

Meeting of ICB Board Open Meeting

Date: 7th March 2024

Time: 12.15 – 15.15

Location: MS Teams

Agenda Number :	6.2	
Title:	Update on Physical or Sensory Impairment Developments <i>To discuss</i>	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Review & agreement		
Key Points for Discussion:		
<p>This paper presents an update on the Physical and Sensory Impairment improvement work, following the board support at the October 2023 Board Meeting. It highlights the specific focus on accessible information, the members of the Monitoring and Implementation Group and the next steps.</p>		
Recommendations:	The Board is asked to review the update and to commit to supporting the members of the Monitoring and Implementation Group to implement the necessary changes.	
Previously Considered By and feedback :	Originally discussed at the October board meeting	
Management of Declared Interest:	n/a	
Risk and Assurance:	If systems partners are unable to provide a safe service to patients and clients with Physical and Sensory Impairments then they leave themselves open to the risk of challenge under the Equality Act 2010.	
Financial / Resource Implications:	There is minimal financial implication as a result of agreement of this paper, however as improvements are identified there may be investment required.	



Legal, Policy and Regulatory Requirements:	System partners have a duty under The Equality Act 2010 to ensure individuals have equal access to private and public sector services regardless of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. The Equality Act protects those receiving care and the workers that provide it from being treated unfairly because of any characteristics that are protected under the legislation.
How does this reduce Health Inequalities:	People with a long-term physical or sensory health condition can experience significant health inequality due to systemic barriers. In focusing on improving both the specialist and mainstream health services Disabled people with a physical or sensory impairment experience, it is hoped and intended to reduce health inequalities for this group of people who use our services.
How does this impact on Equality & diversity	Disabled people with a physical or sensory impairment are one of the 9 protected characteristics under the 2010 Equalities Act. Removing all barriers to full accessibility and inclusion and providing reasonable adjustments where required are vital elements in meeting the Equality and Diversity agendas of all members of the ICB.
Patient and Public Involvement:	Service users are at centre of the working group. Disabled people with a physical or sensory impairment have engaged with conversations and contributed to the proposed actions.
Communications and Engagement:	Active involvement of Disabled people with a physical or sensory impairment has been a non-negotiable part of this work. Only if this project was led by people with lived expertise could it reflect the real and serious challenges Disabled people with a physical or sensory impairment experience in Health and care services
Author(s):	Alun Davies, the chair of the Bristol Mayoral Disability Equality Commission Shane Devlin BNSSG ICB CEO
Sponsoring Director / Board Member:	Shane Devlin BNSSG ICB CEO

Background

1. At the BNSSG ICB Board meeting on the 5th October 2023 the paper “Improvements to Services for Disabled People with Physical or Sensory Impairments” was approved. This paper committed all system partners to work together to deliver the following ten recommendation under the six headings.

Accessible Information and communication

2. Proposed Action 1: Recommendation to systems partners for each organisation to commit to implementing the accessible Information Standard through publication of a strategy and action plan by identifying the necessary resources required to deliver and work through a business case.
3. Proposed Action 2: Ensure Disabled people are told well in advance of appointment dates in a format they can access and understand and have a chance to book support at the same time i.e. BSL interpreters to be booked on the same day the appointment is made. Also need to extend appointment times for people with communication needs who use technology to speak on their behalf, so they retain their independence during appointments and have time to answer questions posed to them in real time.

The Person is the Expert

4. Proposed Action 3: All systems partners to urgently review staff training to ensure that there is adequate coverage of issues facing people with a physical and / or sensory impairment who use services, specifically around communication and delivery. Produce action plans to improve care provided to users with training delivered by people with lived experience.

Effective Understanding of the Lived Experience

5. Proposed Action 4: Round table discussion including clinicians to address issues around assumptions being made on behalf of service users with physical and sensory impairments., specifically highlighting “do not attempt resuscitation” forms.
6. Proposed Action 5: Join up clinical care pathways with smooth discharge from acute care into the community with each System Partner determining which part of the care pathway they can deliver, understanding how the total Rehab care pathway works and, if ongoing care is required, understand where and how this happens implementing procedures to ensure smooth transfer to ongoing care.

Make sure staff know how to use Specialist Equipment

7. Proposed Action 6: Work with Disabled people to review wheelchair provision.
8. Proposed Action 7: Engage and converse with Disabled people between both health and local authorities to understand the provision of equipment for Disabled people with a

physical and / or sensory impairment, identifying where it can be streamlined to reduce inconsistencies leading to inequalities and situations where there might be either gaps in or double funding.

Greater involvement needed by Disabled people with a physical or sensory impairment in the planning and development of services

9. Proposed Action 8: All systems partners to work together to develop a co-production policy and process. Where a service or policy is being reviewed or developed as new, these services or policies will be subject to the co-production process in line with a common co-production definition and relevant policy agreed with Disabled people and their organisations. Every systems partner must commit to 3 major activities in 2023/24
10. Proposed Action 9: Ask all systems partners to review how people with physical and sensory impairments are represented at various governance levels in their organisations, and to produce a plan to address this if representation is felt to be lower than it should be.

Governing the changes

11. Proposed Action 10: The ICB Board to establish an overarching mechanism responsible for monitoring progress of these actions, identifying resource to support this work, and to understand the financial consequences; develop a business case

Progress to Date

12. Starting with proposed action 10 the following monitoring and implementation group was established.

Organisation	Name	Title
UHBW	Fiona Spence	Patient Equality, Diversity and Inclusion Manager
AWP	Sarah Jones	Director of Nursing and Quality
NBT	Elliot Nichols	Director of Communications and Engagement
Sirona	Mary Lewis	Director of Nursing
BCC	Hugh Evans	Executive Director: Adults and Communities
SGC	Daniel Wood	Equality and Diversity Officer – Policy & Compliance
NSC	Su Turner	Head of People Services
OneCare	Simon Davies	Head of Communications and Engagement
HealthWatch	Helen West	Communications Officer

13. The first action that the group undertook was to review and prioritise the remaining nine actions to ensure that the task was deliverable within a short to medium time period. The Implementation and Monitoring group Identified three key objectives to pursue in first year:

- Each organisation to commit to implementing the Accessible Information Standard (AIS)

- Ensure Disabled people are told well in advance of appointment dates in a format they can access and understand and have a chance to book support at the same time i.e. BSL interpreters to be booked on the same day the appointment is made. Also need to extend appointment times for people with communication needs
 - Work with Disabled people to review wheelchair provision & engage and converse with Disabled people between both health and local authorities to understand the provision of equipment for Disabled people with a physical and / or sensory impairment.
14. Discovery work is underway in all three areas. With regards to accessible information, all partners have agreed to undertake a self assessment audit based around the key elements of accessible information so that patients, service users, carers and parents with a disability, impairment or sensory loss should:
- Be able to contact, and be contacted by, services in accessible ways, for example via email or text message.
 - Receive information and correspondence in formats they can read and understand, for example in audio, braille, easy read or large print.
 - Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.
 - Get support from health and care staff and organisations to communicate, for example to lip-read or use a hearing aid.
15. Early work is also underway in the other two priority areas.

Next Steps and Challenges

16. Like many change activities, the progress has been slow to start with. Developing an understanding of the problems to be solved and bringing a multi organisational group together can take time.
17. Bringing a sharper focus into a smaller number of objectives will be helpful, however the scale of challenge around accessible information is enormous. Within the BNSSG system there are thousands of interactions a day between service users and providers and ensuring that each interaction is supported with good accessible information will be a massive challenge.
18. The key next step is to ensure that all partners fully participate in the self assessment process and each partner is prepared to embed the necessary changes.