

**Report to:** EXECUTIVE CABINET

**Date:** 21 March 2018

**Executive Member / Reporting Officer:** Councillor Brenda Warrington – Executive Leader and Executive Member for Adult Social Care and Wellbeing  
Sandra Whitehead – Assistant Director of Adults

**Subject:** INTERPRETATION SERVICES

**Report Summary:** Translation services for both verbal and non-verbal languages are provided via a mixture of different arrangements within T&GICFT and Tameside Council. There is an ‘in-house’ verbal language interpretation service in T&GICFT, which is supplemented by additional purchased telephone interpretation and face to face interpretation and an ‘in-house’ non-verbal service within the Council supplemented by the use of freelance interpreters for both verbal and non-verbal language interpretation.

The service is fragmented and heavily dependent upon business support to organise and manage.

The integration of Acute, Primary, Community and Social Care in an Integrated Care Organisation offers the opportunity to rationalise and improve this provision to ensure the needs of the local population are met whilst being more cost effective.

A report was considered by the Strategic Commissioning Board (SCB) on 20 February 2018 and approved an approach with regards to the provision of interpretation services across the health and social care economy.

**Recommendations:** Executive Cabinet is asked to note the content and agree the approach outlined in the report and that Option 2c (Section 4 previously approved by the Strategic Commissioning Board on 20 February 2018) is taken forward to Executive Cabinet on 21 March 2018 for approval and adoption to include the residual services of the Council.

**Links to the Corporate Plan:** The Corporate Plan outlines the priorities for improving the borough of Tameside including protecting the most vulnerable. Provision of interpretation services support the Health and Wellbeing strategy by enabling equal access. Redesigning the provision of translation services will better enable the provision to be provided consistently across the health and social care economy and the wider Council.

The service is consistent with the following priority transformation programmes:

- Healthy Lives (early intervention and prevention)
- Enabling self-care
- Locality-based services
- Urgent Integrated Care Services
- Planned care services

**Financial Implications :**  
**(Authorised by Section 151 Officer)**

<b>Integrated Commissioning Fund Budget</b>	<b>Estimated £'000</b>
<b>TMBC – Adult Services Section 75 Strategic Commissioning Board</b>	21
<b>TMBC – Council Services (section 3.5 Table 2) Aligned Executive Cabinet</b>	56
<b>Additional Comments</b> That Strategic Commissioning Board approved Option 2c as detailed in Section 4 of the report on 20 February 2018 which recommends that the Tameside and Glossop ICFT procure a single provider for verbal language interpretation. The Council will be able to utilise this procured service as required. It is essential that use of this contract (when procured) is appropriately monitored to ensure the necessary procedural efficiencies are delivered as referenced in the report. Section 3.5 (table 2) provides an analysis of the estimated expenditure incurred by the Council on independent professional interpreter services. A number of the Council directorates currently procuring this service are not within the existing Section 75 agreement of the Integrated Commissioning Fund. Approval of the report recommendation is therefore also required from the Executive Cabinet of the Council in addition to Strategic Commissioning Board Members.	

**Legal Implications:**  
**(Authorised by Borough Solicitor)**

It is important that the economy collaborate to achieve value for money and the most efficient and effective service delivery. Any contractual arrangements put in place must ensure that all parties are able to recover vat.

**Risk Management:**

Access to translation services that are impartial are essential to ensure that the needs of individuals are included and that they are not reliant on family and community members to access services where this support is not appropriate. A failure to have appropriate language support creates a risk to the effectiveness and quality of services provided to residents in Tameside.

