Health and Social Care Board

REGIONAL REVIEW OF COMMUNICATION SUPPORT SERVICES FOR PEOPLE WHO ARE DEAF/ HARD OF HEARING

January 2016

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1. EXECUTIVE SUMMARY

Context/Background

The Regulation and Quality Improvement Authority (RQIA) carried out a Review of Sensory Support Services in Northern Ireland (2011) and made a number of recommendations including one that:

"The Health and Social Care Board (HSCB) should work in conjunction with the Trusts to ensure a fully accessible sign language interpreting service is developed in line with other foreign language interpreting services across Northern Ireland". (P.15)

The HSCB subsequently commissioned a Regional Review of Communication Support Services for people who are deaf/hard of hearing across Northern Ireland.

The purpose of the Regional Communication Support Services Review was to review the arrangements for providing interpreting services across all Trusts to ensure a consistent approach to interpreting provision and to explore the potential for greater use of technology (RQIA: 2011:pg15); and, ultimately to make recommendations.

The majority of interpreting services is delivered through two independent organisations, that is, Action on Hearing Loss and Hands that Talk. Virtually all of the interpreting provision is currently through face-to-face contact.

Based on figures available for 2010/11 and more recent data for 2014/15, the demand for the service has been increasing annually. The total number of bookings has increased from 2478 in 2010/11, to 3343 in 2014/15 (35% increase). The total cost of the service at end March 2015 was £388,526 against a baseline budget of £232,886, with an annual upward trend.

Commissioning

The Health and Social Care Board commissions health and social care services for a total population of 1,810,863, NISRA (2012).

Prevalence

In a recent publication by Parks & Parks (2012), they describe how, "…Deaf populations are very difficult to determine because numbers often differ dramatically, based on a counting methodology which includes all people with hearing loss (which generally leads to high numbers) as compared to one that only includes deaf people who use sign language as their primary means of communication (which leads to much lower deaf populations)…"

Action on Hearing Loss quote estimated figures for people with hearing loss within Northern Ireland:

Northern Ireland	Working age	Retirement age	Totals
All hearing loss	130,500	157,000	287,500
Severe/Profound	4,000	16,500	20,500

Source AoHL: Facts and Figures on hearing loss and tinnitus (2011)

According to NISRA (2011), the total population of Northern Ireland on Census Day 2011 was 1,810,863, of which there were 93,078 persons who recorded deafness or partial hearing loss which equates to 5.14%

Males: 50,885 – 2.81% Females: 42,193 – 2.33%

Parks & Parks cite a number of authors regarding prevalence of deaf people and their usage of BSL and ISL, "…there are 5,000 deaf people in Northern Ireland, 3,000 who use BSL and 2,000 who use ISL and, according to Young and Young (2010, personal communication), the Northern Ireland signing deaf community is comprised of approximately two-thirds BSL users and one-third ISL users…" Carberry (2010). On the other hand, Clarke (2010), "…indicates that there are 1,500 signing deaf

people in Northern Ireland and an additional 3,000 hard-of-hearing people who do not use sign language. The Department of Culture, Arts, and Leisure estimates that there are 17,000 severely or profoundly deaf individuals in Northern Ireland. Of this deaf population, there are 5,000 who use sign language as their preferred means of communication: 3,500 who use BSL and 1,500 who use ISL (Department of Culture, Arts, and Leisure 2011a)…" (Parks & Parks, P.7).

Given the above range of prevalence figures it would seem prudent to use the DCAL figures as a minimum, in other words, there are at least 5,000 people in Northern Ireland who use sign language as their preferred means of communication.

British Sign Language (BSL) and Irish Sign Language (ISL)

It would also be reasonable to assume that there are a minimum of 3,500 people who use BSL and 1,500 who use ISL.

Providers

Interpreting services are currently provided through 3 sources namely, Action on Hearing Loss, Hands that Talk and Freelance Interpreters.

Interpreters

According to the Association of Sign Language Interpreters Northern Ireland (ASLI NI) there are 23 registered interpreters and 3 trainee interpreters in Northern Ireland, as of November 2015. This includes electronic or manual note takers, speech to test reporting and LSP-Deaf Blind Manual.

ASLI NI covers all of Northern Ireland and meets approximately six times a year to talk about relevant issues to the field of interpreting. They hold various social events, training days, and discussion meetings; they also have an e-group to keep members up-to-date between meetings. A complete list of interpreters is listed by a regional directory in the ASLI website (Association of Sign Language Interpreters 2008).

Recommendation

The following overarching recommendation is proposed by the Review Group:

Develop and procure a regional standardised model of service provision, which will offer consistency, standardisation, and accessibility of service delivery and represents value for money.

The regional standardised model should include:

- All face-to-face and remote interpreting services should be funded centrally and be accessible to all Health and Social Care organisations as well as GPs, Dental Practitioners and Community Pharmacists;

- A Service Model profiled to achieve a balance of face to face interpreting and, where appropriate non face-to-face interpreting, to manage demand, offer value for money and increase accessibility. This should include development of clear guidance to ensure the appropriate use of the various forms of interpreting by Health and Social Care professionals;

- Undertake a controlled pilot in the use of remote communication support;

- A regional advisory group should be established to oversee the development and delivery of interpreting services including governance and accountability issues. This group should include service user representation;

- Interpreters should be deployed as efficiently as possible through effective resource management and innovative use of technology;

- A central system should be used to ensure consistency of coding and to encourage appropriate referrals, including out of hours requests;

- Consistent and relevant data sets should be developed to ensure effective performance management, including information on referral source, assignment type and service response;

- Regional quality standards for communication support service should be developed as part of the contract, including the management of complaints;

- A Communication Support Code of Conduct should be developed in association with governing bodies.

2. INTRODUCTION

2.1 Background to the Review

The catalyst for this Regional Communication Support Services Review is to be found in the Regulation and Quality Improvement Authority's (RQIA) Review of Sensory Support Services in Northern Ireland, which reported the following:

"A major issue identified during the review was access to sign language interpreting services, mainly due to the limited availability of qualified interpreters. While this area was identified as under-funded across all Trusts, most Trusts tried to address the issue through the re-allocation of resources and by representing this gap as an unmet need to the HSCB. However, little progress had been made to improve the availability of sign language interpreting services, in line with other foreign language interpreting services. The HSCB informed the review team that it wanted to review the arrangements for providing interpreting services across all Trusts to ensure consistent approach to interpreting service and to explore the potential for greater use of technology". (P.15, Standard 1 Human Rights and Equality).

"Review of Sensory Support Service in Northern Ireland Overview Report", September 2011.

The RQIA recommended that:

"…The HSCB should work in conjunction with the Trusts to ensure a fully accessible sign language interpreting service is developed in line with other foreign language interpreting services across Northern Ireland". (P.15)

2.2 Policy and Legislative Framework

Disability Discrimination Act 1995 (as modified by Schedule 8 thereof for application in Northern Ireland) – Code of Practice

Rights of Access – Goods, Facilities, Services and Premises

"Under the DDA, it is unlawful for service providers to treat people with disabilities less favourably than other people for a reason related to their disability. Service providers have to make 'reasonable adjustments' to the way they deliver their services so that people with disabilities can use them. This includes providing interpreters so disabled people can access services."

In addition, when disability discrimination legislation was amended in 2006, public authorities were required to demonstrate how they would fulfil their duties to promote positive attitudes towards disabled people and to encourage participation by disabled people in public life. In response to this all public authorities were required to develop a Disability Action Plan. A review of sign language communication support services provision for health and social care is a key element of Trusts' Plans.

United Nations Convention on the Rights of Persons with Disabilities – (Article 9 – Accessibility)

"1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures,

which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia: (…)

b. Information, communications and other services, including electronic services and emergency services."

Human Rights Act 1998

Under the Human Rights Act, some of the articles are of particular relevance to the issue of accessible formats: Article 6 - the right to a fair trial; Article 8 - the right to respect for one's private and family life, correspondence and home; and Article 10 - the right to freedom of expression, freedom to hold opinions and freedom to receive and impart information.

Northern Ireland Act 1998

Section 75 of the Northern Ireland Act 1998 places the duty on public authorities to have due regard to the need to promote equality of opportunity between the nine equality categories of persons, including persons with a disability.

