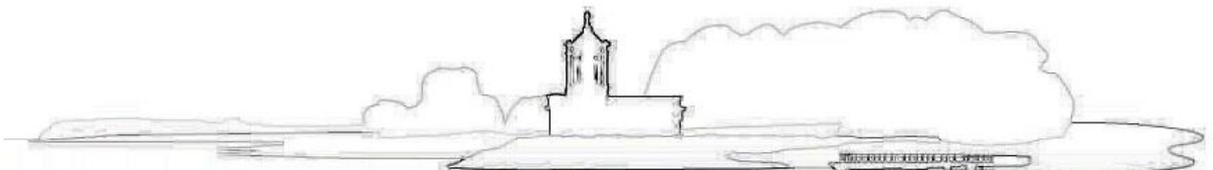


Rutland County Council

MEETING THE ACCESSIBLE INFORMATION STANDARD IN RUTLAND - GUIDANCE

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1.0 Introduction

- 1.1 The Accessible Information Standard (AIS) is a new national standard that has been introduced into health and adult social care to address the inequality in control, choice and access to care that can arise for individuals who have additional communication needs. Organisations in scope must comply with the standard by 31 July 2016.
- 1.2 The AIS aims to ensure that health and social care service users who have a disability, impairment or sensory loss that affects communication receive health and social care information that they can access and understand, and any communication support that they may need.
- 1.3 People may have additional communication needs for a wide range of reasons. For example, they may be partially or fully deaf or blind, deaf-blind, have learning disabilities, have a long term condition or have suffered a traumatic event such as a head injury or stroke that has affected their ability to communicate.
- 1.4 The lack of accessible information and communication support for people with additional communication needs can have significant implications for service user choice, safety and control. It can directly impact on individuals' ability to manage their own health and wellbeing, with implications ranging from reduced privacy around health and care matters to individuals experiencing worse health outcomes than others, simply because they could not access the information or services they needed. The standard was born out of judicial review proceedings against the NHS, in cases where outcomes or the right to personal privacy were affected by communication difficulties.

2.0 What does the standard mean for Rutland?

- 2.1 Under the Accessible Information Standard, in the area of social care, the Council has an obligation to consider the information and communication support needs of patients or service users, their carers and involved family members who face a defined range of communications difficulties.
- 2.2 Meeting the standard supports the delivery of safe, high quality, person-centred care to people with a disability or sensory loss affecting communication. It supports informed choice by service users and their carers and families, self care, and improved health and wellbeing.
- 2.3 To meet the standard, officers, ideally at the first point of contact, must establish whether individuals have additional communication needs and, if so:

- **Identify** the communication and information needs.
- **Record** those needs.
- **Flag** those needs so that they are visible to people working with that individual.
- **Share** the needs of the individual where appropriate, including with other agencies.
- **Meet** those needs in communication with that individual.

2.4 To integrate the standard fully into the Council's practices, those working with service users on adult social care matters must consider:

- **The choice of contact methods**, including how appointments are managed.
- The **format of information**, offering choices that meet different needs.
- Potential use of **communication professionals**, who can be essential to facilitate communication in particular circumstances.
- **Other more general adjustments to support communication needs**, including ensuring the mainstream communications are more accessible to more people, for example by using plain English, offering appointment times long enough for good quality dialogue, using visual information, ensuring printed material uses sufficiently large text, and giving service users information to take away with them so they can review it afterwards at their own pace.

2.5 Key compliance dates are as follows:

- 1 April 2016 – needs are systematically identified and recorded on first contact and ongoing contact – even if final systems are not yet fully in place.
- 31 July 2016: fully compliant, including the ability to record and flag additional communications needs in the area of Adult Social Care.
- 30 September 2016: user feedback confirms that needs are being met.

3.0 Exclusions

3.1 The standard does not cover the needs of individuals who speak another language than English, although the Council does need to respond appropriately, under other legislation and guidance, to support the communication needs of such individuals.

3.1 It also does not oblige Councils to ensure their websites are accessible. Nevertheless, individuals should only be directed to the Council's website as a source of information if it can successfully be accessed by them. If this does not work, then the Council needs to act to provide that information in another way.

