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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>30 January 2018</b>
<b>Report By:</b>	<b>Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>IJB/02/2018/AS</b>
<b>Contact Officer:</b>	<b>Allen Stevenson Head of Health and Community Care Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Contact No:</b>	<b>01475 715283</b>
<b>Subject:</b>	<b>UPDATE ON AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC)</b>		

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## 1.0 PURPOSE

The purpose of this report is:

- 1.1 To advise the Integration Joint Board on the position of the provision of Augmentative and Alternative Communication aids (AAC).
- 1.2 To advise the Integration Joint Board on the Scottish Government's recommendations in *A Right to Speak* (2012) in relation to AAC.
- 1.3 To inform the Integration Joint Board on the potential cost pressure on the future supply provision and support for of AAC equipment.

## 2.0 SUMMARY

- 2.1 Referrals for communication equipment and support are likely to increase as awareness of rights and options for technological solutions to communication needs grows, and would be expected to be further scoped as part of a programme of national improvement works in relation to AAC.
- 2.2 Existing funding arrangements for AAC equipment allocates £7,000 to Inverclyde HSCP from a centrally held fund (in NHSGGC). Existing costs within Inverclyde equate to £47,000 for equipment, with £36,000 relating to Children's Services which is funded through Education.
- 2.4 There is a need to address the lack of dedicated budget for AAC within Learning Disability Services. Regular review of AAC assessment kits (13 were put in place across GGC to improve access to equipment, from *Right to Speak* funding), will need to take account of technological advances and increasing awareness of the applications of "eye gaze" technology to ensure assessment kits remain fit for purpose.
- 2.5 Increased identification of people who may benefit from AAC is likely to raise referral rates to Speech and Language Therapy, with a knock on impact to waiting times. This may require development of new models of provision on a multi agency and multi professional basis.

### **3.0 RECOMMENDATIONS**

- 3.1 The Integration Joint Board is asked to note the position on the provision of AAC equipment and the potential for a budget pressure as demand increases.
- 3.2 The Integration Joint Board is asked to note that arrangements for the procurement, provision, tracking, maintenance and recycling of AAC equipment require to be improved and in a format that can be shared across partners, with detailed information available to inform future planning. Existing costs are masked within local service arrangements and require to become regularised, reportable, equitable, consistent and Health and Safety compliant.
- 3.3 The Integration Joint Board is asked to note that there is a limited budget for AAC equipment with an insufficient funding source of £7,000 allocated from NHSGG&C central funding for Inverclyde with equipment supplied on a first come first served basis and is advised of £4000 additional funding required to meet the demand.

**Louise Long**  
**Corporate Director (Chief Officer)**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 Augmentative and Alternative Communication (AAC), is a broad term which includes a wide range of techniques used to support or replace spoken communication. AAC has been officially recognised as a valid means of communication by the Scottish Government and by the United Nations. AAC systems include: gesture, signing, graphic symbols, communication boards and books as well as high tech electronic communication aids e.g. voice output communication aids or speech generating devices.
- 4.2 Some children, young people and adults find communication difficult because they have little or no clear speech. Others may have difficulties understanding what is said to them. For people with communication support needs AAC may provide a means of self-expression and a way of understanding the world around them, as well as the tools to enable the person to participate and be included in society.
- 4.3 People may have communication support needs for a variety of reasons, sometimes due to conditions present from birth or early childhood (eg cerebral palsy, autism, learning disability) while for others the need for AAC is due to an acquired illness or accident (e.g. Motor Neurone Disease, stroke, head injury, dementia, Parkinson's disease or cancer). Sometimes an individual's need for AAC may be short term, while in intensive care for instance, whereas for others it is a long term need.
- 4.4 *A Right to Speak* (Scottish Government, 2012) made recommendations to improve services for people who use AAC with funding allocated over a three year period. That work has been overseen by a multi-agency AAC Partnership Board who established an AAC Project Team along with local AAC groups supported in each local authority area.
- 4.5 An estimated 1 in 100 people have significant communication difficulties, and may be helped by AAC, from temporary input to highly complex ongoing solutions. The Scottish Centre for Technology for Communication Impaired (SCTCI) is a Consultant Speech and Language Therapist SLT-led regional service providing services for people with a need for AAC and is funded by 10 of the 14 Scottish Health Boards, hosted within NHS GGC and located at QEUH in the WESTMARC building.
- 4.6 Where the needs of the patient are complex and/or more specialist assessment is required, referral may be made to SCTCI. This may lead to a trial of a device which, if successful, will require a bid to be made for funding. In addition, SLTs may trial a device without reference to a specialist; this may come from the local assessment kits bought as part of *A Right To Speak* and containing a variety of more commonly-used devices. Again, following a successful trial, funding is required to purchase a device. Local SLTs will also be identifying and developing individualised alternative or augmentative low-tech solutions.
- 4.7 Recommendations for a particular device or system, then, may come from the assessing SLT; or from SCTCI. The following would inform the selection of the device and its success at meeting the needs of the individual:-
- A device may be recommended to meet immediate needs arising from a short term condition; to meet enduring communication support needs; or to augment the communication of someone with a deteriorating condition, where there is a progressive loss of function.
  - Swift prescription and delivery of the required solution, which may include a high tech device as well as SLT support, is often essential.
  - With provision of any aid, support is required to embed the new way of communicating.

