

Subject: Access to Health Services for Deaf People

Report to: Health Committee

Report of: Executive Director of Secretariat

Date: 24 June 2015

This report will be considered in public

1. Summary

1.1 This paper sets out for noting the committee's report on access to health services for deaf people.

2. Recommendation

2.1 **That the Committee notes its report *Access to health services for deaf people*, as agreed by the Chair under delegated authority, in consultation with the Deputy Chair.**

3. Background

3.1 At its meeting on 6 March 2014, the Committee agreed to recommend to the GLA Oversight Committee that Andrew Boff AM be appointed as a rapporteur to carry out a review of access to health services for d/Deaf people. The GLA Oversight Committee agreed the appointment on 12 March 2014, and his continued appointment was agreed at the Annual Meeting of the Assembly on 14 May 2014.

3.2 The Committee had also agreed to delegate authority to the Chair to agree the terms of reference and the scope of the review, in consultation with the Deputy Chair. The full proposal for the review, including the terms of reference, scope and methodology was considered by the Committee at its meeting on 4 June 2014. It included the following terms of reference:

To review access to health services for d/Deaf people to:

- Identify key elements of an accessible health service model for d/Deaf people;
- Explore the challenges health service providers face in improving access for d/Deaf people, and how they might be overcome;
- Explore what levers the Mayor could employ to promote and support improved access to health services for d/Deaf people; and
- Recommend practical changes that can be made towards making health service provision more accessible to d/Deaf people.

- 3.3 The rapporteur held meetings with stakeholders, hosted seminars and undertook site visits in order to gather evidence for the report. The report was launched at City Hall on 9 June 2015 along with representatives from the British Deaf Association and Action on Hearing Loss.

4. Issues for Consideration

- 4.1 In March 2015, the Committee delegated authority to the Chair, in consultation with the Deputy Chair, to agree the Committee's report on access to health services for deaf people. Following the Chair's agreement, in June 2015, the Committee published its report.
- 4.2 Officers confirm that the report and its recommendations fall within the terms of reference.
- 4.3 The full report is attached for Members and officers only, but can be found on the London Assembly website at: www.london.gov.uk/mayor-assembly/london-assembly/publications/access-to-health-services-for-deaf-people.
- 4.4 The report made the following recommendations:

Recommendation 1

Data on hearing disability should be routinely collected and compiled. We recommend that NHS England London take lead responsibility for this, and that it explore with key stakeholders, such as the British Deaf Association, Action on Hearing Loss, and the National Deaf Children's Society, how this might best be done.

Recommendation 2

The earlier work on prevalence data by Adrian Davis et al (1995) should be updated at the earliest opportunity, and is a task that could reasonably be undertaken or sponsored by the Knowledge and Intelligence arm of Public Health England.

Recommendation 3

The NHS England London Clinical Senate Patient and Public Voice Group should lead on initial work to develop an Equality and Diversity Monitoring template that will allow health service providers to gather more specific information on hearing impairments.

Recommendation 4

Local Clinical Commissioning Groups should consider jointly commissioning communication support services to deaf patients to improve the level and standard of these services, achieve economies of scale and stimulate a more competitive market.

Recommendation 5

We recommend a universal minimum standard for BSL interpreting support provided in healthcare settings. Work to determine the appropriate standard to be applied should be led by NHS England working in partnership with the National Registers for Communication Professionals working with Deaf and Deafblind People and other key deaf support organisation such as the British Deaf Association and Signature.

Recommendation 6

NHS England must commission a review of advocacy services for deaf people. As part of this, NHS England must establish whether local authorities are fulfilling their responsibility to commission advocacy services under the Health and Social Care Act 2012.

Recommendation 7

We recommend that London GPs and NHS Trusts review the accessibility of information on their complaints process for deaf patients, with a view to providing a direct link on the home page of their websites. They should also provide alternative formats of this information, which should include an 'easy read' format.

Recommendation 8

When local Clinical Commissioning Groups commission communication support services for deaf patients – either jointly (as per recommendation 4) or individually – they should ensure those services include appropriate means of supporting deaf people through whatever complaints processes they need to navigate. NHS England London should provide guidance on what those 'appropriate means' might involve.

Recommendation 9

NHS England London should work with London GPs and hospitals to develop a universal standard for access to health services for deaf people, and draw up a plan to share the good practice that is already happening across London.

5. Legal Implications

- 5.1 The Mayor of London's statutory responsibilities in relation to health matters, as set out in the Greater London Authority (GLA) Act 1999, are to develop a strategy which sets out "proposals and policies for promoting the reduction of health inequalities between persons living in Greater London". The GLA Act 1999 defines health inequalities as inequalities between persons living in Greater London "in respect of life expectancy or general state of health which are wholly or partly a result of differences in respect of general health determinants" and also goes on to define "health determinants". The Mayor of London has no statutory role in the commissioning of any health services or health service provision.

6. Financial Implications

- 6.1 There are no direct financial implications arising from this report.

List of appendices to this report:

Appendix 1 – *Access to health services for deaf people*

Local Government (Access to Information) Act 1985

List of Background Papers: Member's Delegated Authority Form 585

Contact Officer: Steve Wright, Scrutiny Team Manager

Telephone: 020 7983 4390

Email: scrutiny@london.gov.uk