4.0 Awareness and training

4.1 All staff who have direct contact with adults relating to social care, and their managers, must watch the introductory video and undertake the national eLearning modules by 31 July 2016:

- **Watch the introductory video**, created for wider use by Solent NHS Trust. This summarises the Accessible Information Standard and explores a case study example which vividly illustrates the value of accessible communication. https://www.solent.nhs.uk/page_sa.asp?fldKey=615

Staff who are unable to watch the video can read this short document which summarises the key points made in the film:

http://www.solent.nhs.uk/store/documents/ai_insert.pdf

- **Complete the national eLearning** courses, produced by the NHS, and confirm completion with their manager, including test scores. The course is divided into two parts:
<http://www.e-lfh.org.uk/programmes/accessible-information-standard/open-access-sessions/>
 - Accessible Information Standard: Introduction (20 minutes)
 - Accessible Information Standard: Towards Excellence (30 minutes)
- **Be aware of additional resources**
 - [Types of information and communication support and who may need them](#). A clear, well organised NHS England document which explains potential needs and how to meet them and is organised by the type of impairment.
 - [Accessible communication formats](#) by the Office for Disability Issues, 2014. This includes a useful overview and advice about formats including Braille, Moon, BSL, easy read and Makaton.
 - [Advice for providing services to deafblind people](#) from Sense.
 - [SignHealth information for D/deaf people](#), including an explanation of the standard in British Sign Language.
 - [A range of advice and tips](#) from Brent Clinical Commissioning Group.

More in-depth resources for managers

- [Accessible Information Standard](#) – main NHS page about the standard, containing the source guidance.
- [Webinars by Sense on the Accessible Information Standard](#). These provide a rich understanding of the obligations and how they can be met. They also explain where they do and do not apply.

5.0 Meeting the standard: identify, record, flag, share, meet

5.1 Council officers need to act on the five aspects of the standard: identifying needs, then recording, flagging, sharing and meeting them.

5.2 Identify needs

- 5.3 When dealing with health or social care matters, officers must consider communication needs as part of their interactions with all service users, but particularly the first time a service user presents themselves. This extends to both service users and their carers and to significantly involved family.
- 5.1 In an initial stage, Council officers should also ensure the additional communication needs of existing service users they are working with are confirmed and recorded.

5.2 Record needs - on LiquidLogic

- 5.3 For Adult Social Care, any identified communications needs should be added to the case record.
- 5.4 In the **LiquidLogic assessment**, an initial question asks officers whether they have considered with the individual whether they have any additional communication needs. There are **two possible answers**:
- **Yes, and there are no additional needs; and**
 - **Yes, and there are additional needs which have been recorded.**
- 5.5 If there are additional needs, the officer should **record this as a 'special factor'**, filling this in with reference to Appendix 1, which describes potential mechanisms to meet the needs.
- 5.6 An officer accessing the record will need to spot that there are additional communication needs and then look up the information in the 'Special Factors' area.
- 5.7 Please note that the focus of the dialogue with the service user about their needs should be on the communication needs rather than the reason for them eg. 'requires BSL interpreter' rather than 'individual is d/Deaf'. Officers should think about the following aspects:
- How does the individual communicate (e.g. using BSL, deafblind manual)?
 - What does the individual need to help them communicate (e.g. a talking mat, hearing aids)
 - How does information need to be provided (e.g. braille, easy read)?
 - What is the best means of getting in touch with the individual (e.g. email, telephone)?
 - What is the best means to get the individual's attention when they are present eg. in a waiting room (eg. visual signal, tactile signal)?
 - Has the individual consented to their communication needs being shared with others both within and outside the organisation as appropriate to support the delivery of services to them?

- 5.8 For example, someone who has lost their hearing later on in life may have been trained to lipread, so may have indicated that they can still communicate verbally face to face as long as officers speak normally, but clearly and slowly and with their face in full view. If the service user is in a waiting room, officers will need to remember to ensure that the individual is notified in an accessible way when their appointment time has arrived, eg. approaching them directly to speak to them. In terms of follow up, the person may indicate that they prefer to be contacted in writing rather than by phone, but they may not mind whether this is by email or a physical letter. These are the communications needs that would be recorded for this individual.
- 5.9 Officers can also offer service users one of the Council's printed 'Communications Cards'. This enables individuals to capture their communication needs and share them more easily with other organisations they are dealing with. However, this does not remove the obligation on the Council to itself record, flag and share the communication needs of its social care service users and their carers or key involved family members.
- 5.10 Questions will be set up in LiquidLogic to capture communications needs using dropdown lists from which multiple answers can be selected. These will be in place shortly, when staff will be updated and a new version of this guidance issued. In the interim, the Special Factors area should be used.
- 5.11 Flag and share communication needs**
- 5.12 Officers must record any communication needs in a way that will also help to make others aware of these needs, so that the individual does not have to explain this in every interaction before effective communication is possible.
- 5.13 Users of LiquidLogic will need to check whether communications needs have been identified for each service user they are working with and, if so, look these up as required before making contact with that service user and ensure that they are met in communication about health and social care.
- 5.14 If an officer refers an individual to another publicly funded health or care service, then they should also include details of any identified communications needs in their referral, unless the individual has indicated they do not consent to this. This will help the next agency to meet these needs seamlessly.
- 5.15 Meet the identified communication needs**
- 5.16 As a general rule, **significant health and care dialogue should not be progressed unless the involved individual is able to participate fully ie with their communication needs met.** The exception is where delay would pose risks which outweigh the risks posed by the communication challenges. In these circumstances, the specific communication needs should still be met

as soon as practicable to enable dialogue that respects the rights of that individual.

