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1	15/12/21	Draft sent for comment to Project Team	Josie Thomson, Heather Cameron, Anne Boyd Mackay, Karen Anne Wilson, Marie McIlraith, Helen Sikora	Project Team 14/1/2022

Description of work:

The combined impacts of our ageing population, demographic changes and clear implications for the workforce with increasing costs and demands, mean that the current model of health and social care delivery is not sustainable.

A review and redesign of existing health and social care services across Lochaber to ensure that services are safe and sustainable, as well as effective and efficient for the future. This will result in

- Investment in community services.
- A new Belford Hospital

It is acknowledged that the project has been ongoing in some form for several years, however it is considered to have been reset from 2021 with a new governance structure and leadership appointed.

Whilst the scope of this redesign is centred on adult care services, there are clear considerations around further development of associated services to support mental health, drug and alcohol use, community health improvement, workplace health, etc.

It is also inescapable to consider the cross over to services for children and young people. This redesign process involves planning for the long-term future and creating seamless service transition across the life course. How can we use this work to break the cycle of ill health and inequality?

This redesign is at an early stage. Therefore this EQIA is focused on the strategic decision to progress the redesign. The EQIA will be updated regularly as the redesign progresses, aligned with key decision points.

Outcome of work:

This redesign will move more towards a place-based care model (aligning with the 'Place Principle' as published by the Scottish Government in April 2019) ensuring care is 'person-centred, flexible and adaptable, effective and efficient'. Such a place-based approach facilitates a focus on the social determinants such as housing, education, employment, wider planning partners, social connectedness and community assets. Taken together, these they will have a greater impact on wellbeing and health compared to care and health service on their own. It also promotes a more proactive approach to care, focussing on strengthened primary and community services designed to enable people to self-manage and seek appropriately support, avoiding a reactive response and hospitalisation or longer term social care wherever possible.

The intent is to develop a local care model with enhanced approaches to prevention and self-care, primary care, and community services with less reliance on acute and institutional care. This will be supported through a new Belford Hospital. These will be delivered in collaboration with key public-sector partners, independent and voluntary sector and empowering and enabling individuals and communities.

The development of 'NHS Near Me' and technology enabled care services offers benefits for all of the population.

Who:

Stakeholders: (who will this work affect?)

The proposed changes could impact on people with protected characteristics. It may also impact on carers and people living in rural and remote communities and those living in areas recognised to be disadvantaged (SMID). Specific impacts on protected characteristics are described below

Staff may also be affected by changes e.g. change of base, therefore consideration of the impact of any change on ability to travel to and from work should be included. Sustainability of services has been an issue and by changing/redesigning, there are opportunities to improve staff experience as well as creating a more sustainable model.

Other key stakeholders include:

Adults in the community (and by association children and young people)

Care home residents and day care users

Carers

Wider NHS service providers

Lochaber Community Partnership

Community organisations / third sector services / private care providers

Isolated rural communities and individuals

People living with mental health challenges and people who experience periodic or new episodes of mental distress – strong anecdotal evidence, and community observation since the outbreak of Covid-19 and associated lockdown measures, have revealed a rise in mental distress.

A stakeholder group is facilitated by NHSH which includes representation from the Lochaber community. The stakeholder group are part of the governance structure of the redesign with links to the project team.

How do you know:

Stakeholder engagement: See appendix 1

Stakeholder engagement was carried out in July and August 2021.

See Equality Evidence document which includes key evidence relating to other groups of people who share protected characteristics.
Together, the outputs from stakeholder engagement and the issues and actions within the equality evidence document provide an overview of how people in Lochaber may be impacted by the redesign of services and the potential opportunities to improve service planning and delivery to address inequalities.

What will the impact of this work be?

- Transport and access – relocation of services will mean they are more convenient and easier to access for some people, and less convenient and potentially more difficult to access for others
- Age - older adults are clearly affected by this redesign process. Care needs of the aging population underpin this work. Also, it is necessary to include young people if we want to improve services for the future.
- Disability - access restrictions have been identified, including in Belford Hospital. Close consultation with local access panel and community representatives is required.
- Gender reassignment – remote and rural provision of specialist services and support is known to be challenging. No additional, new impacts or barriers are identified for this population group.
- Marriage and civil partnership - no additional, new impacts or barriers are identified for this population group.
- Pregnancy and maternity – maternity services will be located in the new Belford Hospital
- Race – whilst general research and experience highlights that additional race and cultural sensitivity and awareness is required to ensure services are accessible, no additional, new impacts or barriers are identified for this population group.
- Religion or belief - whilst general research and experience highlights that additional religious and cultural sensitivity and awareness is required to ensure services are accessible, no additional, new impacts or barriers are identified for this population group.
- Gender – whilst general research and experience highlights that additional gender awareness is required to ensure services are accessible, no additional, new impacts or barriers are identified as a result of service redesign. The exception to this consideration

is around caring responsibilities, which fall disproportionately to women. Due to this fact, the improvements in care services should benefit women overall across Lochaber.

