SUBMISSION FROM NHS LANARKSHIRE

Questions

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)

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

Responses

NHS Lanarkshire is responsible for the protection and improvement of the health of the 563,185 residents of the Health Board area with responsibilities for primary and community care for a further 75,000 residents in and Cambuslang, Rutherglen and the Northern corridor. In doing this, it spent £1,074 million in 2011/12 split between its different operating units as set out below:

<table>
<thead>
<tr>
<th></th>
<th>Acute operating Division</th>
<th>Estates and other Corporate Functions</th>
<th>North Community Health Partnership</th>
<th>South Community Health Partnership</th>
<th>Primary Care Area Wide Services</th>
<th>Other Healthcare providers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net operating cost</td>
<td>£270,613</td>
<td>£118,238</td>
<td>£100,033</td>
<td>£47,111</td>
<td>£278,975</td>
<td>£177,033</td>
<td>£992,003</td>
</tr>
<tr>
<td>Other income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>81,753</td>
</tr>
<tr>
<td>Total operating costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,073,756</td>
</tr>
</tbody>
</table>

NHS Lanarkshire is fully committed to promoting equality and diversity. We have identified this as part of our core business as an organisation that employs people, plans and delivers services, engages with local communities and works in partnership with a range of other organisations. In NHS Lanarkshire this work is supported by the Equality, Diversity and Spirituality Steering Group. This Group, with its broad range of members, works on behalf of NHS Lanarkshire to ensure continued commitment to the promotion of equality and diversity in our services, our relationships and our workforce.

The existing NHS Lanarkshire Single Equality Scheme Action Plan brought all aspects of equalities together and stood us in good stead in preparing for the new public sector Equality Duty which came into force in April 2011 requiring us to consider the needs of all individuals in their day to day work, in developing policy, in delivering services, and in relation to their own employees.
Equality and Diversity Impact Assessment continues to be promoted and embedded within the organisation and its policies and procedures. The documentation had been updated in line with the additional requirements of the Equality Act 2010 and the Equalities team continues to offer extensive support, advice and training. Equality and Diversity Training includes the general Equality and Diversity Programme, the Diversity Champions Programme (places now being shared with North Lanarkshire Council) and dedicated programmes for medical staff and front-line staff. In addition there has been training to raise awareness of the implications of the Equality Act and a specific course looking at Age Discrimination. In 2011/12 we conducted a training impact evaluation which measured the benefits gained from our long term investment in the general one day Equality and Diversity Training programme. Overall the findings were extremely positive with the majority of staff indicating they benefited from attendance with 77% indicating ways in which they had applied the learning.

Like all Health Boards we monitor the ethnicity of those using our services to assist in identifying potential issues. Work is being progressed to which will be looking at collecting further equalities data using our new patient management system, Track Care.

Our services are available to any person who needs to use them. However we recognise that for some equalities groups there may be physical, language or cultural barriers to accessing them. Our premises are DDA assessed and we have ensured that new buildings all meet good practice and that over the years the funding in our estates programme allows issues with existing buildings to be addressed.

The provision of appropriate interpreting and translation services is an essential feature in allowing those for who may experience communication difficulties in interacting with our services. Since the existing NHS Lanarkshire policy was first developed the demand for interpreting services in particular has grown. Consequently it was appropriate to review both the policy and the commissioning arrangements to ensure that the needs of patients are being met and that the financial impact is being managed efficiently. An agreement with GG&C for face-to-face interpreting has been agreed and will be rolled out across NHS Lanarkshire in January 2013.

Individual services work alongside our trained equalities staff and diversity champions to ensure our services are sensitive to cultural issues – an example of a specific project in mental health is given later.

The budget setting process sits against this general backdrop of equalities considerations being embedded in the decision making and service provision. It is expected that in delivering any service for which a budget is provided that we will meet our equalities duty.

A general description of the budget setting process is set out in the following paragraphs.

The majority of NHS Lanarkshire’s funding is supporting ongoing hospital, community and primary care services which we aim to make accessible to anyone in the population who needs to use them. Unless a change to the service is planned the budget will be rolled over from one year to the next. The budgets will be increased to cover supplies inflation, energy cost rises and the cost of any pay rises. Within the Scottish NHS, pay structures and any rises are decided nationally and local health Boards have no discretion. NHS Lanarkshire has a pay bill of £420m, £310m of which is covered by the Agenda for Change terms and conditions (with the doctors and dentist terms and conditions making up most of the remainder). Equal Pay court cases in the English NHS have
established that the Agenda for Change terms and conditions are compliant with equality legislation. So equality considerations about how staff are paid and how much of our funding is going to uplift pay budgets locally have already been taken account of at national level. At Health Board level we implement and cover the cost of any changes.