Standards in Health and Social Care

Health and Social Care organisations are bound by the "Quality Standards for Health and Social Care" (Department of Health, Social Services and Public Safety 2006) to consider the diverse needs of the public, services users, carers and staff alike in any information.

2.3 Terms of Reference

The aim of the Review was to scope and review communication support service provision for health and social care in NI with a view to providing details about current service provision and future requirements to support an accessible, equitable and efficient service for people with hearing loss.

For the purposes of this review 'communication support; is defined as Sign Language interpreters, electronic or manual note takers, speech to text reporting and LSP-Deaf Blind Manual.

A number of objectives were set out as follows:

1. To undertake a regional communication support services scoping exercise;

2. To analyse provider contract information returns with a view to profiling need, uptake of service and cost regionally;

3. To stocktake current communication support service standards with a view to developing a regional minimum standard for future commissioning and delivery of services;

4. To explore a range of options to meet the needs of people with hearing loss;

5. To engage with service users in relation to the range of options identified;

6. To carry out value for money appraisal on each option;

7. To present the preferred option(s) analysis to the relevant Commissioners.

The membership of the Group is set out in the **Appendix**.

2.4 Scope of the Review

Based on the RQIA recommendations (2011), the HSCB commenced a review of existing communication support services to ensure provision of an accessible equitable and efficient service for people with hearing loss.

The key elements within the scope of the Review are:

- Review current BSL/ISL service;
- Review of current demand and supply;
- Identify options for new service delivery model and carry out an option appraisal on each.

2.5 Outside the Scope of the Review

During the Review a number of issues arose such as Interpreting Training and Accreditation which, while important considerations for the Task and Finish Group they were not included in the scope.

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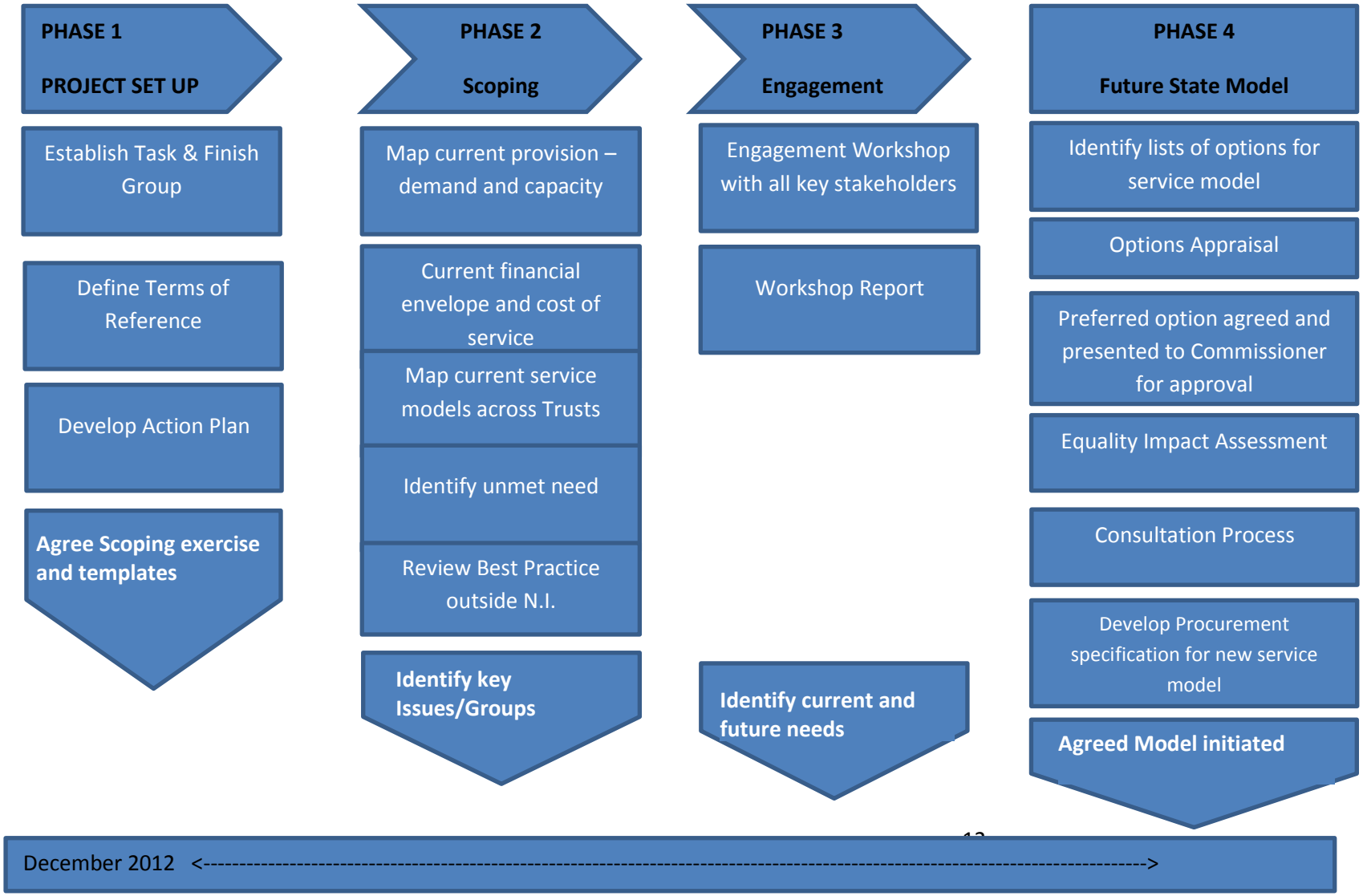
3. REVIEW METHODOLOGY

A phased approach was adopted for the Review as set out below:



Phase 1: Project Set Up

Key tasks included:

- Establishing a Task and Finish Group (please see **Appendix**);
- Develop Terms of Reference (See Page 9);
- Develop Review Methodology (See Page 11);
- Agree scoping exercise and templates for gathering necessary data.

Phase 2: Scoping

Key tasks included:

- Mapping current provision – including demand and capacity data;
- Understanding financial envelope and costs of service – including baseline funding and actual costs;
- Map current service models across Trusts;
- Identify unmet need;
- Review Best Practice outside Northern Ireland – collecting data from service in Republic of Ireland
- Identify Key Issue(s)/Groups - identify initial issues and targeting stakeholders for engagement.

Phase 3: Engagement

Key tasks included:

- Engagement Workshop with all stakeholders – conducted a workshop which included representatives from stakeholders

involved in commissioning, delivery, monitoring and users of the existing interpreting services across Northern Ireland;

- Targeted individual engagements – this included focused meetings with service users forum groups, service providers, ASLI and individual representatives from each of the above groupings;
- Workshop Report - involved writing a document about the content and outcome of the Engagement Workshop held on 25th September 2013.

Phase 4: Future Model

Key Tasks Included:

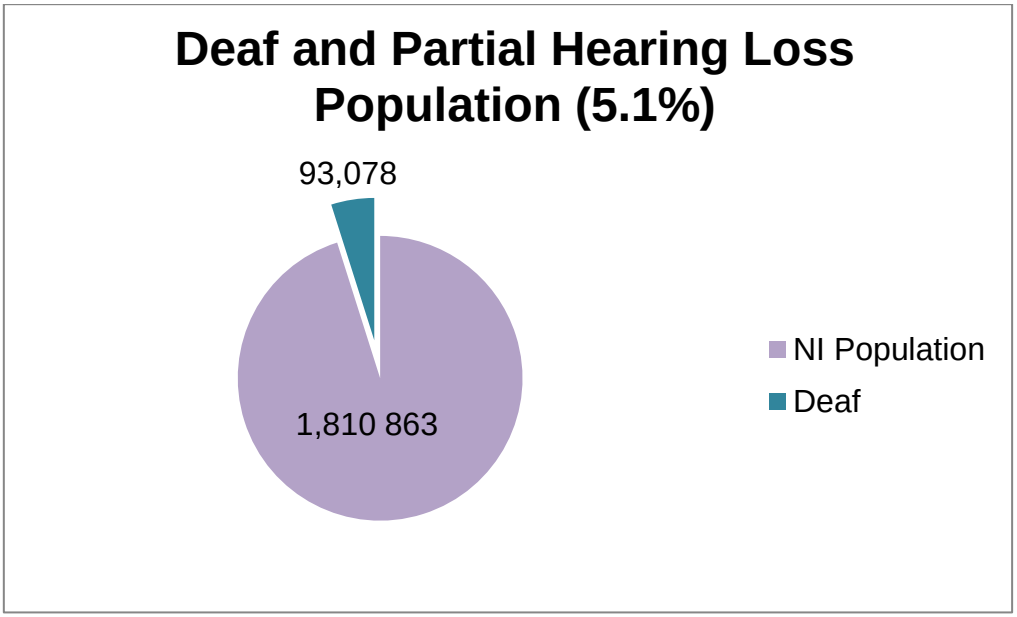
- Identify lists of options for service model;
- Options Appraisal;
- Preferred option agreed and presented to Commissioner;
- Equality Impact Assessment;
- Targeted Consultation Process (3 months);
- Develop specification for new service model;
- Agreed Model Initiated.

