases with age. **1 in 8** people over 60 have sight loss, and this rises to **1 in 2** in those aged over 90.^[28]
- There are nearly double the number of females over 65 with sight loss compared with males, for all forms of eye disease except diabetic retinopathy.^[28]

Diabetes is a risk factor for blindness.

Over 65s more likely to experience falls

60% of people who have strokes experience visual impairment

Over 75s have higher incidence of depressive symptoms



Closing the Gaps

- People who have severe sight loss tend to have lower life expectancy than sighted people due to:
 - Consequences of sight loss
 - Association of sight loss with other health conditions that are life-shortening such as dementia and strokes.^[4,5]
- Life expectancy decreases as the severity of the sight loss increases.

Unequal Opportunities



- Lower attendance and attainment in education.
- Isolation and loneliness.
- Mobility problems when leaving home.
- Higher unemployment and increased financial difficulties
- Compounding harmful effect on the quality of life in old age, leading to even more isolation, loneliness and depression.

Mitigating the Effects of COVID-19

Impact on wellbeing	Practical problems
Increased isolation and loneliness	Challenging shopping due to COVID-19 measures e.g. maintaining social distancing
Increased mental health problems especially depression	Difficulty abiding by covid-secure measures when attending usual health appointments.
Worsening of co-morbidities because of issues accessing services	Difficulty accessing vaccinations at COVID-19 centres.

People with severe sight loss found that the lockdown periods increased loneliness, negatively affected mental health, and further inhibited social life.^[29]





COMMUNITY HEALTH PROFILES **2022**

Sight Loss Profile
Infographics

A BOLDER HEALTHIER BIRMINGHAM

INTERNATIONAL, NATIONAL AND BIRMINGHAM CONTEXT

28,600 people living in Birmingham who have some degree of sight loss
NATIONAL FIGURE IS **656,000**

10,090 people living in Birmingham who are blind or partially sighted
NATIONAL FIGURE IS **245,000**

GLOBAL SIGHT LOSS
WORLDWIDE THERE ARE ROUGHLY
2.2 BILLION



PEOPLE LIVING WITH SIGHT LOSS

Based on global data from 2018

1 billion of those have preventable and treatable sight loss. There are 33.6 million people globally who could be classified as blind

9,015 People in Birmingham with certificates of Visual Impairments (CVs) (2016/17)
NATIONAL FIGURE IS **290,500**

£380.2 MILLION

Total annual direct and indirect costs of sight loss in Birmingham



THE FIGURE FOR THE UK REACHES **£28 BILLION**

OVERVIEW

Sight loss can affect anyone at any stage of their life, and it is estimated that



1 IN 5 WILL START TO LIVE WITH SIGHT LOSS DURING THEIR LIVES

THE MAJORITY OF PEOPLE WITH VISION IMPAIRMENT AND BLINDNESS ARE

OVER THE AGE OF 50



however, vision loss can affect people of all ages

LEARNING DISABILITIES

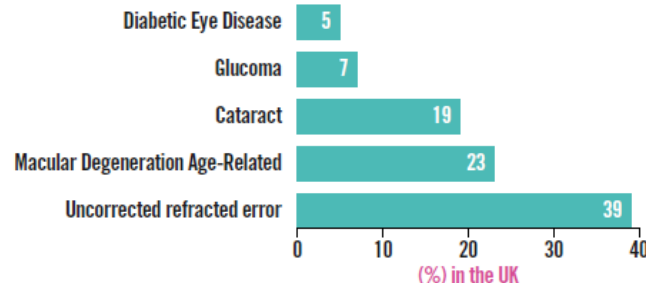
Adults with learning disabilities are

10x MORE LIKELY TO BE BLIND OR PARTIALLY SIGHTED



KEY FACTS IN ENGLAND AND BIRMINGHAM

MAIN CAUSES OF SIGHT LOSS



17%
ESTIMATED INCREASE IN SIGHT LOSS NUMBERS IN THE UK BY 2030



42,000
INPATIENT EYESIGHT PROCEDURES CONDUCTED IN BIRMINGHAM (2019/20)
AND OVER **400,000**
OUTPATIENT APPOINTMENTS

Risks of specific eye disease higher amongst certain communities

4-8x higher risk of Glaucoma and a higher risk of Diabetic Eye Disease in Black African & Caribbean individuals

