

Oldham Council

Accessible Information

# and Communications

Policy



JULY 2016

|  |  |  |  |
| --- | --- | --- | --- |
|  | Version History  |  |   |
| Version number  | Summary of change  | Approved by  | Author  | Active Date  | Review Date  |
| 1.0  |   | AMM and DMT  | Debbie McBride  | July 2016   | July 2017  |
| 1.1  | Data protection Act reference changed in line with new GDPR  |   |  Linda Gunner | May 2018 | July 2018 |

In line with the Accessible Information Standard, where a person needs this document in a different format, for example, large print, Braille or Easy Read,

they should contact us on Phone: 0161 770 7777

Email: adult.mash@oldham.gov.uk

## CONTENTS

|  |  |  |
| --- | --- | --- |
| 1.  | Introduction and background   | 4  |
| 2.  | Purpose   | 5  |
| 3.  | Legislative framework   | 5  |
| 4.  | Aims   | 6  |
| 5.  | Approach   | 6  |
| 6.  | Monitoring & review   | 8  |
| 7.  | Appendices   | 8  |

**1. Introduction and background**

The Accessible Information Standard (AIS) builds upon existing legal duties in order to have a consistent approach for those with communication and/or information needs caused by a disability, impairment or sensory loss.

The Accessible Information Standard defines a consistent approach to identifying, recording, flagging, sharing and meeting individual’s information and communication support needs by health and social care providers.

The standard aims to deliver improved outcomes and experiences, and the provision of safer and more personalised care and services to those individuals who come within the Standard’s scope.

It is of particular relevance to individuals who are blind, d/Deaf, deafblind and / or who have a learning disability, although it will support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia or a mental health condition which affects their ability to communicate.

There are 5 key stages to successfully implement the accessible information standard. These are:

1. **Identification of needs** - apply a consistent approach to the identification of patients’, service users’, carers’ and parents’ information and communication needs, where they relate to a disability, impairment or sensory loss. This will be done at first contact or next interaction with the service

1. **Recording of needs –** consistently and routinely record patients’, service users’, carers’ and parents’ information and communication needs, where they relate to a disability, impairment or sensory loss, as part of service user records

1. **Flagging of needs** – establish and use electronic flags and alerts or where paper-based equivalents are used, to indicate that an individual has a recorded information and / or communication need, and prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met.

1. **Sharing of needs** - Staff will include recorded data about individuals’ information and / or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes where clear Data Sharing processes are in place and the service user and/or carer has given consent.

1. **Meeting of needs** – ensure that steps are taken so that the individual receives information in an accessible format and any communication support which they need.

This policy should be adhered to by all staff within adult social care and those who are a first point of contact including administration and clerical staff. This document should be read in conjunction with the following:

 Accessible information and communications procedures

 Translation service policy.

1. **Purpose**

The purpose of this policy is to set out how Oldham Council will implement the five mandatory AIS requirements across Adult Social Care Services.

1. **Legislative Framework**

**The Equality Act** became law in October 2010. It replaced, and aimed to improve and strengthen, previous equalities legislation, including the Disability Discrimination Act 1995.

Under the Equality Act 2010 Oldham Council has a legal duty to:

* + Eliminate discrimination, harassment, victimisation;
	+ Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it;
	+ Foster good relations between people who share a relevant protected characteristic and people who do not share it.

The Equality Act covers eight protected characteristics: **age**, **disability**, **gender**, **gender reassignment**, **pregnancy and maternity**, **race**, **marriage and civil partnership**, **religion and belief** and **sexual orientation**.

.

The Act places a legal duty on all service providers to take steps or make “reasonable adjustments” in order to avoid putting a disabled person at a substantial disadvantage when compared to a person who is not disabled.

Guidance produced by the Equality and Human Rights Commission (EHRC) states that, “Anything which is more than minor or trivial is a substantial disadvantage.” The Act is explicit in including the provision of information in

“an accessible format” as a ‘reasonable step’ to be taken.