**Access to Information :**

The background papers relating to this report can be inspected by contacting the report writer Richard Scarborough:



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# 1 BACKGROUND

- 1.1 Currently the constituent parts of the local health and social care economy have different arrangements for supporting the people of Tameside and Glossop who are either non-English speaking (or who have limited English) or use non-verbal language and need support to access services. A mix of an 'in-house' language interpretation services, a telephone interpreting service and private providers are currently used.
- 1.2 Health services, that is primary, acute and community care, currently access spoken language provision via an 'in-house' service, LIPS (Language Interpretation and Patient Support). This T&GICFT service employs a service manager and a coordinator along with four part-time link workers who speak the 'core' languages spoken in the area and employs bank or agency workers on a sessional basis to cover less common languages. The service manager liaises with local community groups and ensures all interpreters are trained to an appropriate level. The coordinator supports the booking and invoicing process. The link workers also do some of the service administration and not all of their time is spent translating. Telephone interpretations are provided via a contact with Language Line.
- 1.3 Social Care and the wider Council use a range of independent providers for spoken languages for both face-to-face and telephone interpretations including The Big Word Interpreting Services, DA Languages and Language Empire Ltd. As these services are used in an adhoc manner by different teams within the Council and are not coordinated there is no information with regards to languages used etc. Much of this spend is 'off contract spend' and although the value is relatively small there is a desire to implement contractual arrangements.
- 1.4 Within the Tameside MBC Sensory team there is a service for sign language "Tameside Interpretation and Communication Service" (TICS) (See **Appendix 1**) TICS employs one senior sign language interpreter and one support officer. Where the in house interpreter cannot provide the service they organise external interpreters on an ad hoc basis and have a relationship with a number of freelance interpreters. In addition to providing translation on a case by case basis the TICS interpreter also supports the local deaf community via a service at the Deaf Club for mail reading and making phone calls and is integrated into the wider sensory team although they are not case holding.
- 1.5 The TICS service is used by Acute Services, Community Services and Primary Care with the CCG contributing £54,000 towards this service (£110 for each 2 hour session). Approximately 65% of workload is health related.
- 1.6 The coming together of Acute, Primary, Community and Social Care in an Integrated Care Organisation offers the opportunity to rationalise this provision, to ensure the needs of the local population and service providers are met more effectively whilst being cost effective.
- 1.7 None of the current in house service providers uses 'skype' or video conferencing when delivering interpretations and there is no centralised web based booking, management and invoicing system. The lack of a coordinating system means that management information is poor or unavailable.
- 1.8 This report sets out to identify options for providing interpretation services within the Tameside and Glossop health and social care economy and the wider Council so that an appropriate, high quality and best value service can be commissioned to meet these requirements.
- 1.9 T&GICFT had considered a joint procurement of translation and interpretation services with Pennine Care FT but withdrew from this collaboration in order to consider the need for translation and interpretation services across the entire local health and social care economy.

- 1.10 The changing demands on an interpreting service suggests that, whatever the form of the new commissioning arrangements for language interpretation services, maximizing the use of modern technology and flexibility in both of response and delivery are vital to ensure the service can be responsive to the needs of the Tameside & Glossop locality.
- 1.11 A joint working group has been formed between the CCG, Council and FT to produce and implement any approved proposals. Managers of relevant teams have been involved in the formulation of the proposals and formal staff consultation via the relevant staff and union consultation bodies will be conducted once proposals are confirmed and the potential impact known.

## **2. NEED FOR SERVICE**

- 2.1 Access to interpretation is essential for the safe care of many people whose first language is not English. Provision of an easy to access and comprehensive translation service is essential to ensure equal access to services.
- 2.2 A comprehensive and accessible offer for translation services will ensure that quality of services is maintained. People for whom English is not their first language and people who use non-verbal language can easily be marginalised and denied access to mainstream services.
- 2.3 Access to interpretation is essential for the safe care of many people whose first language is not English, including those who use non-verbal languages. Provision of an easy to access and comprehensive interpretation service is essential to ensure equal access to services and for safe practice.
- 2.4 Access to translation services that are impartial are essential to ensure that the needs of individuals are included and that they are not reliant on family and community members to access services where this support is not appropriate.
- 2.5 The T&GICFT service is currently experiencing an overspend of circa £0.100 million. The service has therefore been identified as an opportunity for efficiencies. There is potential for savings in a number of areas including where interpretation can move from face to face to video link or phone and in the service overheads. There are also potential system savings in reduction in cancelled appointments and staff time in system administration. Some savings may be offset by potential growth in provision if a new system is easier and more efficient to access.
- 2.6 T&GICFT benchmarked services as part of their previous work with Pennine Care FT and are confident that efficiencies can be made.