4. SERVICE DEMAND

4.1 Statistical Data

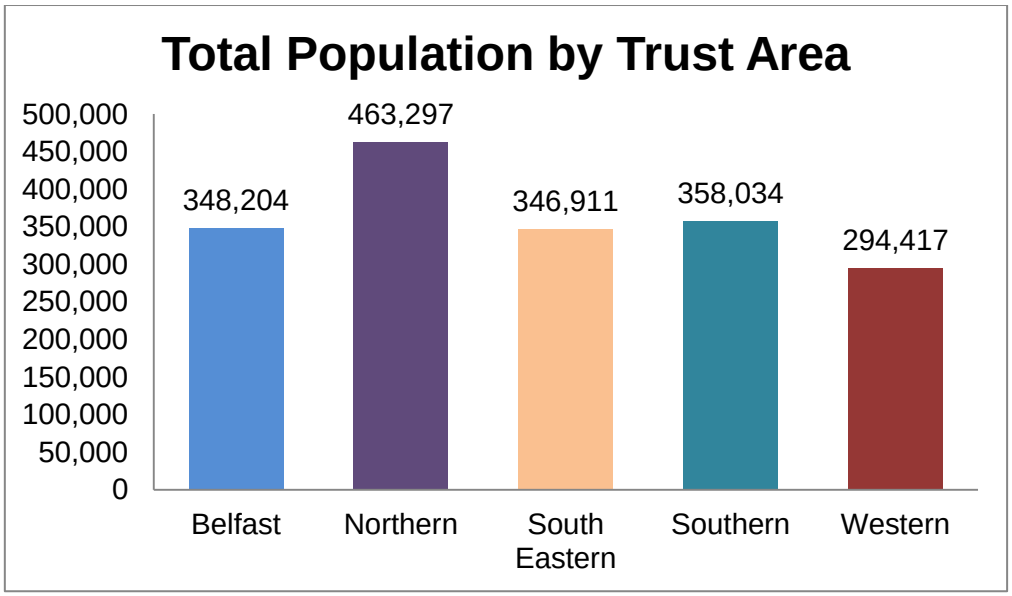
The 2011 Northern Ireland Census recorded that 5.1% (93,078) of the current NI population were deaf or had a partial hearing loss. The following graphs show a breakdown of this data by Trust area.

Table 1



Source: NISRA (2011)

Table 2



Source: NISRA (2011)

According to RQIA Review of Sensory Support Services (2011) on 31st August 2010 there were 12,643 hearing impaired service users (this includes people who are hard of hearing and with partial hearing loss as well as those who are deaf) registered across all Health and Social Care Trusts, including open current cases and closed cases.

Table 3

Classification	2012/13	2013/14	2014/15	Average over 3 years
Deaf with speech	515	521	529	522
Deaf without speech	459	515	488	487
Deafblind	93	*455	*1186	*578
Sub Total of people who are deaf	**1067**	**1491**	**2203**	**1587**
Total of all hearing impaired	**10618**	**11320**	**12819**	**11582**

* Deafblind initiative launched Source: DSF

4.2 Service Activity

Tables 4A and B below show the increase in bookings from 2478 to 3343 between 2010 and 2015 across the Health and Social Care Trusts, representing an overall increase of 865 bookings (35%).

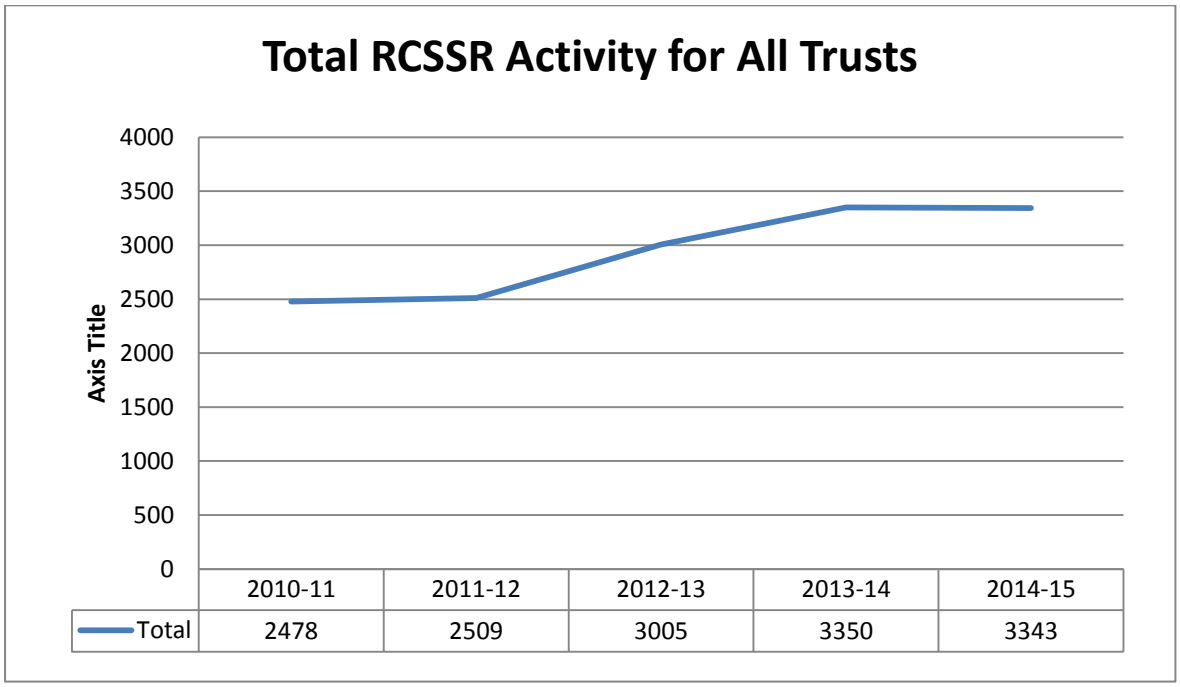
Table 4A

Trust	2010-11	2011-12	2012-13	2013-14	2014-15	Total
BHSCT	485	461	502	549	646	**2643**
SEHSCT	556	540	730	817	623	**3266**
NHSCT	765	845	874	798	720	**4002**
SHSCT	236	214	305	495	531	**1781**
WHSCT	436	449	594	691	823	**2993**
Total	**2478**	**2509**	**3005**	**3350**	**3343**	**14685**

Source: Monitoring returns

It can be seen that there was a significant increase between 2011/12 and 2013/14 when activity seems to have 'plateaued' again in 2014/15.

Table 4B



Source: Trust Returns

Table 5A below highlights where demand varies across Health and Social Care Trusts with an 88.8% increase in WHSCT and 125% in SHSCT over the 5 year period.