**The Health & Social Care Act 2012** gave the NHS Commissioning Board (or the Secretary of State) powers to prepare and publish an information standard relating to information concerning or connecting with the provision of health services or adult social care in England.

In addition, the **Care Act 2014** details specific duties for local authorities with regards to the provision of advice and information, this includes the requirement that, “Information and advice provided under this section must be accessible to, and proportionate to the needs of, those for whom it is being provided.” The NHS Constitution also states that, “You have the right to be involved in discussions and decisions about your health and care…and to be given information to enable you to do this.”

Many professional bodies and regulators include support for communication and / or understanding as part of their codes of conduct for members. For example social Work code of practice states we should be ‘Communicating in an appropriate, open, accurate and straightforward way.’

In implementing the Standard, all professionals and organisations should take care to ensure that they follow relevant existing legal duties, including those set out in the General Data Protection Regulation 2018 and Mental Capacity Act 2005 around the handling and processing of data.

1. **Aims**

In order to make information and communication accessible to all, our aim is to provide:

* + A consistent approach to identification of information/ communication needs of service at first registration or next interaction with their service
	+ A consistent and routine recording of information/communication needs as part of service user records
	+ With appropriate consent and permission any recorded data about individuals’ information and/or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes
	+ Information that is ‘highly visible’ to indicate that an individual has a recorded information and / or communication need, and prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met
	+ Steps to ensure that individuals receive information in an alternative, accessible format and any communication support which they need.

1. **Approach**

We strive to achieve the above aims by taking the following approach:

**Identify when a person has a communication need:**

* + Our staff will ask service users and their carers if they have any communication needs relating to a disability, impairment or sensory loss and, if so, what these needs are
	+ We will identify and record information and communication needs when people first interact or on the next interaction with our service
	+ We will identify and record information and communication needs as part of ongoing/routine interaction with our service by existing service users.

**Record on a person's Adult Care record what their communication need is and how that need can be met:**

* + We will record any identified information and/or communication needs on the person's electronic record by using the accessible information standard form.

**Flag/highlight an information and/or communication need on a person's Adult Care record, so it is clear the person has an information and/or communication need and detailing how that need can be met:**

* + We will make any communication and information needs highly visible on the electronic record by adding a communication note on the front screen
	+ We will have an accessible information standard form in each episode on Fwi/Mosaic to make it ‘highly visible’ for staff.

**Share information about a person's needs with other NHS and adult social care providers, when we have consent and permission to do so:**

* + We will ensure that information relating to a service user or carer's information or communication need is included as part of referral to an NHS or other adult social care provider, where consent and permission has been given.

**Ensure that people obtain information in an accessible way and can access communication support where needed:**

* + Where it is required, information will be provided in more accessible formats
	+ We may not always provide information in a person's preferred format but we will ensure they can access and understand the information provided
	+ Interpreters and other communication professionals will have appropriate qualifications, have Disclosure and Barring Service (DBS) clearance and be signed up to the relevant professional code of conduct
	+ Provide alternative methods of contact for people with information and communication needs.

**Underlying Principles:**

Our approach will:

* + Through training and communication, ensure that Adult Social Care staff are aware of the implications of the Standard and are aware of and able to follow local processes and procedures which have been put in place to ensure that the five key stages are met
	+ Ensure systems and processes are in place to consistently and routinely identify, register, flag and share service users’, carers’ and parents’ information and communication needs, where they relate to a disability, impairment or sensory loss, as part of service user records
	+ Ensure that staff continue to follow relevant existing legal duties, including those set out in the General Data Protection Regulation 2018 and Mental Capacity Act 2005 around the handling and processing of data
	+ Implement an accessible Communication and Information Passport and ensure there are internal mechanisms in place for staff to actively support people’s communication and information needs when accessing services