Sexual orientation - no additional, new impacts or barriers are identified for this population group.

Successful economic and social generation and regeneration can only be achieved through a whole system approach, of which NHS is a key player.

Engagement with the local population, including people representing equality groups will continue throughout the next phase of the redesign. This will ensure that decisions made in relation to this programme or work responds to, where possible, the needs of the local population including people who experience lower health and wellbeing outcomes.

Given all of the above what actions, if any, do you plan to take?

ACTION: Transport and travel planning, including active travel opportunities. Close liaison with transport providers and travel initiatives.

ACTION: Mental health services, and alcohol and drug services, developed in closer alignment with ongoing community conversations.

ACTION: Collaborative working through the Lochaber Community Partnership will need to ensure that life circumstances are addressed, as well as lifestyle. This would include: equality of access for everyone, including those with multiple and complex needs; providing universal services that are responsive to and meet the needs of the community; investing in communities and groups who experience inequality, and identifying and building on local strengths within communities. Developing interventions that are inequalities sensitive and measuring the impact of these is a fundamental aspect of developing fairer communities and improving health outcomes. Therefore, maintaining close relationships across sectors and services. To achieve our goals, a broad range of services and stakeholders require to be involved. Continued networking and collaboration is essential

ACTION: Several protected characteristics identified above are currently perceived to have no additional, new impacts or barriers brought about through this redesign process. However it is recognised that small population numbers and lower visibility (BAME, LGB, Trans) risk assumptions that no barriers exist.

ACTION: Technology Enabled Care (TEC) team is to promote technology that helps people self-manage their own health and wellbeing, and enable them stay happy, safe and independent in their own homes. We will be reviewing the use of TEC services in Lochaber. The ongoing development of 'NHS Near Me' offers benefits for all of the population. This also brings considerations around digital access, requiring continuation of support for digital inclusion initiatives, with particular attention to additional support required by those who may be less confident using technology.

ACTION: to ensure that contact is made with the site manager and tenant participation officer from Gypsy/Traveller sites as they are happy to facilitate conversations with residents on behalf of the health board.

ACTION: to consider languages and alternative formats in the engagement and consultation of the redesign, and in the planning and delivery of services.

ACTION: Ensure that the hard of hearing/deaf community are involved in planning the redesign and improvements are made to help ensure effective communication between NHS staff people using our services.

ACTION: Ensure that local networks, including the LGBT+ staff network are engaged with the redesign. To consider the resources available (Diversity Champion toolkit, training, Rainbow badge etc.) to help address some of the challenges, ensuring services are welcoming and inclusive.

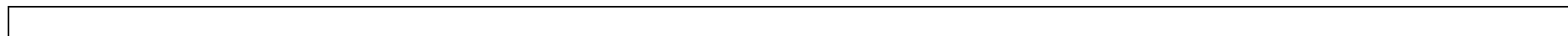
ACTION: Access to services for remote and rural communities to be identified as a key issue for the Lochaber population – especially those who are not digitally connected.

ACTION: To consider the needs of deprived populations within Lochaber, as per the Fairer Scotland Duty, and to involve these communities in engagement and consultation to help identify and address challenges.

ACTION: See appendix 1 for actions from engagement.

ACTION: Engagement: to review and update the engagement plan to inform the next phase of the redesign, and to ensure that people with protected characteristics are represented.

ACTION: Governance: The project team to review this EQIA on a quarterly basis and to take account of issues in proposals presented to the programme board.



APPENDIX 1

Lochaber Health and Social Care Redesign: New Hospital Engagement and Communication Activity 2021

Stakeholder group monthly meetings –

17th December 2020
28th January 2021
18th February 2021
25th March 2021
29th April 2021
27th May 2021
16th June 2021
29th July 2021
(Planned meetings)
26th August 2021
30th September 2021
28th October 2021
25th November 2021
16th December 2021

Press releases –

1st June 2021
18th June 2021

Future media releases will be scheduled throughout engagement phase and following NHS Highland Board decision. Newsletters -
July 2021

OFFICIAL **Lochaber Redesign - Equality Impact Assessment:**

Newsletters will be produced throughout the duration of the project – the frequency of later newsletters will be reviewed to reflect project status and activity. For example newsletters, may change to quarterly or bi-monthly, depending on level of activity.