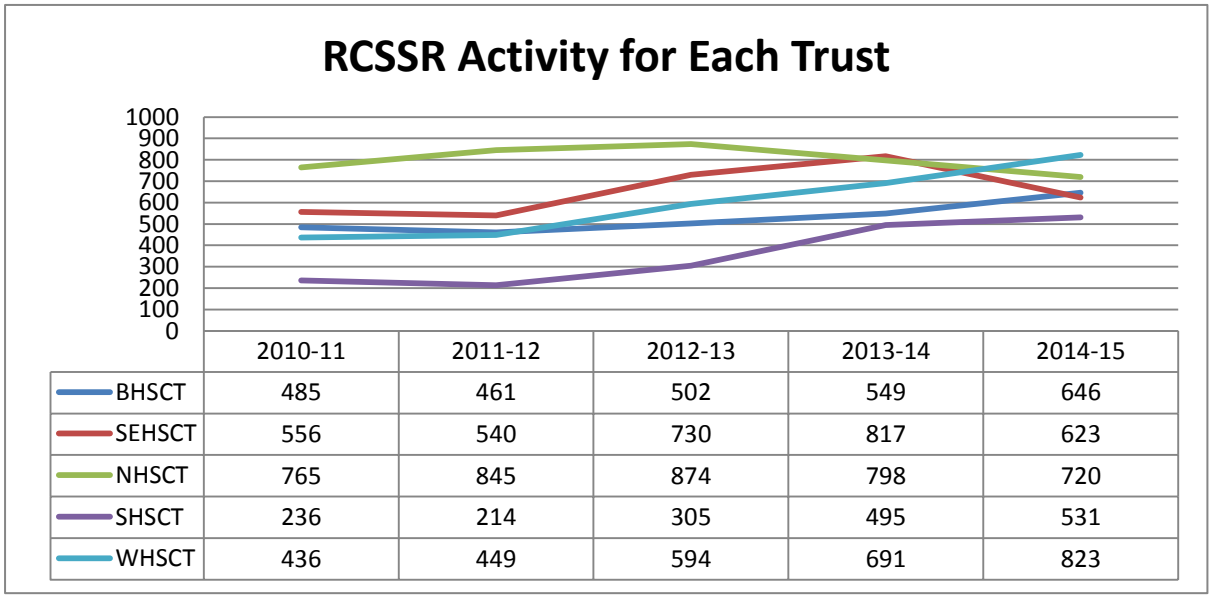
Table 5A

Trust	2010-11	2011-12	2012-13	2013-14	2014-15	Variance Increase
BHSCT	Baseline Year	-4.9%	8.9%	9.4%	17.7%	33.2%
SEHSCT		-2.9%	51.9%	11.9%	-23.7%	12.1%
NHSCT		10.5%	3.4%	-8.7%	-9.8%	-5.9%
SHSCT		-9.3%	42.5%	62.3%	7.3%	125%
WHSCT		3%	32.3%	16.3%	19.1%	88.8%

NHSCT has seen a reversal of the upward trend ending in 2014/15 with fewer bookings than 5 years earlier and 154 fewer bookings than in

2012/13 i.e.-5.9%; all other Trusts' bookings have risen over the 5 year period. Overall, though, there has been a 35% increase in bookings.

Table 5B

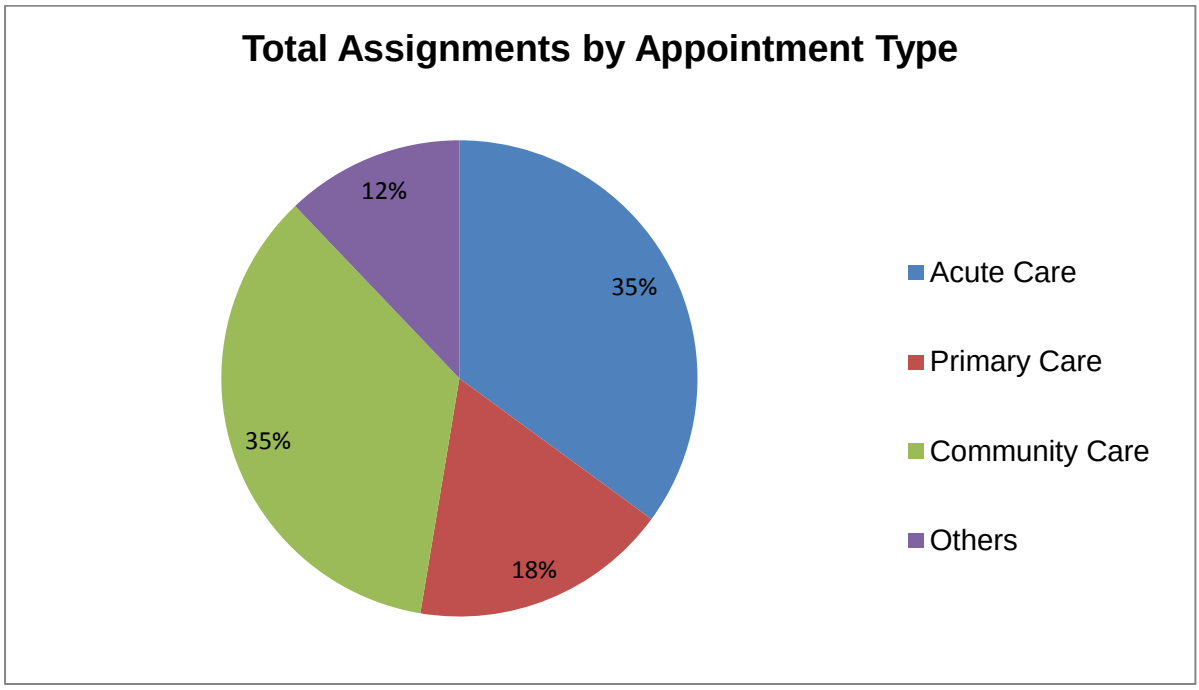


	2010-11	2011-12	2012-13	2013-14	2014-15
BHSCT	485	461	502	549	646
SEHSCT	556	540	730	817	623
NHSCT	765	845	874	798	720
SHSCT	236	214	305	495	531
WHSCT	436	449	594	691	823

Source: Trust Returns

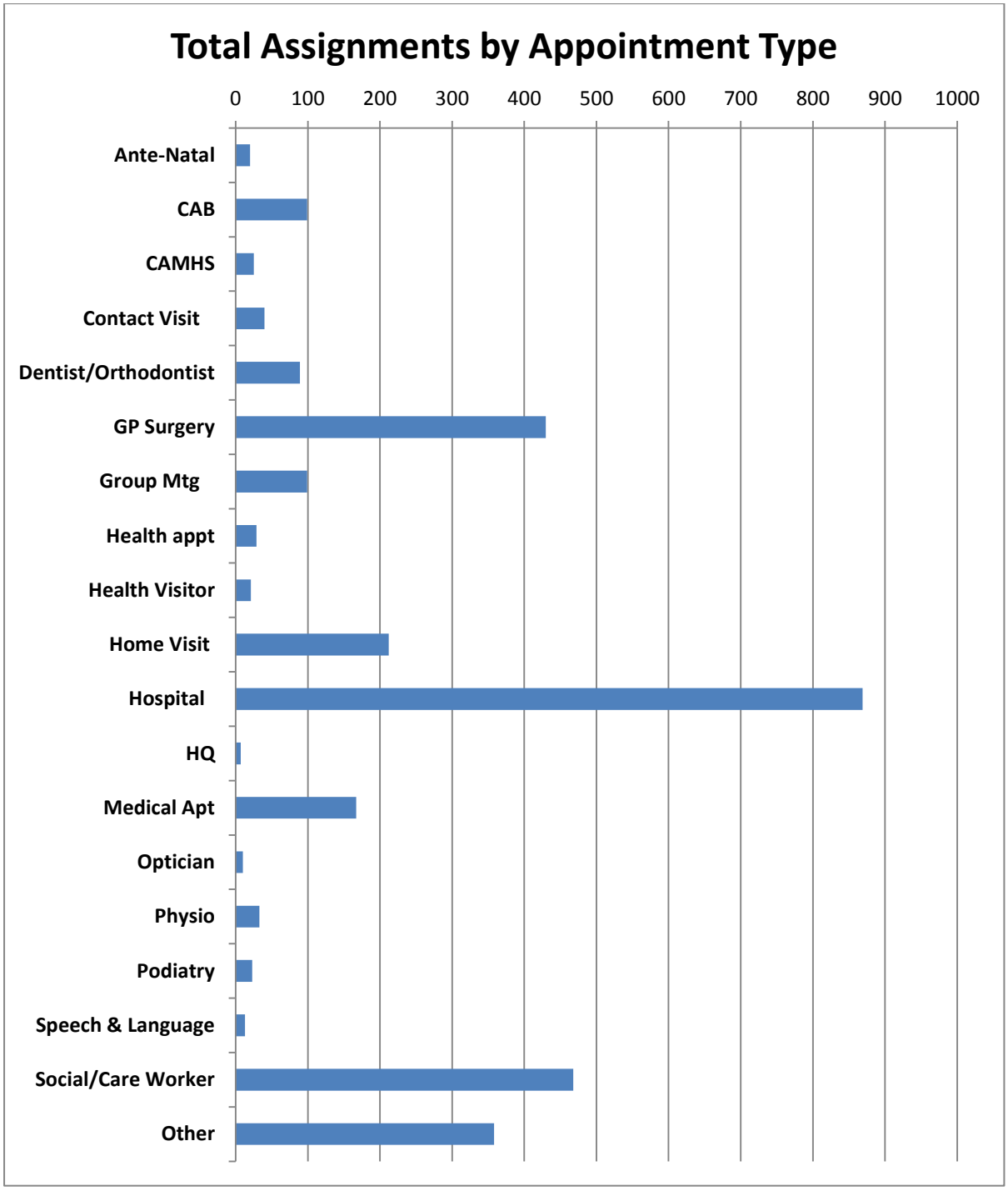
The bookings taken for SEHSCT in 2014/15 is down on the previous year by 194 i.e. 24%. Tables 6 and 7 illustrate the total number of sessions by appointment type across primary, secondary and community care.

