SUBMISSION FROM NHS HIGHLAND

Equalities in the budgeting process

- How were equalities issues taken into consideration in allocating budgets in 2012-13? (Please describe the process undertaken)
- Was the approach taken for the 2012-13 budget any different from that taken in 2011-12? (If YES, please describe what changed in your approach)
- Can you provide any examples of how equalities considerations influenced agreed budgets? (Please provide up to THREE examples)

The NHS generally adopts an incremental approach to budget setting. NHS Highland take the view that mainstream NHS services should be accessible to all. Rather than focusing on the development of specific specialist provision, equalities are considered through Equality Impact Assessment of all major strategies, policies, and service development and redesign plans. Going forward, NHS Highland will adopt an outcome-focused approach to the planning and delivery of all our services, employing a Strategic Commissioning model. In this way, NHS Highland demonstrate that assessments of need, community engagement and strategic planning are central to our commitment to inclusive healthcare support and delivery. Further, we are committed to developing robust, routine data and health intelligence systems that can accurate monitoring and evaluation of service use amongst Equalities groups.

Equalities in mainstream services

- For your three most significant mainstream services (in terms of cost), please provide details of—
  a) The total budget for this service in 2011-12 and 2012-13
  b) The impact (positive or negative) that this service has on equality groups
  c) The impact (if any) that any budget changes have had on equality groups

The three most significant (in terms of cost) mainstream services are:

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<tr>
<th>Service</th>
<th>11/12</th>
<th>12/13</th>
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<tr>
<td>Acute (Raigmore)</td>
<td>£130m</td>
<td>£132.3m</td>
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Recent research and consultation processes indicate that some equalities groups experience disadvantage in how they access acute care services. This could underpin vulnerability to significant inequalities in health.

Over the last year, NHS Highland has invested significant resource in improving accessibility for all groups, for example in undertaking a major review and redesign of zoning, signage and physical accessibility. This project underwent a rigorous Equality Impact Assessment, and included valuable input from a variety of community groups and service users. Also,
improvements to our Patient Focused Booking service have included developments that have made letters more accessible to a wider range of people, including the introduction of text and telephone appointment systems.

There has been a major drive to improve the collection of equalities data for patients using services in Raigmore, and this will inform the monitoring and evaluation of access by equalities groups, and the subsequent meaningful improvements for these groups.

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<th></th>
<th>11/12</th>
<th>12/13</th>
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<tr>
<td>GMS</td>
<td>£55.4m</td>
<td>£55.7m</td>
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Given that primary care services account for the vast majority of patient/NHS contacts, it is particularly important to ensure that these services support reductions in health inequalities, particularly in by offering welcoming and fully inclusive accessibility.

NHS Highland also emphasised their commitment to improving the experience of equality groups by initiating a Highland-wide programme of work to develop electronic recording systems. This programme included the development of a facility to capture and communicate patient’s needs for support to access services, for example, where a patient uses a wheelchair, or requires a translator. This on-going work seeks to support and encourage primary care to engage with these systems.

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<th></th>
<th>11/12</th>
<th>12/13</th>
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<tr>
<td>Prescribing</td>
<td>£58.9m</td>
<td>£60.0m</td>
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We have limited data to enable us to determine the particular impact that prescribing practice has on Equalities groups, however we are committed to improving this through our work to achieve the 18 week referral to treatment target for psychological therapies, for example, and through the development of a dashboard to evaluate the impact to public health services, with a particular focus on inequalities.

**Service provision for equalities groups**

- For up to THREE services with a specific focus or provision for equalities groups, please provide details of—
  
  a) The total budget for this service in 2011-12 and 2012-13  
  b) The impact that this service has on equality groups  
  c) The impact (if any) that any budget changes have had on equality groups
Gypsy Travellers

We seek to meet the needs of Gypsy/Travellers in two main ways:

- By ensuring that mainstream services are accessible and culturally sensitive in the ways outlined above, and
- By having named health visitors who carry responsibility and accountability for ensuring the voice of Gypsy/Travellers is heard, and their health needs met. This is a pro-active service that outreaches to Gypsy/Traveller sites, ensuring that they are able to benefit from health programmes, such as the HPV vaccinations for teenage girls, and the immunisation programmes for babies and young children.