- 5.17 In each service user contact in social care, officers should check whether the service user they are working with has additional communications needs and adjust their contact with them accordingly. The service user should not need to remind the Council about their accessible communication needs in order to be provided with accessible information.
- 5.18 In some cases, meeting the needs of individuals will be straightforward using existing tools, as in the example below of a service user who lip reads and otherwise wants to receive written rather than telephone contact.
- 5.19 Some other communication needs will require external support. For example, a person who is Deaf (so, who has never had hearing) may need the support of a British Sign Language (BSL) interpreter, while someone who has lost some of the language skills due to a stroke may benefit from easy read symbols being used to support their face to face dialogue..
- 5.20 Where external support is needed to communicate about health and social care, officers should refer to the list of communication support services on the Council's intranet site, and arrange provision with the relevant provider(s) of communication services accordingly.
- 5.21 The approval process for different services is as follows:
- Support should be called on by the officer requiring this.
 - Support costing up to £250 can be approved via the social care senior practitioners.
 - Support costing up to £500 can be approved by social care senior managers.
 - Support costing over £500 should be approved by the Head of Adult Social Care or the Service Manager for Adult Social Care.
- 5.22 If an officer is in doubt about what is needed, they can contact the Adult Social Care Accessible Communications lead for advice. This person will be identified on the Council's Intranet site.

6.0 Making all communications more accessible

- 6.1 Alongside meeting individual requirements, mainstream communications materials can be designed to help them to be accessible to more people. Where communications materials are being commissioned, this should be integral to the approach.
- 6.2 For example, producing materials in a sans serif typeface such as Arial, and at 12 point or, better still, 14 point, will make them accessible to more people who may otherwise need to make a special request for materials with this size of typeface.

7.0 Implications for commissioning

- 7.1 All health and social care providers are expected to meet the national standard where they are supplying publicly funded social care services to individuals. The Council will be adjusting its commissioning practices to ensure that this aspect is covered in procurements, contracting and contract monitoring.
- 7.2 The Council's providers of social care services will be written to in 2016 to confirm the Council's expectation that their services will be operated in a way which meets the Accessible Information Standard's requirements.
- 7.3 If the Council is requesting publicly funded social care services for an individual with additional communication needs, then the Council should share any known accessible communications requirements with the relevant suppliers so that they, too, can meet these requirements, unless the service user has refused their consent for this.

8.0 Appendix 1: Communication needs

These lists may help you to identify what communications support needs may be required for our service users, their carers or family members. Do not read the lists out loud to service users.

There is more information about these different options here (paste the link into your Internet browser): <https://www.england.nhs.uk/wp-content/uploads/2016/04/Different-types-of-accessible-information-and-communication-support-and-who-may-need-them.pdf>

1. What communication support is needed?

A communication professional:

- British Sign Language (BSL) interpreter
- Makaton Sign Language interpreter
- Legal or citizen advocate
- Deafblind communicator guide
- Sign supported English interpreter
- Deafblind block alphabet interpreter
- Deafblind haptic communication interpreter
- Deafblind intervener
- Manual notetaker
- Lipspeaker
- Visual frame sign language interpreter
- Hands-on signing interpreter needed
- Speech to text reporter

Other forms of support

- Hearing aid
- Lip reading
- Lipspeaker

- Sign language
 - British sign language
 - Communication device for the deaf
 - Makaton sign language
 - Manual note taker
 - Electronic note taker
 - [Cued speech](#) transliterator
 - Prefers communication in writing
 - Alternative communication skill
 - Personal Communication Passport
 - Communication device
2. Best means of getting in touch with the individual
 - Contact by telephone
 - Contact by text relay
 - Contact by text message (SMS message)
 - Contact by letter
 - Contact by email
 3. Best means of contacting the individual when present
 - Requires audible alert
 - Requires visual alert
 - Requires tactile alert
 4. What specific information formats are required?
 - Verbal information
 - Easyread information
 - Requires written information in at least 20 or 24 or 28 point sans serif font (eg. Arial)
 - Requires information by email
 - Requires information on DVD or CD or audio cassette or USB storage device
 - Requires information in electronic downloadable format
 - Requires information in electronic audio format
 - Information in [Moon alphabet](#) (embossed writing)
 - Information in [Makaton](#)
 - Information in Braille - contracted (Grade 2) Braille or uncontracted (Grade 1) Braille

A large print version of this document is available on request



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