## **3. CONTEXT**

- 3.1 Previously a task and finish group identified the key requirements of a language interpretation service as:
- Face-to-face and telephone interpreting available with access to quality assured written translations
  - Interpreters that are 'qualified' i.e. trained for medical/social care interpretations
  - Interpreters hold up-to-date Enhanced Disclosure and Barring Service (DBS) check
  - Interpretation includes access to all languages other than English including British Sign Language
  - Confidential and not an advocacy or chaperone service
  - Gender specific when requested

- Local and flexible so can be responsive and can advise on cultural sensitivities with the Tameside and Glossop communities
- Available 24 hrs per day 365 days a year
- Easy booking arrangements with feedback to booker.

3.2 Detailed analysis of current provision is not possible due to the range of services being used and the adhoc nature of access to them. For example it is not possible to detail the range of languages used or to analyse the number of hours or sessions. The following information gives an estimate of the volume of current provision.

### Health usage

3.3 Table 1 details health usage.

**Table 1**

	Primary Care	Acute	Community	Totals
<b>Face to Face</b>				
<b>2014-15</b>	1058	2286	1542	<b>4886</b>
<b>2015-16</b>	2154	4421	1823	<b>8398</b>
<b>2016-17 *</b>	2337	3447	2316	<b>8100</b>
<b>Telephone</b>				
<b>2014-15</b>	252	89	228	<b>569</b>
<b>2015-16</b>	343	66	207	<b>686</b>
<b>2016-17 *</b>	423	93	183	<b>699</b>

\* Prediction based on extrapolation up of 1.4.16 - 31.7.16 data

Source: THFT - LIPS data base and Language Line invoices

### Tameside MBC usage

3.4 In 2016/17 the Council paid £54,133 for professional interpreter services. This includes the cost of hiring additional BSL interpreters to cover activity requested by Health that the TICS service could not provide in-house. (See **Appendix 1** for further details).

3.5 Table 2 provides projected 2017/18 Council service expenditure on professional interpreter services.

**Table 2**

Service	Actual (April to Dec 2017) £	2017/18 Estimate £
Adult Social Care	15,602	20,803
Children's Social Care	33,127	44,169
Education	1,073	1,430
Communities	6,322	8,429
Exchequer	355	474
Governance & Resources	959	1,279
<b>Total</b>	<b>57,438</b>	<b>76,584</b>

3.6 The Council data cannot identify languages requested nor is it robust enough to conclusively indicate whether the interpretation was provided via telephone or face-to-face. However, staff approached report that telephone interpretations are not conducive to the consultations they have with clients so are generally only used when an interpreter speaking the required language cannot be sourced for a face-to-face consultation.

- 3.7 The data provided by the Council may also not be entirely representative of the full extent to which interpreting services are used if related expenditure has been funded from alternative revenue budgets.
- 3.8 It should be noted the Council receives a contribution of approximately £54,000 per annum from the CCG for activity provided to CCG commissioned services. This contributes towards the costs of the TICS service including fees of external interpreters.
- 3.9 The data available for Tameside MBC gives an insight into the number of different sources of interpreting services / freelancers used by the Council (range 22 – 34). It also suggests that a significant number of freelance interpretations were for deaf service users.
- 3.10 There is a small amount of additional work for Bridgewater and other Dental Access services provided from the community clinics not included in this dataset.
- 3.11 Whilst there has not been a significant shift in the prevalence of requested languages for face-to-face interpretation the range of languages requested has been increasing. There has been a change in popularity of telephone languages requests and in the number of languages requested overall (see Table 3 and 4). Bracketed figures are numbers of interpretations provided for each language. The total represents the number of different languages provided.