We have also worked hard to establish effective, efficient working relationships with our partner organisations, such as education and housing. This has enabled us to offer a joined-up service that meets the specific needs of Gypsy/Travelling people, and ensures equality in the overall strategic and operational planning of, access to, and experience of services. To date, we have developed joint programmes, such as early years’ workers, and play at home groups, which offer inclusion for all age groups, and help foster good relations with everyone in the community.

It is not possible to quantify the total spend on Gypsy Travellers as although there is dedicated specific provision in the form of named health visitors, most of the services provided are mainstream services.

It is estimated that the health visiting element of the services costs around £40 pa although this takes the form of a ‘bending’ of mainstream resource

Gender Identity

It is well-documented that people with gender identity issues who are unable to access support often experience severe and enduring mental health problems. Gender identity services enable the people who use them to live an inclusive life in which they can be free of hate and harm, and enjoy the same access to health and well-being as everyone else.

We work in collaboration with local LGBT groups to develop equality outcomes that are meaningful and inclusive. We have been able to foster and harness the voice of local transgendered people to help inform the recently published national protocol for best practice for supporting this group of people. The protocol recognises that treatments such as the removal of facial hair is necessary for well-being and safety, and is not merely cosmetic. This is a most-welcomed addition to the treatment protocol, but is likely to have associated increased costs in its provision. However, as a board, we aspire to provide gender identity services that are patient-focused, and enabling, in that they support people to reconcile their bodies with their preferred gender.
In terms of finance, we are able to quantify the specialist element of this service. The cost varies from year to year reflecting the numbers of patients and agreed treatment plans. During 11/12 the cost was £17k whilst the outturn for 12/13 is forecast to be around £130k.

**Communication Support**

We recognise that the provision of robust communication support is essential to ensure our services are accessible and able to support clinical governance. Therefore we have, for example, developed accessible materials for people whose first language is not English, including BSL users, to ensure that they are not excluded from any aspect of our services. There is strong evidence that this kind of additional support helps achieve better clinical and experiential outcomes for patients, and significantly reduces DNA’s and CNA’s.

We have a committed partnership with our community planning partners, including the local authority, in how communication support is commissioned and provided. This includes support with needs such as interpretation, translation and communication support for those who are Deaf or deafened (including BSL, SSE, lip-speaking & note-taking).

We do not as yet have full financial year information for 11/12 for our interpreting services, and, as these services are on a ‘pay as you go basis’ it is not possible to provide estimated outturns figures for 12/13. The following may be of interest however:

Communication Support for people who are Deaf and people who are Deaf/Blind: £57,581 spend in 2011/12

| 2011/12 Face to Face Interpretation: | £ 199,286 |
| 2011/12 Telephone Interpreting:     | £5,211   |

**Mainstreaming equalities**

- What specialist services or programmes have been, or are being altered, in the interests of mainstreaming?

We recognise that the determinants of health and inequalities in health are multi-factorial and complex. Therefore we are actively committed to ensuring that all of our mainstream services are accessible to all, and that they contribute to a well-evidenced reduction in inequalities in health.

- What monitoring is in place to ensure that the relevant equality groups continue to access an appropriate service?
Database for Ethnicity

We have developed a database to monitor the completeness of recording of patient’s ethnicity for every complete episode of secondary care. This includes in-patients and out-patients, and maternity and mental health admissions.

Public Health Dashboard

We are developing a dashboard that will enable us to monitor the impact of public health interventions. This will have designated capacity to evaluate existing inequalities in health in Highland, and will underpin work to monitor the reduction of these inequalities.

Recording patients’ access needs

Using the learning from the project to increase recording of patient’s ethnicity, a programme to further develop and implement systems to capture patients’ needs for support to access services is being developed. This project will be embedded in operational units, and will include

- a communication system (using SCI Gateway, or READ codes, for example, to enable information to passed between primary and secondary care systems)
- a monitoring system (to establish a baseline number of people with additional needs, and monitor any increase)
- an evaluation system (for example, routine audit to measure the impact on patient outcome and level of satisfaction)
- a drive to support and encourage staff to engage in the development of systems that can improve outcomes for patients, and to assist with planning further improvements in accessibility.

Chief Executive
NHS Highland
15 August 2012