Health Scrutiny Committee
Meeting to be held on 13 October 2015

Electoral Division affected: All

Access to Services

Contact for further information:
Ann Smith, Head of Patient Safety and Quality Improvement
ann.smith@lancashire.gov.uk Tel: 07789618193

Executive Summary

Committee members have requested information about how people access services including how citizens find information about services including eligibility criteria. Committee members have also asked whether a citizen living in an urban area has a greater choice and quality of services compared to a rural area.
Committee members would also like to better understand the challenges that are faced by the Deaf community in accessing services.

This report provides members with:

- The process for accessing social care services

- Supporting access to services via the 'Wellbeing Worker Service'

- Views of citizens from the deaf community on accessing services

Recommendation

Members are asked to note and comment on the report.

Background and Advice

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. In January 2014 NICE published recommendations for local authorities and partner organisations on improving access to health and social care services for vulnerable people who do not routinely use them, promoting equitable access for all.

There are many reasons why some people do not access health and social care services:

- Structural and service characteristics:

  o the structure, organisation and delivery of services.
  o service characteristics such as location and opening times.

- Population characteristics:

  o demographic characteristics, for example being an asylum seeker, being homeless, having a learning difficulty, or living in a rural area.
  o cultural characteristics, for example if the person does not speak English as their first language or lives in a Gypsy or Traveller community.
  o behavioural characteristics, for example illicit drug use or commercial sex work, that people may want to actively conceal.
  o attitudinal characteristics, for example being suspicious of the services offered or being unaware of the health benefits that might be gained.
  o lifestyle characteristics, for example being a carer.

People who do not have good quality access to standard health and social care services may be at increased risk of poor health, which can accumulate through life and lead to increased demand on services and increased health and social care costs.

1. Access to social care services across Lancashire

The Customer Access Centre (CAS) holds a service catalogue which details all services delivered through CAS and services including which services have a 'self-service' online access point. From a customer perspective there should be no disadvantage to rural communities accessing our telephony channels. In CAS if a customer contacts Customer Access regarding a specific service and during the course of the conversation it becomes clear that the customer may benefit from other County services, these other services will be discussed and brought to the customers attention. In addition to telephony, email and online, there is also face to face access and information provided through and managed by the Library service, Children's centres, etc.

Services relating to Social Care can be accessed either by the individual themselves or by a professional, with the individual's consent. Professionals, including GPs, can refer to the Wellbeing Service directly but any referral for a statutory assessment is made via the Customer Access Service. An initial holistic assessment is undertaken to establish a person's needs in line with the national eligibility criteria before the appropriate action is taken. This can range from information and advice being provided to referrals for the Wellbeing Service, Occupational Therapy or Social Care Services.

A number of social care and public health services are in the process of being re-tendered. As part of this process the spread of services and access points are considered. For example following Cabinet approval in January 2014 a tender process was conducted to select the providers to be placed on a new Home Care for Older Adults and People with Physical Disabilities framework agreement. The new framework has been developed following extensive briefings and communications with current providers. Working with fewer providers is expected to improve the effectiveness of contract management and resolve issues the Council has in securing homecare for service users in hard to reach areas of the county or difficult to deliver packages of complex care.

2. Supporting access to services via the 'Wellbeing Worker Service'

This new service commenced on 1 September and will help people to stay well and maintain their independence. It will particularly support people to have improved mental wellbeing and be better able to look after their health and the things that might affect it. People will be referred by their doctor, health worker or professionals from other agencies that might come into contact with those who would benefit from the service. It is envisaged that the service will support around 25,000 vulnerable people each year.

The Service can be accessed by referral from a wide range of partners including our own Customer Access Service. The Wellbeing Service comprises 8 teams of Wellbeing Workers covering the whole of Lancashire, and the service will be locally driven responding to needs and working in partnership with key agencies such as primary care teams, statutory partners such as district councils, the Voluntary, Community and Faith Sector (VCFS), police early action teams and others.

Lancashire Wellbeing Service staff will be based alongside colleagues within health and social care, in particular, primary care Integrated Neighbourhood Teams and alongside GP surgery teams. The service will work at a community level across the 12 districts of Lancashire and will operate in a variety of settings, such as people's homes and within local communities in a variety of community/outreach venues, which will be accessible, as well as being acceptable locations for all adults and communities.