Table 6



Source: Monitoring Returns

Table 7



*Original data did not define 'Other'

Source: Monitoring Returns

Table 7 has been compiled to reflect the source of the referral. A high level analysis of the bookings would suggest that the assignments attributable to the Acute sector is 40%; Social Care/SW accounts for 36% and Primary Care accounts for 24%. (This includes others (12%) by using a 'crude' % calculation we have allocated against these 3 sectors.)

5. CURRENT PROVISION

5.1 Current Service Model across Northern Ireland

Communication support services for deaf people are provided across Northern Ireland through face-to-face sessions only by both Qualified and Trainee Interpreters. There are a number of contracts in place across Trusts as follows:

Table 8

Trust	Provider	Service Provision	Criteria
Belfast	Action on Hearing Loss (HSCB Contract)	BSL/ISL	Access to H&SS; Out of Hours Service; Citizen's Advice Bureau. **No exclusions**
South Eastern	As Above	BSL/ISL	As Above
Western	Hands That Talk	BSL/ISL/Speech to Text	Medical Appointments, Meeting Statutory Functions; Out of Hours Service. **No exclusions**
Northern	Freelance Interpreters	BSL/ISL	Access to Health and well-being appointments including hospital, social care and GP; Out of Hours Service. **No provision for opticians, dental appointments.**
Southern	Action on Hearing Loss (Trust Contract)	BSL/ISL	Access to Health & Social care services such as: consultations with GPs, Consultants, Psychiatrists, outpatient AHP appointments and counsellors, however, when Deaf people have an appointment with any other social care professional, the Sensory Disability Teams will assess if an interpreter can be used for this purpose. The SHSCT interpreting contract only provides for services provided by the Trust. **No provision for: Opticians; dentists**

5.2 Cost of Service

Table 9 shows a budget versus actual spend comparison for the provision of interpreting services across the 5 Health and Social Care Trusts for the years 2010/11 – 2014/15. It is clear that the NHSCT, SHSCT and WHSCT have not set an adequate budget to meet their needs. The cost comparison demonstrates an average increase year on year to 2014-2015 and highlights the variances across each of the Trust contracts.

Table 9

		Budget	Actual
2010/11	BHSCT	£129,000	£61,143
	SEHSCT		£62,332
	NHSCT	£13,654	£51,750
	SHSCT	£29,635	£31,104
	WHSCT	£19,000	£61,236
	Total	**£191,289**	**£267,564**
2011/12	BHSCT	£129,088	£53,756
	SEHSCT		£61,818
	NHSCT	£13,654	£52,515
	SHSCT	£29,635	£28,063
	WHSCT	£19,000	£60,803
	Total	**£191,377**	**£256,954**
2012/13	BHSCT	£130,379	£56,573
	SEHSCT		£82,693
	NHSCT	£13,654	£28,063
	SHSCT	£29,635	£40,932
	WHSCT	£39,000	£77,739
	Total	**£212,668**	**£285,999**
2013/14	BHSCT	£132,608	£62,885
	SEHSCT		£91,761
	NHSCT	£13,654	£58,000
	SHSCT	£45,635	£65,348
	WHSCT	£39,000	£90,525
	Total	**£230,897**	**£368,519**
2014/15	BHSCT	£134,597	£74,644
	SEHSCT		£78,006
	NHSCT	£13,654	£54,019
	SHSCT	£45,635	£70,680
	WHSCT	£39,000	£111,178
	Total	**£232,886**	**£388,526**

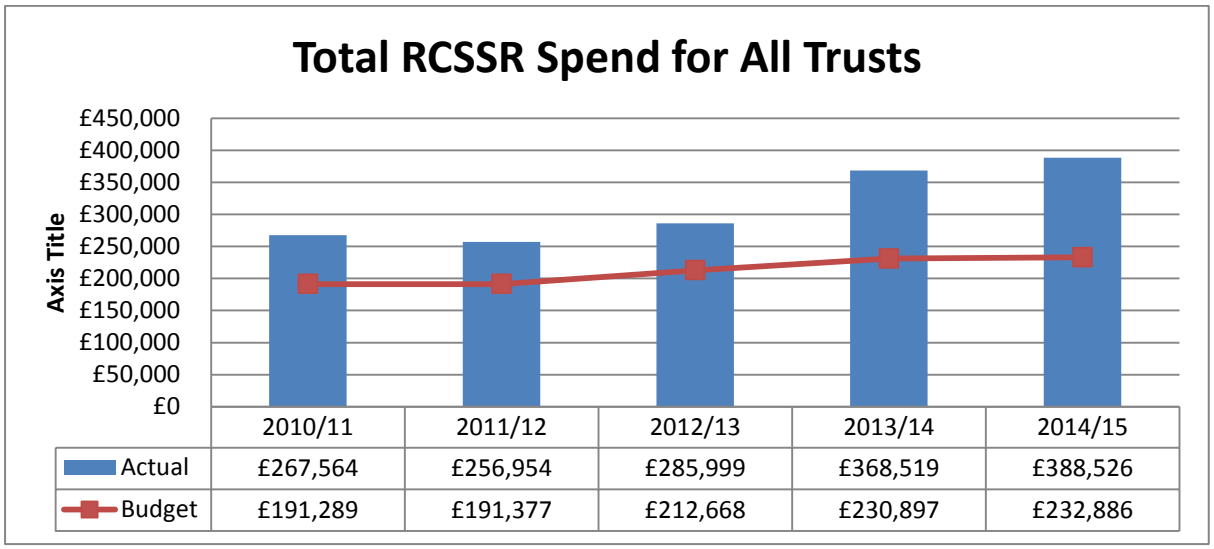
Based on the information contained in Tables 4A and 9 it would appear that the average cost per booking in each of the 5 Trusts is as follows:

Table 10

Trust	Average cost per booking
BHSCT	£116
SEHSCT	£125
NHSCT	£75
SHSCT	£133
WHSCT	£135

Caution is required in this extrapolation as there are different providers with different levels of remuneration and the bookings are for 1-1 work; group work as well bookings that take longer than anticipated which is remunerated differently, et cetera.

Table 11



5.3 Key Stakeholders

The key stakeholders involved in this Review included Commissioners – HSCB and Trusts, providers, interpreters and service users.

5.3.1 Service User Profile

According to NISRA (2012), the current population in Northern Ireland is 1,810,863. According to the RQIA Review of Sensory Support Services in

Northern Ireland (2011) there were 12,643 hearing-impaired service users (this includes people who are hard of hearing and with partial hearing loss as well as those who are deaf) registered across all Health and Social Care Trusts. In 2014/15 the 5 Trusts recorded 16,349 service users in contact with the Trusts across all programmes of care.