**Table 3**

Face to Face	Primary & Community Care	Acute
<b>2014-15</b>	Polish (575)	Bengali (504)
	Urdu (417)	Urdu (413)
	Bengali (406)	Polish (406)
<b>14-15 Total</b>	33	36
<b>2015-16</b>	Polish (990)	Bengali (997)
	Urdu (662)	Urdu (918)
	Bengali (507)	Polish (406)
<b>15-16 Total</b>	33	44
<b>2016-17 *</b>	Polish (1341)	Bengali (771)
	Bengali (618)	Polish (651)
	Urdu (603)	Urdu (621)
<b>16-17 Total **</b>	35	36

\* Prediction based on extrapolation up of 1.4.16 - 31.7.16 data

\*\* Languages requested between 1.4.16 - 31.7.16

Source: THFT - LIPS data base

**Table 4**

Telephone	Primary Care	Acute	Community
<b>2014-15</b>	Polish (59)	Mandarin (14)	Urdu (47)
	Arabic (57)	Arabic (9)	Polish (31)
	Urdu (20)	Bengali (9)	Arabic (24)
<b>14-15 Total</b>	27	24	29
<b>2015-16</b>	Polish (79)	Polish (14)	Urdu (56)
	Somali (47)	Urdu (6)	Polish (42)
	Arabic (36)	Romanian (4)	Mandarin (16)
<b>15-16 Total</b>	35	25	31
<b>2016-17</b>	Polish (21)	Romanian (9)	Polish (23)
	Somali (13)	Polish (4)	Arabic (5)
	Urdu (12)	Swahili (4)	Punjabi (5)
<b>16-17 Total**</b>	31	13	15

\*\* Languages requested between 1.4.16 - 31.7.16

Source: THFT Language Line invoices

- 3.12 Between 2014/15 and 2015/16 there was an 11.6% increase in the number of languages used in face to face interpretations undertaken by the LIPS service and a 19.5% increase in the number of languages used for telephone interpreting (via Language Line) with languages from Eastern Europe (Estonian and Georgian) as well as Central Asian (Pashto) and African languages of (Nuer and Kirundi).

#### 4. COMMISSIONING OPTIONS

4.1 Broadly there are two options:

4.1.1 **Option 1** - continue to provide services as current with separate health and social care services.

4.1.2 **Option 2** - commission a single service for the whole of the Integrated Care Organisation which, with the pooled budget, will provide opportunity for some economies in scale but more importantly will offer seamless provision across the multispecialty teams. Within the single service option there are sub-options

- **Option 2a** : Continue to provide via a single in house provider and procure a single external provider to provide additional capacity;
- **Option 2b** : Procure a single provider to provide a fully managed service;
- **Option 2c** : Procure a single provider for verbal languages, retain TICS for non-verbal interpretation with additional capacity coming from the procured service.

#### 4.2 Option 1

4.2.1 An in-house service can be embedded into the local offer. This is particularly important to consider for the TICS service with it being embedded within the Sensory team.

4.2.2 The current service delivery is a fragmented delivery model which will, with the advent of multispecialty community based teams, potentially result in disjointed service provision for service users and be unsustainable.

4.2.3 It is unable to capitalise upon more cost effective web enabled booking systems and is heavily dependent upon administrative resources both within the LIPS and TICS teams and within teams requesting interpretation services.

4.2.4 Due to the limited scale of an in-house service it will always need to utilise external freelance interpreters and other service providers in order to provide for the range of languages required. The safe recruitment and management of these carries a high administrative overhead.

#### 4.3 Option 2a

4.3.1 A single in-house offer would combine the activities of the LIPS and TICS teams and maximise the local knowledge of these teams.

4.3.2 Some staff consultation required but could be implemented as a virtual team with little immediate impact on staffing arrangements.

- 4.3.3 The close relationship between the TICS team and the Sensory team can be maintained.
- 4.3.4 Procuring the additional requirements for interpreters that cannot be fulfilled by the in-house team from a single external provider would provide a cost effective platform for managing this additional capacity and should reduce the administrative workload of the team.
- 4.3.5 Overall this option is still unable to capitalise upon more cost effective web enabled booking systems and is still dependent upon administrative resources both within the LIPS and TICS teams and within teams requesting interpretation services.
- 4.3.6 Due to the limited scale of an in-house service it will always need to utilise external freelance interpreters and other service providers in order to provide for the range of languages required.

