

18th April 2016**Agenda Item: 8****REPORT OF SERVICE DIRECTOR, STRATEGIC COMMISSIONING, ACCESS
AND SAFEGUARDING****TEMPORARY POST TO SUPPORT IMPLEMENTATION OF THE
ACCESSIBLE INFORMATION STANDARD****Purpose of the Report**

1. The report is to inform the Committee about the Accessible Information Standard and to seek approval for a temporary Project Manager post to oversee implementation of the Standard in Adult Social Care, Health and Public Protection, and across the Council as required.

Information and Advice

2. The Accessible Information Standard was approved on 24th June 2015. All organisations that provide NHS or adult social care must follow the Accessible Information Standard by law. The legal context is set out in the Equality Act 2010, the Care Act 2014 and the Health and Social Care Act 2012, which lists the organisations which must have regard to the Standard. Organisations must follow the Standard in full by 31st July 2016. However there were more immediate deadlines for action in early April.
3. The aim of the Accessible Information Standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. This is to ensure that they are not put at a substantial disadvantage in comparison with persons who are not disabled, when accessing NHS or adult social services.
4. This includes accessible information and communication support to enable individuals to:
 - make decisions about their health and wellbeing, and about their care and treatment
 - self-manage conditions
 - access services appropriately and independently
 - make choices about treatments and procedures including the provision or withholding of consent.
5. As part of the Accessible Information Standard, organisations that provide NHS or adult social care must do five things. They must:
 - ask people if they have any information or communication needs, and find out how to meet their needs

- record those needs clearly and in a set way – ensuring that they are ‘highly visible’ on either electronic or paper records
 - highlight or flag the person’s file or notes so it is clear that they have information or communication needs and how to meet those needs – again this is suggested as electronic flags or alerts, where appropriate
 - share information about people’s information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so – as part of existing data-sharing processes, and routine referral, discharge and handover processes
 - take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.
6. The Standard must be implemented and adhered to by all providers of NHS and publicly-funded adult social care, as well as suppliers of IT systems, software and hardware to health and adult social care organisations and providers.
 7. Although commissioners are exempt from implementing the Standard themselves, they must ensure that their actions, especially through contracting and performance-management arrangements (including incentivisation and penalisation), enable and support provider organisations from which they commission services to implement and comply with the requirements of the Standard.
 8. The scope of the Standard extends to individuals (patients and service users, and where appropriate the parents and carers of patients and service users) who have information and /or communication support needs which are related to or caused by a disability, impairment or sensory loss. This includes needs for: information in ‘non-standard’, alternative or specific formats; use of specific or alternative contact methods; arrangement of support from a communication professional (for example a deafblind manual interpreter or British Sign Language interpreter); and support to communicate in a different or particular way or to use communication aids (for example to lipread or use a hearing aid).
 9. The Standard is, therefore, of particular relevance to individuals who have sensory loss (including people who are blind, deaf or deafblind) and people who have a learning disability. However, it will also support people who have other communication disabilities such as aphasia, autism or a mental health condition which affects their ability to communicate. Individuals with any form or type of disability (or impairment) which affects their ability to read or receive information, to understand information, and/or to communicate, are within the scope of this Standard.
 10. The accessibility of health and social care websites is currently out of scope of the Accessible Information Standard. However, the Standard remains relevant in circumstances where a health or social care professional would usually refer a patient or service user (or their carer) to a website for information. In these instances, it will be the duty of the professional, or their employing organisation, to verify that the website is accessible to the individual and, if it is not, to provide or make the information available in another way. Organisations are therefore advised - although not required - to review and

if necessary take steps to improve the accessibility of their website as part of preparation to implement the Standard; increasing web and digital accessibility will reduce the need to produce information in alternative formats.