5.3.2 Interpreter Profile

Association of Sign Language Interpreters (ASLI) in NI has 26 members, 23 Registered Sign Language Interpreters (RSLIs) and 3 Trainee Interpreters (TIs). They offer both British Sign Language and Irish Sign Language. The aims of this membership led Association are:

1. To encourage good practice in sign language interpreting;

2. To represent the interests and views of BSL interpreters and the interpreting profession in the United Kingdom.

The organisation also encourages members to maintain and enhance their practice by offering opportunities for continuous professional development (CPD). Sign Language interpreters in Northern Ireland are usually members of the Association of Sign Language Interpreters (ASLI), which is the Association of Sign Language Interpreters in the United Kingdom.

There are also freelance interpreters delivering services across Northern Ireland who are not registered members of ASLI, the number of whom is unknown at the time of publishing this document.

5.3.3 Provider Profile

As noted on Table 8 (Page 21), the HSCB and the HSC Trusts contract with 2 voluntary sector providers and freelance interpreters to deliver the Sign Language interpreting service across Northern Ireland.

All interpreters are registered with The National Register of Communication Professionals working with Deaf and Deafblind People

(NRCPD) and must confirm annually that their registration has been updated.

5.3.3.1 Action on Hearing Loss

Action on Hearing Loss, formerly the Royal National Institute for the Deaf (RNID), is a national organisation with staff and premises in Northern Ireland. Action on Hearing Loss has contracts with Belfast, South Eastern and Southern Trusts to provide access to health and social care services across hospital, primary care and community care services.
They offer a wide range of communication professionals, including British Sign Language (BSL) interpreters, lip speakers, note takers, deafblind interpreters and speech to text reporters.

The Belfast and Health and Social Care Trust (BHSCT) and South Eastern Health and Social Care Trust (SEHSCT) contracts are commissioned jointly by the HSCB itself due to a legacy Eastern Health and Social Services Board (EHSSB) arrangement. The Southern Health and Social Care Trust has a contract with Action on Hearing loss.

5.3.3.2 Hands That Talk

'Hands That Talk' is a registered charity, based in Dungiven, County Derry/Londonderry and provide BSL and ISL interpreters for GP, hospital, dental and optician appointments for service users living in the Western Trust area. They are contracted by Western Health and Social Care Trust (WHSCT) to provide this service and also provide an out of hours service for emergency appointments.

5.3.3.3 Freelance Interpreters

The Northern Health and Social Care Trust (NHSCT) has its own in-house arrangements using a list of freelance interpreters for British Sign Language (BSL) and Irish Sign Language (ISL) to provide communication services for its population. The NHSCT uses Action on Hearing Loss for out of hours.

6. STAKEHOLDER ENGAGEMENT PROCESS

6.1 Process

An Engagement workshop was held with all key stakeholders in September 2013 as part of the Review process, representing the first task of Phase 3 'Engagement'. This was supplemented by work by the Regional Task and Finish group and individual meetings with key stakeholders engaged in the process.

The Engagement Workshop took the format of presentations and discussion groups. A series of questions were posed to each of the groups as follows:

- What range of communication supports should be made available to deaf service users by Health and Social Care (type of communication support required), who should be able to avail of this service and in what circumstances should it be made available?

- What do you see as the current gaps in service provision?

- How can we provide a service based on accessibility and choice, which can be provided within finite resources?

- How do we best utilise those skills and expertise of available qualified interpreters that are qualified or those who are in training to provide a service to the deaf community?

- Should we have regional standards for service provision, if so what would these look like and who would be responsible for assuring that they are being applied to service delivery across Northern Ireland?

6.2 Summary of Stakeholder Feedback from Workshop

Some key issues:

- Communication support should be available for all health and social care appointments and consideration given for referrals to non-HSC appointments;
- Service users should have choice about method and these should be available;
- Consideration given to limited budgets available for Trust services to deliver an accessible service model;
- Insufficient numbers of interpreters/note takers to meet demand;
- Competing demands on interpreters to work across different Government departments;
- Consideration given to centralised point for accessing service;
- Service user knowledge and awareness of the service, how to book and what can be booked;
- Availability of communication support at short notice, with particular emphasis on emergency hospital visits;
- Consider standardised communication support service within agreed criteria with centralised access point;
- Better communication and booking processes;
- Explore use of remote communication support for particular appointments;
- Consider utilising interpreter based on their levels of expertise in the form of a tiered system;
- Consider imposing charge for frequent offenders who cancel interpreters;
- Consider a Code of Conduct for interpreters;
- Consider development of regional standards for interpreting service, which are independently and regularly monitored.

7 COMPARATIVE ANALYSIS – Republic of Ireland, UK

Sign Language Interpreting Service (SLIS) is a Government funded voluntary service, which acts as a referral service, for qualified interpreters (http://slis.ie/). It has a number of key services:

- Referral Service;
- Irish Format Interpreting Service;
- Out of Hours Emergency Referral Service;
- Holds National Register of Interpreters;
- Complaints Procedures;
- Policy Development for Public Bodies;
- Advocacy for Deaf people;

It is estimated that there are 5,000 deaf people in the Republic of Ireland, which has a population of 4,588,252 and around 40 qualified interpreters.

The Regional Communication Support Service Review Group invited the SLIS to make a presentation at the Stakeholder Workshop about the service.

As well as outlining the services provided by SLIS the presentation also outlined why these services were needed and the detrimental effects on a deaf or partial hearing loss person if they did not receive an appropriate service at the right time.

Irish Remote Interpreting Service is a joint initiative in which SLIS is involved in. During the presentation the potential benefits of having a remote service were described as well as the extensive risk management factors that need to be considered.

8 CONSIDERATION OF THE WAY FORWARD

8.1 Rationale for Change

The findings of the Review have identified a range of issues which support and confirm the need for change including: accessibility, value for money, sustainability, standardisation and modernisation.

8.1.1 Accessibility

Service Users and Sensory Support staff have expressed concern about the booking time required and availability of communication support, for planned appointments, emergency attendance at acute settings, out of hours services and for non-health and social care appointments, most notably, onward referrals from a HSC professional to, for example, non-HSC specific leisure centres, social activities. This review **is focused only on health and social care related access**. Section 5.1 details the current access criteria to services and clearly there are anomalies across the region.

It has been noted that service users also make requests for a particular interpreter to support them when attending particular medical or other confidential appointments; however, the service user, could reside in the East of the province and make a request for an interpreter who lives West of the province, which incurs a much higher fee to cover mileage and travel time.

It has also been noted that in some instances family members are used as interpreters which poses challenges on the level/accuracy of interpretation and raises issues around confidentiality and governance. While is done mostly without remuneration being sought, in at least one Trust area some service users insist on using family that are registered interpreters and that the interpreters get paid for this. This practice has largely been stopped.

At present there are only two known Electronic Note Takers in Northern Ireland. There is also no known remote communication support service in operation from any of the contracted providers at present. Trust staff and

service users also noted that whilst the Out of Hours communication support service is available, it is infrequently utilised and queried whether there was a need or an awareness-raising requirement.

8.1.2 Value for money

The financial information (See Section 5.2, Table 9) demonstrates that the current service model has cost in excess of budget consistently over the last 5 years as noted, and has risen year on year across Trusts.
It has highlighted that the current model of delivery is not meeting the growing demand. The total variance between budgets and actual costs is currently approximately £155,640.

There is an assumption that demand will continue to rise and this been incorporated into the financial planning assumption from the review.

There is some known inefficiency across the Region due to cancelled appointments which has a financial consequence for commissioners and is wasteful of a scarce resource. Table 12 below shows the number of charged cancellations for the last 2 financial years.

Table 12

	2013/14		2014/15	
Trust	**Number of bookings cancelled**	**Cost**	**Number of bookings cancelled**	**Cost**
BHSCT & SEHSCT	73	£7339	54	£5193
NHSCT	29	£2151	19	£1499
SHSCT	42	£5546	37	£4763
WHSCT	0	£0	3	£479
Totals	144	£15,036	113	£11,634

Source: Monitoring returns

This ‘wastage’ shows an improving picture but the issue still needs ongoing work to reduce this as much as is possible; it will not be possible to reduce to zero due to unavoidable late cancellations such as service user illness.