#### **4.4 Option 2b**

- 4.4.1 This option would provide the most cohesive offer and would include additional advantages of a fully web enabled offer in terms of managing bookings and invoicing etc. as well as broadening the offer out to include video enabled interpretation.
- 4.4.2 The requirements for translation and other language services can easily be incorporated.
- 4.4.3 Full staff consultation would be required with existing LIPS and TICS employees.
- 4.4.4 The advantages of the close link between the TICS team and the sensory team would be lost.
- 4.4.5 This option would be more cost effective as it would lever in the economies of scale that an in-house service cannot access.
- 4.4.6 The service can be commissioned to provide the service to both the T&GICFT community and also the needs of Tameside Council that do not come under the remit of the ICO. With online booking and invoicing this can be managed simply and effectively with services tariff based and commissioning organisations being billed individually.

#### **4.5 Option 2c**

- 4.5.1 This option gains the advantages of option 2b with the additional advantage of maintaining the in-house sign language capacity and the close links this has with the wider Sensory team.

### **5. PROCUREMENT APPROACH**

- 5.1 Depending upon the commissioning approach taken a new service will need to be procured. The procurement could be undertaken by any of the three partners involved, the ICFT, the CCG or the Local Authority. Regardless of who procures and holds the contract, individual parties can be invoiced separately for any service use. As any new service would be tariff based and be procured only on indicative usage individual parties would be free to use alternative services if they wished.



- 5.2 Within the ICFT, usage of the service includes use for work that is funded from other areas commissioners, for example if interpretation work were required for a patient from a different CCG area who has chosen Tameside and Glossop ICFT for elective surgery.
- 5.3 It is proposed that the contract should sit within the ICFT and be procured by the ICFT.
- 5.4 This has a number of advantages including:-
- 5.4.1 Most of the potential TUPE implications sit within the ICFT;
  - 5.4.2 The FT are the major user of the service and are able to consult with a range of staff in reviewing service specifications and are able to involve them in any potential tender;
  - 5.4.3 Siting the contract within the ICFT means they can effectively manage provision across the range of stakeholders.
- 5.5 This report has been delayed whilst the ICFT conducted further financial analysis and took proposals to their Capital and revenue Investment Group (CRIG) based upon the original draft of this report. CRIG have approved a recommendation to proceed with commissioning option 2c with the FT as the lead for procurement.
- 5.6 The ICFT made their decision based upon the advantages of a comprehensive fully managed service across the health and social care economy plus the advantages of maintaining the close links the Sensory team have within Social care.
- 5.7 Having completed their governance the ICFT are keep to proceed as soon as practicable with a procurement exercise in order maximise cost reductions.

## **6. FINANCIAL IMPLICATIONS**

- 6.1 The ICFT are predicting a significant recurrent budget reduction of £0.175 million on interpretation services if a new model is adopted.
- 6.2 This is based partially on a service review within their interpretation service and also an assumption of a large percentage of interpretation moving from face to face to online (i.e. skype) type services. For example currently an interpreter may be waiting on a maternity award for many hours unused until their services are required but this may be done via a skype type service where we only have to pay for 30 minutes of service. Much of this saving is based on an assumption that services can move from face to face to online services.
- 6.3 Much of the time and cost expended by the current service is in managing and facilitating the outsourced interpreters for languages not covered by the service which is an administration function that the new service will provide more cost effectively via the IT platform.
- 6.4 For the Council there may not be the same cashable savings. There will be time saved in the administration of the current adhoc services but these are distributed across the Council. A procured service should get services at a better rate compared to our current off contract activity. The Council can also make savings by moving from face to face to online interpretation services but there is probably less scope as we don't have the same amount of lost time waiting for appointments etc.
- 6.5 The new service will reduce the administrative overhead in the TICS service by simplifying the booking of non-verbal interpreters.