The Wellbeing Worker service specification requires the service provider to:

- Ensure that services are acceptable and accessible to people with learning and/or physical disabilities including the deaf and partially sighted community

-Ensure equitable access to services for people with protective characteristics and that they are not disadvantaged by the way services are provided or targeted

-Undertake equality impact assessments for all its functions and policies to ensure the service does not directly or indirectly discriminate

-Ensure that staff can respond sensitively and appropriately to the needs of individuals who are defined in law as sharing protected characteristics under the Equality Act 2010.

The service is required to carry out an annual equity audit to ensure that the service is meeting the needs of priority communities, wards and under-served groups, and is also required to report on the number of people offered a face to face and accepted appointment by:

- Age
- Gender
- Ethnicity
- Disability

- Sexual orientation
- Service user post code (Lower super output area)
- Religion or belief (including no belief)
- Locality for the delivery of service
- The reason for attendance

3. Views of citizens from the deaf community on accessing services

To better understand the challenges that are faced by citizens with a sensory impairment, Lancashire County Council (LCC) has undertaken a number of information gathering sessions with the support of Lancashire Deaf Society (LDS), Galloway's and the Deafblind Forum, 14 sessions were arranged across Lancashire. 8 were with the deaf community, 5 with the visually impaired community and 1 with the deafblind community. Some initial findings from the focus groups are detailed below:

3.1. Technology

Technology is important as it gives people access to the world. They are able to shop online and bank online, check the bus times and use Facebook and twitter. Many of the people at the sessions would like to be able to use new technology, making better use of the internet and smartphones but need to be shown how. The majority of people that we spoke with use mobile phones or smart phones. The deaf community use them to keep in contact with friends and family via text. They will also use smart phones for apps such as Skype and Glide to keep in touch with people.

Some of the individuals at the visual impairment sessions had speaking mobile phones that they purchased from the Royal National Institute for the Blind (RNIB). For them the mobile phones with voice activation were valuable as they could ring people and get verbal updates as well as having the phone read out any messages they had received. The advantage of using mobile phones is that individuals can receive texts and emails wherever they are. This is one of the reasons why getting information in these formats is preferred.

Face to face apps such as Skype and Face Time are also important to the deaf community because they are what everyone can use regardless of their abilities in English. Because it is a visual form of communication it offers deaf citizens more clarity in the message being conveyed.

IPads and Android Tablets are used by most of the people that we spoke with. These are used for browsing the web, keeping in contact with family and friends via Skype etc., connecting with other people and online shopping.

Talking books were important to most of the visually impaired individuals that attended. Many get the talking books from the RNIB, Calibre or their local library. Galloway's also provide a newsletter and the Lancashire Evening Post on a USB that speaks the news to the user. This allows people to keep in touch with what's happening in their local area.

3.2. Access to Services

The sessions clearly indicated that the needs of the visually impaired communities are different from those of the deaf community. Citizens in the deaf community can struggle to read and write English. This makes it very difficult for people to read and understand letters, utility bills and forms. They need support to understand the letters they receive, how to resolve any issues which may have arisen and support to complete forms.

This is one of the biggest areas of concern for deaf citizens because this reduces their ability to be independent and keeps them isolated from the rest of their community. Access to British Sign Language (BSL) interpreters is the biggest reason for social isolation in the deaf communities in Lancashire. There are a great number of this community that do not understand, read or write English. They may be able to pick out the odd word but little more. In the hearing world there is an assumption that deaf people can read so information is produced in the form of letters and posters.

3.2.1 Healthcare

There is no access for BSL users to an interpreter at GP surgeries. Unless a deaf person can take a hearing person with them they have to write everything down, sometimes in very broken English and pass to the receptionist. They feel this is not a dignified way to access services. Deaf citizens also have to go to the surgery to make appointments when others can make them over the phone.

The use of data protection prevents citizens from accessing many services. There is a requirement of many organisations that when a phone call is received the person making the call has to prove they are the person on the 'account'. This is not possible for a deaf person and on most occasions someone has made the call on their behalf.

Recommendations from the focus groups have been forward to the appropriate services for consideration.

Consultations - N/A

Implications: This item has the following implications, as indicated:

Risk management
There are no significant risk management or other implications

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel
N/A		

Reason for inclusion in Part II, if appropriate N/A