With more complex aids ongoing support to train communication partners family, carers and updating vocabulary is often necessary.

4.8 Current arrangements for funding and provision of communication aids across NHS GGC are varied.

- **Children’s services** - funded by education or by education in partnership with health.
- **Adult services** - a recurring budget circa £50,000 is held by the acute planning manager, with robust arrangements in place for community and acute. Funding has met demand in each of the last four years, with limited opportunity for recycling of equipment explored.
- **Learning Disability** - no ring fenced budget is identified in this service area. Demand has historically been met from endowments or other (at times charitable) sources. A shift from existing financial arrangements (in the main health and education) to possible joint funding across Health, Education, Social Work and may involve Third Sector are likely to be proposed within future “Directions” to underpin legislation.

4.9 Current Spend in Inverclyde HSCP:-

PROJECTED SPEND 2017/18				
	Funding from	High Tech	Warranty/ insurance included	Low tech
<b>Children’s service</b>	Education	£36,000	Yes	N/K Currently from local SLT budget
<b>Adult Learning disability</b>	No specific ring fenced allocation. Currently from LD budget, charitable funding, client’s own funds.	£4,000	No	Currently from LD budget. Issues re access to equipment to produce suitable materials
<b>Adult community</b>	GG&C Central fund (£50 k) proposal to be devolved to HSCP	£7,000	No	£300. This is likely to be a gross underestimate information not captured. Currently from local RES and PDRS budget

## 5.0 IMPLICATIONS

### FINANCE

#### 5.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
			4K		Additional 4K funding required to meet estimated demand

**LEGAL**

5.2 There are no legal issues within this report.

**HUMAN RESOURCES**

5.3 There are no human resources issues within this report.

**EQUALITIES**

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.1 How does this report address our Equality Outcomes.

5.4.1.1 People, including individuals from the above protected characteristic groups, can access HSCP services.

5.4.1.2 Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.

5.4.1.3 People with protected characteristics feel safe within their communities.

5.4.1.4 People with protected characteristics feel included in the planning and developing of services.

5.4.1.5 HSCP staff understands the needs of people with different protected characteristic and promote diversity in the work that they do.

5.4.1.6 Opportunities to support Learning Disability service users experiencing gender based violence are maximised.

5.4.1.7 Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

### **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

5.5 There are no governance issues within this report.

### **NATIONAL WELLBEING OUTCOMES**

5.6 How does this report support delivery of the National Wellbeing Outcomes.

5.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

5.6.2 People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

5.6.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

5.6.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5.6.5 Health and social care services contribute to reducing health inequalities.

5.6.6 People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

5.6.7 People using health and social care services are safe from harm.

5.6.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

### **6.0 CONSULTATION**

6.1 None.

### **7.0 LIST OF BACKGROUND PAPERS**

7.1 None.