- 6.6 For the Council the proposed service will be more efficient from an administrative point of view with improved quality that can be monitored and will comply with standing orders.
- 6.7 There is the possibility of increased activity and costs with the proposed service making it easier to book and use interpretation services. We have a duty to provide these services and increase in activity should be offset by the efficiencies.

**7. RISK MANAGEMENT**

- 7.1 The table below lists the general risks related to the proposals. A detailed risk log will be managed as part any implementation following approval of the proposal.

<b>Risk</b>	<b>Consequence</b>	<b>Impact</b>	<b>Likelihood</b>	<b>Action to Mitigate Risk</b>
Failure to provide adequate interpretation services.	Impact on service user and patient safety and equality of access	High	Medium	The proposals within this report seek to address long term provision of interpretation services.
Current delivery staff not consulted on proposals	Legal obligations not met	Medium	Low	Staff and union consultation bodies will be consulted on any approved proposals. Relevant managers are aware of proposals.

**8. RECOMMENDATIONS**

- 8.1 As detailed on the report cover.

# APPENDIX 1

## **Tameside Interpretation and Communication Service (TICS)**

- 1.1 Tameside Interpretation and Communication Service was established as an in-house service in 1998 having previously been contracted to a voluntary organisation, The Royal Institute for Deaf People.
- 1.2 The service is part of the wider Sensory service and operates from Wilshaw House in Ashton. The service employs 2 members of staff, a senior interpreter (36 hours) and a business support officer (36 hours).
- 1.3 The TICS Senior Interpreter supports the Sensory Services Dual Sensory Social Worker when required providing interpretation when completing an assessment.
- 1.4 TICS provides a comprehensive BSL/English interpretation and communication service to local residents. The service is free to all deaf people at point of access and is funded by Tameside Adult services in addition to selling services to Tameside and Glossop CCG and other agencies wishing to purchase the service on an ad hoc basis.
- 1.5 The service provides confidential, professional and qualified interpretation between sign language and spoken English.
- 1.6 TICS receives requests for interpretation directly from deaf people, living in Tameside, council and health staff and community agencies. The service can provide people with an interpreter if the person communicates in British Sign language, Sign Supported English, is Deaf/Blind or a Lipspeaker.
- 1.7 Interpretation is conducted in a variety of settings covering –
  - Housing applications
  - Council tax enquiries
  - Hospital acute settings
  - Welfare rights
  - Parent/teacher interviews
  - Primary care appointments
  - Social care
  - Open consultations and meetings
- 1.8 Interpreters can be booked in advance for evenings and weekends. An emergency out of hours service is offered with a TICS mobile being held within the Community Response Emergency Control Centre which can receive text messages and control operators can arrange interpreters out of hours.
- 1.9 Deaf Club Tameside Deaf Association is supported with staff from the sensory team including the Senior Interpreter each Thursday. The centre, based in Ashton, is a focal point for the Deaf community of Tameside and the support enables members to improve access to information.
- 1.10 The business support officer manages bookings of the in-house interpreter and arranges freelance interpreters if not. This is time intensive due to chasing and organising freelance interpreters. Business support manage the financial aspects of the service including invoicing, recording assignments and income generation.

- 1.11 Between 30 and 40 in interpreting sessions per month are provided by the TICS senior Interpreter with an additional 10 per month provided by freelance interpreters. One or two sessions are arranged per month during out of hours.
- 1.12 Approximately 65% of activity is provided for health (Acute and community), 22 % Social Care and 13% other Council Services.

# APPENDIX 2

## Equality and Diversity Appendix

- 1.1 Provision of interpretation services support the Health and Wellbeing strategy by enabling equal access.
- 1.2 Redesigning the provision of translation services will better enable the provision to be provided across the health and social care economy.
- 1.3 The service is consistent with the following priority transformation programmes:
  - Healthy Lives (early intervention and prevention)
  - Enabling self-care
  - Locality-based services
  - Urgent Integrated Care Services
  - Planned care services
- 1.4 The service contributes to the Commissioning Strategy by:
  - Empowering citizens and communities
  - Commission for the 'whole person'
  - Target commissioning resources effective