Elements of the NHS spend are demand led and budget setting for those areas is more about forecasting demand rather than choosing between options. The numbers of items prescribed by GPs for example has been increasing year on year by 3.5% and in setting the budget for 2012/13 an additional £6.9m was set aside to reflect this (our GP drugs budget last year was £118m, on top of which community pharmacies are reimbursed for dispensing the drugs and giving advice which took the total spend on pharmaceutical services in 2011/12 to £142.6m). As GP services and the receipt of free prescriptions are available to all who need them and it was demand which was triggering the budget increase there were no specific equality issues raised in allocating this funding. Blood pressure and lipid lowering drugs (for heart disease) and diabetes drugs were amongst the types of drugs where volumes were increasing. This is believed to be partly due to the success of initiatives such as Keep Well in engaging with hard to reach communities and encouraging people to come forward earlier for preventative treatment. The equalities impact should therefore be positive.

At the same time the Board recognised that with a number of well used drugs coming off patent there was an opportunity to contain costs by switching to the non branded equivalent and so savings of £3.467m were anticipated from this. As the branded and non branded alternatives will be equally effective this switch is seen as being clinically neutral with no equalities impact. However by ensuring we are as cost effective as possible in using drugs we are ensuring existing funding goes further.

Once the unavoidable cost increases, either through inflation or demand, for both 2011/12 and 2012/13 had been identified and costed, it was clear that the increase in costs was greater than the increase in Health Board funding leaving a gap in the budget. The threshold for deciding to add to that gap by approving any new services has to be, in straightened economic times, set very high. We considered whether there were any significant risks to patient safety or health which could only be addressed by additional investment. We also took into account any mandatory national policies which we were required to implement.

So between 2011/12 and 2012/13 we set aside £2m for increasing the staffing in our 3 accident and emergency units and £0.45m for expanding our renal dialysis capacity. As the impact of not providing renal dialysis to someone assessed as needing it would be premature death this was not felt to be optional. As the service is based on assessed clinical need there were no specific equality considerations in taking this budget decision.

The A & E investment was triggered by longstanding difficulties in maintaining 24 hour rotas of experienced doctors in our 3 units as well as having enough staff to meet the growing volumes of attendees. Patient safety and access were the driving considerations. A & E services are 24 hour services available to all so in terms of the budget decision to enhance staffing there were no expected differential impact on any equalities groups. As explained in the opening section, implementing the new investment and running the services will take account of equalities considerations through recruitment practices, staff training and ensuring accessibility for different groups.
A mandatory national policy initiative in 2012/13 was the expansion of the number of insulin pumps available to people with diabetes and in order to meet this, the Board identified additional staffing for training and education as well future budgets for the pumps and consumables. Eligibility to the expanded provision would be decided by clinical criteria and equalities considerations would be taken into account in implementing the expansion.

All three of these service developments took place within our emergency and medical division, which with a budget of £101m is the largest department within our acute services division.

As the increase in costs exceeded the budget, the Board had to look for efficiencies in order to be able to afford its new and continuing services. Any efficiency proposal is assessed as to its impact on quality or quantity of service, our ability to meet national targets and specifically whether it would have any equalities impact. If it is identified that the proposal may have a differential impact on section of the community then a full equality and diversity impact is required. Many of our savings proposals do not have any equalities impact on service users. Ensuring the best value drug or product is used, or collaborating with other health Boards to get better prices is largely invisible to the end user. Others might require us to ensure in implementing the change we are sensitive to the needs of particular groups. For example in bringing together our central administrative staff from three dispersed sites on to one site we had a process in place to identify those with particular travel difficulties as well as it being taken as read that all administrative buildings were all DDA compliant. Equalities considerations are embedded into our working policies and practices.

The general Health Board budget is supplemented by ringfenced funding from the Scottish Government to be used to meet specific policy objectives such as reducing waiting times or smoking cessation or achieving a certain number of alcohol brief interventions or initiatives such as Keep Well which aims to identify and assist with health problems in hard to reach communities. This ringfenced funding is always used for the purposes for which it is allocated and reflects the general commitment to reduce health inequalities.

The same budget setting process applied in 2011/12 and 2012/13.

So by way of summary answers to the questions:

Equality considerations are mainstreamed into our practices and policies in providing services. Staff will take equality considerations into account in the design and delivery of services and for the most part would be assessing ways to improve from within existing resources rather separating that activity from mainstream work. Examples of specific initiatives are given in the next section.

Equality considerations are taken into account where we propose a change, either up or down, to a historic budget.

Because of the need to maintain essential services, with so much being demand driven or decided at national level, there are few truly discretionary choices in the budget setting process in the current economic climate. The examples given above represent our major investments in 2012/13.