3x higher risk of Diabetic Eye Disease in the South Asian Community



HIGHER RISK
of Cataracts in the Asian Community

MENTAL HEALTH AND WELLNESS

22-38% of people with severe sight loss show symptoms of clinical depression

31% OF PEOPLE WITH SEVERE SIGHT LOSS HAVE PESSIMISTIC ATTITUDES TOWARDS THE FUTURE 


17% OF INDIVIDUALS WITH SIGHT LOSS REPORT GETTING SUPPORT FROM CLINICAL OR REHABILITATION STAFF FOR EMOTIONAL PROBLEMS

PREDICTORS OF DEPRESSION



RISK FACTORS PREDISPOSING PEOPLE TO SEVERE SIGHT LOSS 
AUTISM AND DEMENTIA

WIDER DETERMINANTS

HEALTHY EATING 
People with severe sight loss have difficulty shopping and cooking which leads to unhealthy eating and obesity and possibly to further eye diseases

SMOKING, ALCOHOL AND SUBSTANCE USE

There is no evidence suggesting that people with sight loss smoke more, drink more alcohol or use substances more than the sighted population

SMOKING AND SIGHT LOSS 

3x MORE LIKELY TO DEVELOP AMD (AGE-RELATED MACULAR DEGENERATION)
2x MORE LIKELY TO DEVELOP CATARACTS

THOSE WHO ARE MODERATE TO HEAVY DRINKERS ARE **2x** MORE LIKELY TO DEVELOP CATARACTS 

ACTIVE AT EVERY AGE & ABILITY

RESULTS OF SEVERE SIGHT LOSS



FALLS DUE TO SIGHT LOSS


THE NIB ESTIMATES THAT IN BIRMINGHAM, **3,270** people with sight loss over 65 experience a fall per year
1,550 OF THESE FALLS, ARE DIRECTLY ATTRIBUTABLE TO SIGHT LOSS 

PHYSICAL ACTIVITY

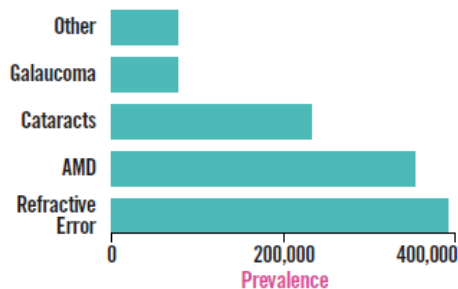
64% OF PEOPLE WITH SIGHT LOSS IN A UK SURVEY WOULD LIKE TO DO MORE EXERCISE 
Low levels of physical activity can result in higher obesity, glaucoma, AMD, diabetes and Retinopathy

AGEING AND DYING WELL

13% OF BIRMINGHAM POPULATION ARE AGED 65 AND OVER

70% OF THOSE WHO ARE BLIND OR PARTIALLY SIGHTED ARE OVER THE AGE OF 65 

EYE DISEASE IN THE 65 AND OVER POPULATION IN ENGLAND IN 2013



LEADING CAUSE OF SEVERE SIGHT LOSS 

60% OF THOSE AGED 65 AND OVER DEVELOPED SEVERE SIGHT LOSS AFTER A STROKE

GETTING THE BEST START IN LIFE

SIGHT LOSS AT BIRTH

According to a study of 439 babies born in the UK



77% HAD ADDITIONAL IMPAIRMENTS

75% HAD CONDITIONS THAT WERE NOT TREATABLE OR PREVENTABLE

61% AFFECTED BY PRENATAL CAUSES

550 CHILDREN IN BIRMINGHAM (2021) AGED 0-16 WHO ARE BLIND OR PARTIALLY SIGHTED

GROWING UP WITH SIGHT LOSS



LOWER LEVELS OF ACADEMIC ATTAINMENT



LOWER LEVELS OF PHYSICAL ACTIVITY



HIGHER RATES OF OBESITY

WORKING AND LEARNING WELL

60% PUPILS WITH SIGHT LOSS HAVE OTHER SPECIAL EDUCATIONAL NEEDS

3,170 STUDENTS WITH SEVERE SIGHT LOSS IN HIGHER EDUCATION (2017/18)