* + Implement an accessible complaints policy and ensure there are mechanisms in place for individuals to make a complaint, raise a concern or pass on feedback in alternative formats and with communication support
	+ Develop a mechanism to support individuals with information and communications needs to provide feedback on their experience of services, and of receiving information in appropriate formats and / or communication support
	+ Work in partnership with our local Healthwatch and voluntary and community sector organisations to facilitate the development and improvement of accessible materials and to develop approaches for individuals with information and communication needs to feedback on their experiences
	+ Ensure that standard information such as leaflets are readily available in accessible formats such as large print and easy read, and continue to work together to develop all of the partners websites to ensure it is as user friendly and accessible as possible
	+ Work with providers to raise their awareness of the standard, and seek assurance from them of their compliance, including evidence of identifying, recording, flagging, sharing and meeting of needs
	+ Ensure that future partnership and internal commissioning and procurement processes enable and support implementation and compliance with this standard.

1. **Monitoring & Review**

This policy will be reviewed through:

* + - Internal audit of adult social care records
		- Contract monitoring by commissioners
		- Feedback from staff/management team on processes.
1. **Appendices**

**Appendix 1 – References**

**Learning Disability:**

* + - Communication with and for people with learning disabilities: Foundation for people with learning disabilities

[http://www.learningdisabilities.org.uk/help-information/learningdisability-a-z/c/communication/](http://www.learningdisabilities.org.uk/help-information/learning-disability-a-z/c/communication/)  **Oldham Sensory Services:**

<http://www.oldham.gov.uk/info/200245/disabilities>

**Communicating with people who are deafblind:**

* + - SENSE

[https://www.sense.org.uk/content/communicating-people-whoare-deafblind](https://www.sense.org.uk/content/communicating-people-who-are-deafblind)

**Visual impairments/blindness:**

* + - RNIB: <http://www.rnib.org.uk/>
		-  SeeAbility: <https://www.seeability.org/Accessible-Information-Standard>

**Hearing impairments/deafness:**

* + - Action on Hearing Loss: <https://www.actiononhearingloss.org.uk/>**Plain English:**

Plain English Campaign: <http://www.plainenglish.co.uk/guides.html>

**Appendix 2 – Exclusions (Ref: NHS England AIS specification)**

Key aspects determined to be out of the scope of this standard (5.6.1)

The following aspects, which may be considered relevant to improving the accessibility of health and social care, are explicitly out of scope of this standard:

* + The needs or preferences of staff, employees or contractors of the organisation (except where they are also patients or service users (or the carer or parent of a patient or service user)).
	+ Recording of demographic data / protected characteristic strand affiliation.
	+ Recording of information or communication requirements for statistical analysis or central reporting.
	+ Expected standards of general health and social care communication / information (i.e. that provided to individuals without additional information or communication support needs).
	+ Individuals’ preferences for being communicated with in a particular way, which do not relate to disability, impairment or sensory loss, and as such would not be considered a ‘need’ or ‘requirement’ (for example a preference for communication via email, but an ability to read and understand a standard print letter).
	+ Individuals who may have difficulty in reading or understanding information for reasons other than a disability, impairment or sensory loss, for example due to low literacy or a learning difficulty (such as dyslexia) (as distinct from a learning disability).
	+ Expected standards, including the level of accessibility, of health and social care websites.
	+ ‘Corporate’ communications produced / published by organisations which do not relate to direct patient / service user care or services, and do not directly affect individuals’ health or wellbeing.
	+ Implementation of the Equality Act 2010 more widely, i.e. those sections that do not relate to the provision of information or communication support. This exclusion includes other forms of support

which may be needed by an individual due to a disability, impairment or sensory loss (for example ramps or accommodation of an assistance dog).

* + Foreign language needs / provision of information in foreign languages – i.e. people who require information in a non-English language for reasons other than disability.
	+ Matters of consent and capacity, including support for decision-making, which are not related to information or communication support.
	+ Standards for, and design of, signage.