**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

Health services are open to all assessed as needing them and our aim is to embed equalities considerations into the design and delivery of services. We tend not to set up separate services for equalities groups but in delivering mainstream services we do seek to evaluate whether there are barriers resulting in differential access and whether we need to tailor communications or modify delivery patterns to ensure equality of access and outcomes. These activities tend to be delivered from within the existing services and are seen as part of business as usual rather than something we set up separate budgets for.

For example our mental health and learning disabilities service budgets total £51.7m In order to improve access to our services the project as described below was undertaken. It is estimated to have cost around £17,000 in terms of resources used but no specific budget was sought – it was regarded as part of the day to day duty to provide and improve mental health.

<table>
<thead>
<tr>
<th>Name of the Project</th>
<th>Sukoon Project</th>
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| **Aims**            | 1. Increase understanding of mental health and well-being within the community and reduce the stigma of mental health problems.  
                      2. Increase understanding within the community around how to support our own and others mental health and well-being.  
                      3. Support the community to have a better understanding of what supports and services are available and build confidence in the community in using them & improve links between mental health services and the community & improve the cultural competence of local health services. |
| **Actions**         | 1. Identify and Provide Mental Health First Aid Training to volunteers who will be able to support individuals and help people to access the right services at the right time.  
                      2. Provide culturally and religiously competent training for local mental health teams to increase their knowledge. |
| **Target Group/s**  | Initially the local minority ethnic population with emphasis on the South Asian Muslim community. The project will be piloted within local mosques in Lanarkshire. |
| **Primary Budget**  | Mental Health Services |
| **How was need identified** | NHS Lanarkshire provides mental health services for over 600,000 people in Lanarkshire. With minority ethnic population estimated as 1.3% (Scottish average 2%). The largest minority ethnic group in Lanarkshire is people of Pakistani Muslim origin.  
There is little data on the mental health experience of BME |
communities in Lanarkshire. A project undertaken by National Research Centre for Ethnic Minority Health (NRCHEM) found that Muslim men of Pakistani origin in Lanarkshire experienced high levels of mental distress which was attributed directly to the experience of racism and racist incidents.

Anecdotal evidence and informal feedback from local BME communities indicate that there remain significant barriers for people in accessing mental health services and dissatisfaction with mental health care in Lanarkshire.

### Outcomes

The following outcomes are expected from the project. Over a one year period:

1. There will be an increase in recognition of mental health problems in the defined community (the families attending or linked to the mosque).
2. Culturally sensitive social intervention by local mental health teams within primary care.
3. Designated (CPN) contacts for local communities and MHFA for advice or support.
4. There will be an increase in referral for mental health interventions to primary care and local community mental health teams.
5. Improved engagement.

A second example, described below, was the Project Search initiative undertaken to improve the health and wellbeing as well as promote social inclusion for under represented groups. This was introduced jointly by NHS Lanarkshire and North Lanarkshire Council to develop skills and experience and secure employment for young people with learning difficulties.

<table>
<thead>
<tr>
<th>Name of the Project</th>
<th>Project Search</th>
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</thead>
<tbody>
<tr>
<td><strong>Aims</strong></td>
<td>To support, develop skills and experience and secure employment for young people with learning difficulties.</td>
</tr>
</tbody>
</table>
| **Actions**         | 1. Over the course of a year, 8 students with learning disabilities will rotate through a series of job placements, offering on the job experience of work skills combined with classroom tuition.  

2. Provide the opportunity for Project Search graduates to gain permanent paid work with the host employer at the end of the course. Other graduates will be supported to use their skills to find jobs with different employers. |
| **Target Group/s**  | Project Search is a one year training course run for people with a learning disability who are working towards finding a job. |
| **Primary Budget**  | NHS Lanarkshire, North Lanarkshire Council Supported Employment & Motherwell College |
North Lanarkshire Council (NLC) through its Supported Employment Service strives to provide support to assist people with disabilities into paid jobs. Currently there are 251 people using the service, with 143 in jobs. The average number of hours worked is 22 hours per week and the average income above benefit is £113 per person per week. Research evidenced that Project Search would complement and not compete with the existing provision and address gaps identified by service users in evaluations.

NLC in partnership with NHS Lanarkshire, Serco and Motherwell College established the first Project Search site in Scotland in 2010 to increase the opportunities for people with learning disabilities to gain employment.

This site is located in Wishaw General Hospital where over the course of a year, students rotate through a series of placements (four with NHS Lanarkshire and four with Serco) offering on the job training combined with classroom tuition. This provides the opportunity for many Project Search graduates to gain paid work with the host or private employers.

The current employment rate for disabled people is 48% “Valuing Employment Now” sets out the Government’s goal to increase radically the number of people with moderate and severe learning disabilities in employment by 2025.