8.1.3 Sustainability

To ensure future sustainability, remodelling of the current service is required to identify more efficient and cost effective ways to deliver the service, for example, through the use of remote interpreting provision where possible and appropriate.

Table 4A (repeated) Service Activity over 5 year period

Trust	2010-11	2011-12	2012-13	2013-14	2014-15	Total
BHSCT	485	461	502	549	646	**2643**
SEHSCT	556	540	730	817	623	**3266**
NHSCT	765	845	874	798	720	**4002**
SHSCT	236	214	305	495	531	**1781**
WHSCT	436	449	594	691	823	**2993**
Total	**2478**	**2509**	**3005**	**3350**	**3343**	**14685**

Source: Monitoring returns

There has been variance from across the region (See Table 4A & 5A) regarding growth and reduction in the number of bookings made/ taken from within each trust area. NHSCT has seen a reduction in the number of bookings taken (by over 150) in 2014-15 compared to 2012-13. The NHSCT provides interpreting for “Health and well-being appointments including hospital, social care and GP…. but does not allow provision for opticians, dental appointments, solicitors, employer meetings and schools.”(This review does not include provision for non-health & social care services). Bookings from within the SEHSCT have decreased by 194 in 2014-15 from the previous year without any restriction in access being imposed.

Table 5A (repeated) Variance Increase over 5 year period

Trust	2010-11	2011-12	2012-13	2013-14	2014-15	Variance Increase
BHSCT	Baseline Year	-4.9%	8.9%	9.4%	17.7%	33.2%
SEHSCT		-2.9%	51.9%	11.9%	-23.7%	12.1%
NHSCT		10.5%	3.4%	-8.7%	-9.8%	-5.9%
SHSCT		-9.3%	42.5%	62.3%	7.3%	125%
WHSCT		3%	32.3%	16.3%	19.1%	88.8%

Future demand

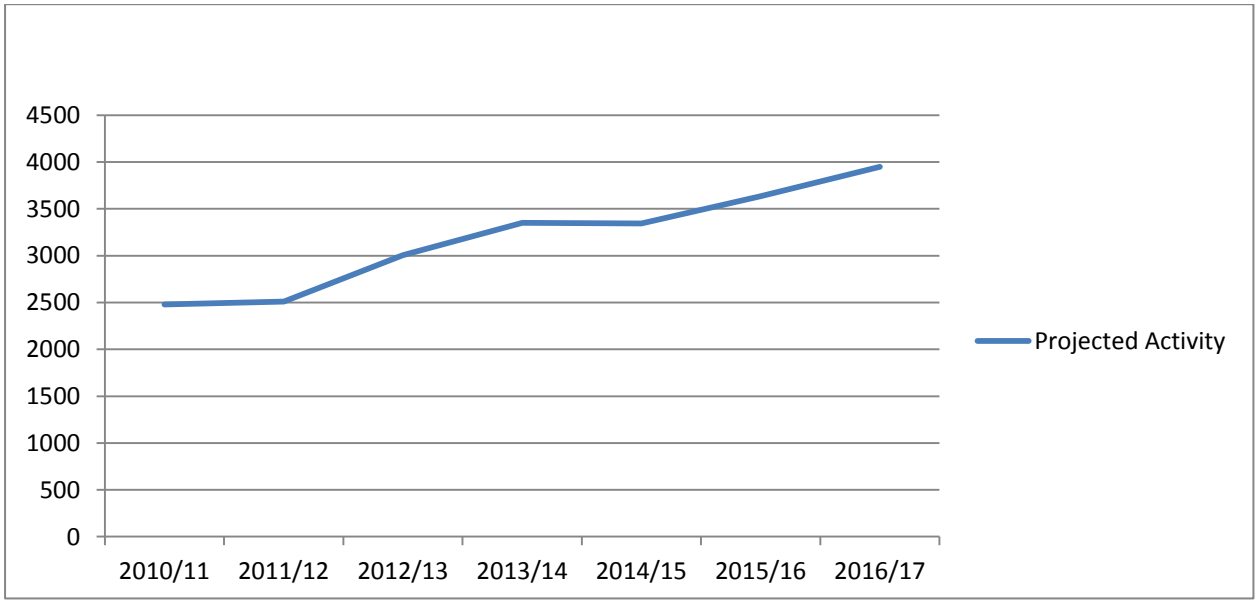
It is also important to anticipate and project future demand. Based on the data contained within this report, it is estimated that a possible 8.7% increase in activity for the next 2 financial years can be anticipated (See Table 13 below).

Table 13

Year	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
	2478	2509	3005	3350	3343	3635	3951
% increase	Baseline Year	0%	20%	10%	0%	8.7%	8.7%

By March 2017 it is estimated that the cost of the current service model will be in the region of £455k, with an approximate budget of £240k if no additionality other than small uplifts, is secured.

Table 14 Projected Activity



8.1.4 Standardisation

The current communication support model in place across Northern Ireland is brokered through two organisations and through use of freelance interpreters. The cost of service, length of each assignment,

travel time, eligibility criteria, booking processes, access to service etc. all vary from Trust to Trust.

The British Deaf Association (BDA) in its presentation at the Regional Workshop in September 2013 made a number of recommendations in this regard for a future model, which have been borne in mind in the Options Appraisal below. Additionally, the learning from SLIS and the implicit recommendations emanating from their presentation along with the recommendations made by ASLI also at the September Workshop have also been given careful consideration.

8.2 Options Appraisal for future provision

This section explores the list of options that were considered during the Review. In line with the rationale for change, and key to meeting the long-term sustainability of the service, key criteria were agreed against which to weight the options. The criteria seek to ensure standardisation, accessibility, experience and value for money.

The options are:

8.2.1 Option One – No Change

The HSC Trusts and HSCB would continue to contract with 2 provider organisations and freelance interpreters to deliver the service, therefore cost, eligibility criteria, booking processes all remain inconsistent and varied across Northern Ireland causing difficulties with standardisation, accessibility, user experience, value for money, and equity.

It will **not** address the current overspend apparent in 3 of the 5 Trusts due to increased demand.

8.2.2 Option Two – Trust Devolved Model

The HSCB would devolve responsibility to the BHSCT and SEHSCT and thus all 5 Trusts would be able to procure their own service providers i.e. individual contracts within all five Trusts. Accessibility may potentially be improved at a local level, however, there will be little regional

standardisation, and may indeed be fragmented from Trust to Trust in the absence of a regional approach (see section 5.1 for current service provision and access). Efficiency will be negatively impacted on due to 5 separate models with separate reporting, monitoring arrangements and running costs/overheads not reduced.

It will **not** address the current overspend apparent in 3 of the 5 Trusts due to increased demand.

8.2.3 Option Three – Trust Model Through Single Provider

The communication support service would be commissioned/procured by HSC Trusts themselves, hosted possibly by one Trust on a consortium basis, and commissioned and contracted with a single provider which would provide a regional service across all 5 Trusts. This option could offer consistency and standardisation of approach but it does not address the issue of a central booking system for all requests unless one is put in place to achieve standardisation.

The reporting and monitoring arrangements may need to be tailored to meet the needs of each of the 5 Trusts, especially if regional criteria for access are not agreed and, therefore, might not offer value for money. This option would require the host Trust to oversee the booking arrangements and put administrative arrangements in place. It would also require each Trust to have identified Lead Officers to monitor the service and to follow up on issues pertinent to the respective Trust, e.g. cancelled chargeable bookings. This option does not naturally sit with any one Trust in terms of core business; it does seem consistent with a recommendation within the Physical and Sensory Disability Strategy regarding sharing resources.

It will **not** address the current overspend apparent in 3 of the 5 Trusts due to increased demand.

8.2.4 Option Four – Regional HSCB Commissioned Model

The regional communication support service would be commissioned/ procured by the HSCB through a contracted provider. This option would

be very similar to Option 3; it could offer consistency of approach as there would be regional access criteria and, therefore, the need for Trust specific variance is nullified. This option would require the HSCB to oversee the booking arrangements and put administrative arrangements in place. It would also require each Trust to have identified Lead Officers to monitor the service and to follow up on issues pertinent to the respective Trust, e.g. cancelled chargeable bookings. This option would not set a precedent for HSCB as it holds a number of regionally procured contracts for services provided by the voluntary sector.