Timescales for implementation

11. As mentioned above organisations are required to follow the Standard in full by 31st July 2016. By 1st April relevant organisations are expected to have identified and recorded the information and communication needs of service users when they first interact or register with the service. From 1st April organisations will be expected to identify and record these needs as part of routine interaction with the service, for existing service users.
12. By 31st July it is expected that:
 - recording systems and relevant documentation will enable the recording of information and communication needs in line with the standard, and that these will be highly visible
 - arrangements and protocols are in place such that information about individuals' information and / or communication support needs is included as part of existing data-sharing processes, and as a routine part of referral, discharge and handover
 - there are policies and procedures in place to enable communication support, professional communication support and information in alternative formats to be provided promptly and without unreasonable delay
 - staff awareness of policies and procedures with regards to provision of communication support and information in alternative formats is high and they are embedded as part of 'business as usual'
 - an accessible communication policy has been published and is publicly available. This policy outlines how the information and communication needs of patients, service users, carers and parents, will be identified, recorded, flagged, shared and met
 - contracts, frameworks and performance management arrangements reflect, enable and support implementation and compliance with the Standard by providers of health and adult social care.
13. A workshop was held by NHS England in Nottingham on 22nd January on the implementation of the Standard. The Accessible Information Standard specification is available as a background paper.
14. Given the significant impact of the Standard and the requirements and deadlines highlighted above, the Committee is asked to approve a temporary full-time Project Manager post (indicative Band C) for 12 months from appointment to support full implementation of the Standard. The work will be sponsored by the Service Director, Strategic Commissioning, Access and Safeguarding.
15. Implementation will require an approach focused on short term, medium term and long term goals that will enable the Council to meet the requirements. This will require input from officers across the department, especially in the first instance from services that directly provide adult social care. It is also likely to require the involvement of colleagues in other parts of the Council, including the Customer Service Centre, IT and

Communications, as well as making links with colleagues in health organisations and ensuring that independent sector care providers are aware of their responsibilities.

Progress to date and work planned

16. Work has already started to establish what the Council currently does in relation to the identification, recording and response to service users' communication needs, in order to understand where action needs to be focused in order to meet the Standard.
17. Across the department there is evidence that the Council is meeting or partially meeting the Standard within current practice, but considerable work will be required to ensure that the Council is fully compliant. For example, communication needs are covered in general within the audit framework used to review contracted care providers, but this area will need to be made more specific in the documentation. In relation to the home based care providers, 'grab sheets' are used which contain all of the key information about the service user, including communication needs, and can be taken with them when they attend appointments with other agencies, or are admitted to hospital. There is a section within the Council's Care and Support assessment undertaken by commissioning staff on what support is required to ensure people are involved in their assessment but it will need to be made more explicit to meet the Standard in relation to specific communication needs.
18. Within the Council's day services a care plan is produced with new service users when they start to attend the service, which includes a section relating to communication needs. Work is underway to ensure that this approach and format is used consistently across the service.
19. In addition to this, there have been communications with internal staff and independent care providers with regard to the Standard. It was discussed at the recent Optimum conference and all contracted residential and domiciliary care providers have been contacted with information about their responsibilities in relation to the Standard.
20. Work is also taking place to review the information provided through Nottinghamshire Help Yourself to ensure this can be made accessible to people with a wide range of communication needs.

Other Options Considered

21. The option of incorporating the work required to implement the Standard through existing resources has been considered. Given the deadlines, the breadth of the work and the number of services and teams affected across the Council as a whole, the recommendation is that implementation of the Standard requires a dedicated lead and resources over a time-limited period.

Reason/s for Recommendation/s

22. Implementation of the Standard is required by law as mentioned in **paragraph 2** of the report.

Statutory and Policy Implications

23. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

24. The cost of the Project Manager post will be £51,100 per annum (including on-costs) for a period of 12 months. It will be funded from departmental reserves.

Human Resources Implications

25. The temporary post has been allocated an anticipated grade by HR subject to a full evaluation and the post will be recruited to on a fixed term contract for 12 months.

Ways of Working Implications

26. Implementation of the Standard will require changes in working practices, processes and systems within a number of service areas across the Council.

Implications for Service Users

27. As indicated in **paragraphs 2 and 3** of the report, the legal context for the Standard is set out in the Equality Act 2010 and it is intended to ensure that people with disabilities and impairments that affect their communication and understanding are not put at a substantial disadvantage in comparison with people who are not disabled.

RECOMMENDATION/S

That the Committee:

- 1) notes the introduction and implications of the Accessible Information Standard
- 2) approves the establishment of a temporary (12 months) 1.0 fte Project Manager post (indicative Band C).

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Constitutional Comments (LM 05/04/16)

28. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee.

Financial Comments (KAS 06/04/16)

29. The financial implications are contained within paragraph 24 of the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Accessible Information: Specification – NHS England

Electoral Division(s) and Member(s) Affected

All.

ASCH390