Project Search is a one year, education transition programme which provides training and education for students with disabilities to enable them for employment.

NHS Lanarkshire Project Search is a collaborative effort between several community organizations that assist individuals with disabilities to find and maintain employment. The main partners involved are NHS Lanarkshire, SERCO, Motherwell College and North Lanarkshire Council Supported Employment Service.

### Outcomes

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>2010/2011 Graduates</th>
<th>2011/2012 Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/2011 Graduates</td>
<td>100% of the students found employment prior to the end or within 6 months of the programme ending. Two individuals are employed by Serco. Three are now employed by NHS Lanarkshire and three have found employment with private sector companies.</td>
<td>One student exited the course in December 2012 for personal reasons.</td>
</tr>
</tbody>
</table>
One student progressed to commence an NLC Modern Apprenticeship in admin (12/03/12)
One student progressed to commence as a chamber maid in the Express by Holiday Inn (27/04/12)
One student progressed to commence as a domestic assistant in Monklands Hospital (7/05/2012)
One student progressed to commence as a clerical assistant with NHS Personnel in Law House (7/05/12)

An independent evaluation of 2010/2011 cohort of students evidences better outcomes for those participating including:

- Increased employability skills
- Improved outlook and life chances
- Increased motivation levels
- Improved social networks and relationships
- Clear increase in confidence
- Improved physical, emotional and mental health

A third example of specific work on equalities is described in the paragraph below. It is expected to impact across many services and although many staff are devoting time to this there is no specific budget. Again it is considered part of our day to day service provision

**Gender Based Violence**

The gender based violence action plan continues to be implemented and a final year report has been submitted to the national GBV Co-ordinator. In support of this a communications plan is in place and communication activity is being undertaken and recorded.

The National PIN Guidance on GBV staff policy has been issued to boards and a draft GBV Policy with guidance notes for Managers has been written. The draft Policy went to the Joint Partnership Group in January and is now out for consultation.

The routine enquiry programme is ongoing. Full implementation has been achieved within the health and homelessness service and maternity services. Partial implementation has been achieved within mental health services, addictions and sexual health services. Plans are now developed to implement routine enquiry of abuse within public health nursing and emergency services.

In recent months statutory guidance has been released to support new legislation on forced marriage and multi-agency discussion regarding this is underway. Any support required will be identified in the coming year.

**Questions**

**Mainstreaming equalities**
• What specialist services or programmes have been, or are being altered, in the interests of mainstreaming?

• What monitoring is in place to ensure that the relevant equality groups continue to access an appropriate service?

As explained in the section above our aim is to make it easier for equalities groups to access and benefit from mainstream services rather than set up separate services.

Like all Health Boards we monitor the ethnicity of those using our services to assist in identifying potential issues. The completeness of recording fell back slightly in 2011/12 due to difficulties implementing our new patient management system. Work is being progressed to which will be looking at collecting further equalities data using our new patient management system, Track Care.

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden Jubilee</td>
<td>99.7</td>
</tr>
<tr>
<td>Lothian</td>
<td>71.4</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>67.8</td>
</tr>
<tr>
<td>Dumfries and Galloway</td>
<td>66.6</td>
</tr>
<tr>
<td>Grampian</td>
<td>51.3</td>
</tr>
<tr>
<td>G.Glasgow and Clyde</td>
<td>49.7</td>
</tr>
<tr>
<td>All Scotland</td>
<td>48.6</td>
</tr>
<tr>
<td>Highland</td>
<td>40</td>
</tr>
<tr>
<td>Borders</td>
<td>38.9</td>
</tr>
<tr>
<td>Tayside</td>
<td>34.3</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>30</td>
</tr>
<tr>
<td>Orkney</td>
<td>28.4</td>
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<tr>
<td>Shetland</td>
<td>28.4</td>
</tr>
<tr>
<td>Western Isles</td>
<td>27.4</td>
</tr>
<tr>
<td>Fife</td>
<td>26.8</td>
</tr>
<tr>
<td>Ayrshire and Arran</td>
<td>16</td>
</tr>
</tbody>
</table>
We have a disabilities engagement group, which meets throughout the course of the year and last year produced a Wayfinding Report based on research about access and signage at NHS Lanarkshire’s three Acute Hospitals undertaken in 2010. The results of this were fed in to our planning process.

Specific services look at differential access and whether communications or service provision can be tailored to improve this. The public health department for example monitors uptake of screening programmes. Communications for breast screening and bowel screening have been tailored to reach underrepresented groups. How we provided cervical screening was adapted to make it easier for disabilities groups. Our health promotion department worked with the local leisure trusts to provide woman only swimming sessions as it was found that for some cultures, mixed sex sessions were precluding woman taking up this form of exercise.

Chief Executive
NHS Lanarkshire
10 August 2012