It will **not** address the current overspend apparent in 3 of the 5 Trusts due to increased demand.

8.2.5 Option Five– Regional Shared Service

The regional communication support service would be provided on a shared service basis by the HSC Business Services Organisation (BSO), managed independently of the HSC provider organisations. This option provides a consistent business model and approach, delivered by an organisation with a track record in shared services. The BSO has the knowledge, expertise and resources gained from the recent profiling of the Regional Language Interpreting services to meet the communication support needs of deaf service users regionally. It could meet the requirements and demands of a quality service specification, based on sound business principles and practices. This option would also be the closest to the RQIA recommendation of 2011, and offers the best option to address the issues flagged by the stakeholder workshop (see section 6.2). This option would also, at face value, appear to meet the expectations of the ASLI and BDA recommendations and match the service in place in Republic of Ireland.

It will **not** address the current overspend apparent in 3 of the 5 Trusts due to increased demand but offers the best value for money proposal.

8.3 Preferred Option

Based on the options appraisal, the preferred option for the regional communication support service is Option 5; a regional shared/managed service provided by the HSC Business Services Organisation (BSO). This means that the service would be managed independently of the Health and Social Care provider organisations. In favour of this option is that the Regional Language Interpreting Service could also include Interpreting services for deaf people who require access to health or social care services and fits with the aim and strategic objectives of the BSO. The BSO would be in a good position regionally across Trusts, other Health and Social Care organisations and independent contractors to set strategic direction and proactively manage the service.

9 CONCLUSION

This Review of Communication Support Services for Deaf /Hard of Hearing People recommends that a regional communication support service requires redesign and reform to ensure an accessible, efficient, value for money and sustainable service model is available in the future. Demand is increasing year on year and costs have escalated annually.

This review recognises the hard work and high quality of the services currently provided through AoHL & Hands that Talk. The aim of the review is to identify a sustainable solution to meet the communication needs of deaf people in the future and to ensure that it is fit for purpose.

One recommendation has been set out on pages 6-7 and again on pages 37-41 with a primary focus on the need to make the service more accessible, value for money, standardised, efficient and sustainable. This includes the identification of a preferred regional model with a single unit cost and proposals to develop the potential for remote communication support, where appropriate.

It is the conclusion of this Review based on the Options Appraisal process, that Option 5 is the preferred option, i.e. that the regional communication support service should be provided on a shared service basis by the HSC Business Services Organisation, managed independently of the HSC provider organisations. This option provides a more joined up and consistent business model and approach, delivered by an organisation with a track record in shared services. User Experience, standardisation, value for money and accessibility could all be addressed with this option.

It also places communication services for deaf and hard of hearing people on same ‘footing’ as other languages.

The HSC Business Services Organisation has the knowledge, expertise and capacity to re-profile services to meet the requirements and demands of a quality service, based on sound business principles and practices. This would also be the closest to the RQIA recommendation of 2011.

10 RECOMMENDATION SECTION

Recommendation

The following overarching recommendation is proposed by the Review Group:

Develop and procure a regional standardised model of service provision, which will offer consistency, standardisation, and accessibility of service delivery and represents value for money.

The regional standardised model should include:

- All face-to-face and remote interpreting services should be funded centrally and be accessible to all Health and Social Care organisations as well as GPs, Dental Practitioners and Community Pharmacists;

- A Service Model profiled to achieve a balance of face to face interpreting and, where appropriate non face-to-face interpreting, to manage demand, offer value for money and increase accessibility. This should include development of clear guidance to ensure the appropriate use of the various forms of interpreting by Health and Social Care professionals;

- Undertake a controlled pilot in the use of remote communication support;

- A regional advisory group should be established to oversee the development and delivery of interpreting services including governance and accountability issues. This group should include service user representation;

- Interpreters should be deployed as efficiently as possible through effective resource management and innovative use of technology;

- A central system should be used to ensure consistency of coding and to encourage appropriate referrals, including out of hours requests;

- Consistent and relevant data sets should be developed to ensure effective performance management, including information on referral source, assignment type and service response;

- Regional quality standards for communication support service should be developed as part of the contract, including the management of complaints;

- A Communication Support Code of Conduct should be developed in association with governing bodies.

Regional Oversight and Governance

Business Services Organisation already has in place the infrastructure to take bookings and allocate interpreters appropriately. It is accountable to the HSCB as the commissioner of the service. It is proposed that, as for the existing Regional Language and Interpreting Service, a regional advisory group be established which would:

- Be chaired by the provider organisation (HSC Business Services Organisation), with accountability to the appropriate authority;

- Include Public Health Agency representation to advise on public health considerations for deaf people;

- Include a representative of the Regional Interpreting Service;

- Include Trust representation through the Equality Leads and other staff such as Sensory Rehabilitation, Audiology, Emergency Departments, Regional Emergency Social Work Service;

- Include representation from Integrated Care Directorate regarding General Medical Practice needs in and out of hours provision;

- Include Independent Contractor representation;

- Include Service User representatives, including ISL & BSL Service users, British Deaf Association, Action on Hearing Loss, SENSE;

- Include representatives from the Deaf community;

- Include a Risk and Governance representative to account for the legal and governance requirements of the health and social care family towards deaf people.

The provider organisation would lead on strategy, policy and practice and seek approval from the regional advisory group and would report on their performance to this oversight group which would also act as an expert reference point for strategic decisions or changes to the service. This group would also set priorities for the service and address specific issues within health and social care economies in Northern Ireland.

Communication

It is also recommended that the Regional Language Interpreting Service develops a clear communication strategy for the promotion of this expanded service and to ensure its appropriate usage. This strategy should include the promotion of the service to service users of health care & social care, Trusts and Health and Social Care organisations, and Health and Social Care independent contractors.

This strategy should include the communication and advertising of defined communication support pathways. This would ensure that those referring into the service are clear as to what form of service they are seeking and underpin the management of the revised model of delivery.

There is a risk that ‘over promoting’ the service too quickly would cause further service pressures for the Regional Interpreting Service. The

promotion of the service needs to be carefully managed to ensure the correct infrastructure is in place to cope with demand.

Further elements of the communication strategy should be considered:

- Creation of an e-learning platform for Health and Social Care professionals and Independent Contractors to access information. Consideration should be given to the production of an e-learning package which would deliver key training to health and social care professionals;

- Use of the current BSO Regional Language and Interpreting service logo and branding to promote the service in the community, for example, independent contractor and secondary care providers displaying the logo in shop fronts/reception areas for patients, clients and users to see;

- The provision of training for health and social care professionals. It is recommended that consideration be given to how this training could be embedded within existing mandatory training programmes.

Interpreters

Effective utilisation of Interpreters

As for the existing Regional Language Interpreting service there is a risk of inefficiency given the 'stretched' resource of ISL and BSL Interpreters, if consideration is not given as to how they would be deployed. An innovative approach is required to maximise this 'stretched' resource by such measures as remote interpreting where possible and suitable, as well as matching interpreters to calls on a geographically accessible basis.

Training and Support

The same arrangements for the Regional Language Interpreting service should be extended to the ISL & BSL Interpreters in this new model.

Other Options

Other options to oversee the provision of interpreting services for deaf service users were considered such as a voluntary not for profit organisation but ultimately discounted as it was not felt that this offered a particular advantage relative to the HSC Business Services Organisation which is already managing the Regional Language Interpreting Service but does not include provision for BSL or ISL users.

11. APPENDIX - Task and Finish Group Membership 2013-14:

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Anne Hillis, Senior Commissioning Manager and RSIG Chair, HSCB;

Jacqueline Magee, PPI Lead, HSCB;

Clifford Coulter, Head Accountant, HSCB Finance;

Lucyna Edgar, (replaced by Ciara Fitzpatrick, April 2013), HSCB Contracts;

Anne McGlade, (replaced by Matthew McDermott, May 2014), BSO Equality Manager

Jane McMillan, Assistant Service Manager, BHSCT;

Alison Irwin, Head of Equality. NHSCT;

Wendy Longshawe, P&SD Service Head, NHSCT;

Clare McStay, Sensory Services Team Manager, SEHSCT;

Susan Thompson, Equality Manager, SEHSCT;

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