



Agenda item: 13.

Integration Joint Board

Date of Meeting: 27 June 2018.

Subject: Communication Equipment and Support.

1. Summary

1.1. This report highlights the timetable for commencement of Part 4 of the Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016 and inform of the legislative duty, as well as advising of current ability to meet the legislative duty, highlighting any areas of risk.

2. Purpose

2.1. To advise and update Members of the above Act.

3. Recommendations

The Integration Joint Board is invited to:

3.1. Note the new legislative duty on health boards arising from Part 4 of the Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016 and potential highlighted risks in relation to failure to comply with the Act.

4. Background

4.1. Part 4 of the Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016 creates a duty on Health Boards to provide equipment and support to those with communication difficulties. NHS Orkney has been represented at the national advisory group in relation to this, the Augmentative and Alternative Communication (AAC) Advisory Group. AAC is the term used to describe various methods of communication that can 'add-on' to speech and are used to mitigate problems with ordinary speech. AAC is the term used to describe anything from simple systems such as pictures, gestures and pointing, to more complex techniques involving technology options.

4.2. The work of the national group has focused on overarching principles, definitions (these are now awaiting legal input prior to being issued) and identifying:

- Where the duty lies.
- The current population of people who use AAC.

- Estimates of unmet need.
- Any potential financial implications arising from the duty.

5. Draft Guiding Principles

5.1. Communication is a fundamental aspect of human life and as important as physical health and wellbeing. All people have the right to communicate (Article 19 of the UN convention on human rights) to the fullest extent possible, with equitable access to communication equipment and support to meet individual communication needs.

5.2. Communication equipment and support will enable individuals to have the means and opportunities to participate in the ordinary interactions of daily life.

5.3. The person will be involved in decisions about their communication equipment and support.

5.4. Professionals and agencies from all sectors should work in partnership with each other and with the person, family and carers in the planning and provision of services.

5.5. The person will have timely access to effective, efficient and safe provision of communication equipment (which conforms to EU standards) and support at the point of need, for as long and as often as required.

5.6. People will have access to support from multi-agency staff with a range of necessary competencies.

6. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

Promoting survival: To support our communities.	No.
Promoting sustainability: To make sure economic, environmental and social factors are balanced.	No.
Promoting equality: To encourage services to provide equal opportunities for everyone.	No.
Working together: To overcome issues more effectively through partnership working.	Yes.
Working with communities: To involve community councils, community groups, voluntary groups and individuals in the process.	No.
Working to provide better services: To improve the planning and delivery of services.	Yes.
Safe: Avoiding injuries to patients from healthcare that is intended to help them.	No.
Effective: Providing services based on scientific knowledge.	No.

Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.	No.
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7. Resource implications and identified source of funding

7.1. The duty to provide equipment and support lies with the Health Board and commences on 19 March 2018. In the case of NHS Orkney this function is delegated to the Integration Joint Board.

7.2. Capturing a baseline of information across Scotland has been challenging as there is currently no readily available information on people who use AAC, or their numbers or characteristics. Estimates of prevalence, based on the academic literature, are that 0.05% of the population may need high tech AAC. An exercise is currently underway locally in the speech and language therapy service to establish current prevalence for AAC usage but national prevalence is a useful reflection of local prevalence.

7.3. National leads have been working with local AAC services to try and understand more about levels of unmet need. Speech and Language Therapy Services across Scotland have been unable to provide such detail, which has resulted in information gaps around this topic and this is reflective of the local situation.

7.4. NHS Orkney's AAC services are currently being delivered through existing resources. There is no dedicated budget for AAC and there is no specified staff with an exclusive AAC remit. A funding bid to the Medical Equipment Group was recently submitted following a recent one-off assessment (£5,200) but, following introduction of the Act, there is likely to be an initial high volume of assessments with an associated cost for equipment.

8. Risk and Equality assessment

8.1. There is the potential risk that, due to financial constraints, NHS Orkney may not be compliant with the Act, resulting in failure to meet the legislative requirements of the Act and reputational damage to NHS Orkney.

9. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

10. Authors

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