BARRIERS TO HIGHER EDUCATION



FINDING SUPPORTIVE INSTITUTIONS



STUDYING THE SUBJECT



MOBILITY ON CAMPUS



INDEPENDENT LIVING

33% OF WORKING AGE ADULTS WITH SEVERE SIGHT LOSS IN EMPLOYMENT



ALMOST HALF OF PEOPLE WITH SIGHT LOSS IN BIRMINAHAM HAVE A WEEKLY INCOME OF **<300**

PROTECT AND DETECT

1 IN 40 GP CONSULTATIONS ARE CONCERNING EYESIGHT

50% PREVENTABLE SIGHT LOSS

OF BLINDNESS AND SEVERE SIGHT LOSS CASES COULD BE PREVENTED IF DETECTED AND TREATED IN TIME BY REGULAR TESTING

397,835

ANNUAL OUTPATIENT CONSULTATIONS IN BIRMINGHAM TREATING EYESIGHT PROBLEMS

41,965

ANNUAL INPATIENT PROCEDURES IN BIRMINGHAM TREATING EYESIGHT PROBLEMS

BARRIERS TO EYE TESTING

Reported reasons for individuals not attending eye tests



LANGUAGE BARRIERS



PERCEIVE COST OF OPTOMETRISTS AND RETAIL ELEMENT ASSOCIATED WITH VISITING OPTOMETRISTS



ONLY TEST WHEN SHOWING SYMPTOMS



EYESIGHT TESTING NOT SEEN AS REGULAR HEALTH ISSUE

UPTAKE OF EYE TESTING

Communities with the lowest levels of eyesight testing include

PEOPLE WITH LEARNING DISABILITIES AND AUTISM, OLDER ADULTS, ETHNIC MINORITY COMMUNITIES, INDIVIDUALS FROM AREAS OF HIGH DEPRIVATION, WORKING-AGED MALES



CLOSING THE GAPS

LIFE EXPECTANCY

People who have severe sight loss tend to have lower life expectancy than sighted people primarily because of associated life-threatening conditions such as dementia and strokes



IMPACTS OF COVID-19

During the pandemic, those with Sight Loss had additional barriers when accessing



SHOPPING AND GROCERIES



HEALTH AND SOCIAL SERVICES



VACCINATION CENTRES

WELLBEING

The COVID-19 pandemic has also widened some pre-existing gaps in terms of wellbeing



INCREASE IN ISOLATION AND LONELINESS



INCREASE IN MENTAL HEALTH PROBLEMS



INCREASE IN EYE DETERIORATIONS AND CO-MORBIDITIES

INEQUALITY GAPS

INEQUALITIES AMONGST DIFFERENT DEMOGRAPHICS



OLDER ADULTS



More prone to isolation and depression



CHILDREN



Achieving lower levels of educational attainment and physical activity



CO-MORBIDITIES



Co-morbidities, especially learning disabilities, make all aspects of life more difficult



MINORITY ETHNIC GROUPS



Co-morbidities, especially learning disabilities, make all aspects of life more difficult



AREAS OF HIGH DEPRIVATION



Financial vulnerabilities

GAPS IN SERVICE PROVISION

IMPROVING SERVICES

Increased focus needs to be placed on navigating complex health service agencies and accessing social and health care services. The provision of the services can be implemented by



VROs (VISUAL REHABILITATION OFFICERS)
ECLOs (EYE CLINIC LIAISON OFFICERS)

50% OF TRUSTS IN BIRMINGHAM AND THE BLACK COUNTRY HAVE ECLOs

49% OF PEOPLE CERTIFIED WITH SEVERE SIGHT LOSS RECEIVE SUPPORT FROM VROs

EMOTIONAL SUPPORT A UK survey of 1,200 people with sight loss found that only

17% REPORTED BEING OFFERED ANY EMOTIONAL SUPPORT FROM PROFESSIONALS



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