Below describes the list of ways we engage with stakeholders:

25th May 2021

9th June 2021

Patient experience survey (8th – 29th July 2021) – 39 surveys responses
- Talking to patients and handing out surveys at Belford (22nd and 28th July)

Seldom heard groups survey (15th July – 9th August 2021) – 34 surveys responses

Trusted partners supporting seldom heard survey and engagement include:

- *Highlife Highland*
 - *young people, (combining collective feedback on behalf of young people and discussion groups to be arranged for later in the process)*
 - *adult education, (Community Engagement Manager attended and collected feedback from members of local ESOL group (28th July) as well as the Thursday drop in community group 29th July)*
- *Key – supported living – supported residents and people they support to complete survey*
- *Ewensroom – mental health community organisation – distributed survey with members*
- *Age Scotland - (30 surveys & newsletters to Lochaber Care - 25 surveys & newsletters to lunch club)*
- *Lochaber Action on Disability - (50 surveys & newsletters shared with members at clubs and local cafe)*
- *Highland Council Housing Officers –supporting Homeless People to take part*

AEDET (Achieving Excellence Design Evaluation Toolkit) workshop one - 04th August 2021

AEDET workshop two - 11th August 2021 (Not required)

Case for Change workshop – 10th August 1pm – 5pm (attended by stakeholder group members (approximately 30 mixed stakeholders)

Follow up case for change workshop – 1st September 1 - 5pm (not required)

- Case for change report - 30th August 2021
- Design Statement workshop one – 1st September 2021
- Design Statement workshop two - 8th September 2021

Preferred strategic / service solution process 6th – 17th September

- Long list of proposed solutions – 6th – 17th September
- Short list of proposed solutions – 6th – 17th September
- Preferred strategic / service solution workshop – 8th September
- Findings report highlighting process and preferred solution/way forwards (timescale to be confirmed)

Preferred way forward wider public engagement activity 15th September – 12th November 2021 (8wks)

- Engagement activity schedule, documents and surveys to be produced (timescale to be confirmed)
- 15th September – Wider engagement launch

Board decision – 30th November Board meeting

Feedback to community – 30th November – 10th December

Protected Characteristic	Groups connected	Identified Gaps	Action
age,		Young people, Parents and families	Contacted highlife highland meeting arranged Contacted schools network
disability,	Access Panel,	disabled people not connected to access panel	Liaise with day centre services Sense Scotland Contacted See, hear, highland education and learning service

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			Contacted Key housing
gender reassignment,		Not known	Contact national groups for local contacts
pregnancy and maternity,		Pregnant or new mums	Contact via local midwifery team
Race,		Syrian Refugees, Polish and other migrant communities	TEFL course? – speak to Highlife Highland Contact migrant community support worker 01349 781410
religion and belief,	Church of Scotland	Other faiths	
sex,			
sexual orientation		Not known	Contact national group for local contacts (contacted Highland Pride)
Homelessness			Morag Cameron local housing officer
Gypsy traveller community			

Engagement to support understanding of current usage, how people access services and patient experience during covid-19 – also help plan what’s needed and give understanding of what’s important for people (key themes and priorities for design principles and inform service planning)

Initial engagement

Capturing current patient experience via short survey and one to one interviews

Inpatients, Out or day patients – staff at Belford (Anne)

Care home and day centres – local staff (Karen-Anne)

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Re-enablement – Local staff (Karen-Anne)

Care @ home – local staff (Karen-Anne)

Targeted engagement with key groups (contacts beginning to be made)

Have they used health and care services during last 12 months?

What service – care, GP, hospital outpatient, inpatient, or community service

How did they access service? Virtual (phone/video consultation) or in person visit?

What was experience – both good and what would have made experience better

What matters to them about the new hospital?

Wider engagement – consultation - post option confirmation

Telling people about the preferred option and how it was chosen – checking with people if have any questions or concerns about the option and/or suggestions, that should be used to inform IA proposal.

Methods - mixed approaches – virtual events with different stakeholder groups – attending established group meetings, sharing information via networks, survey to capture views.

Suggested communication

- Talking head after each stakeholder meeting to give 1 minute summary of the meeting and what will happen next - to be shared with group and distributed via their networks, to staff and our community contacts list.
- Regular newsletters with updates on plans, opportunities for people to get involved and to feedback on any engagement that has taken place – shared via SG and our networks, via services and to staff
- Meeting notes on webpage - publically available
- Refresh question and answer document Periodic press releases at key stages and to promote engagement opportunities

APPENDIX 2

Census 2011 Table: KS201SC

Ethnic identity by broad groupings

Based on a best fit of 2011 data zones to Community Partnership areas (received from Ian Douglas, Public Health 2019)

	All people	White: Scottish	White: Other British	White: Irish	White: Gypsy/Traveller	White: Polish	White: Other White	Asian, Asian Scottish or Asian British	Total Other Ethnic
Argyll and Bute	88166	69497	14675	721	96	515	1563	565	534
Highland	232132	185430	34135	1389	291	3425	4311	1866	1285
NHS Highland	320298	254927	48810	2110	387	3940	5874	2431	1819
Caithness	26486	22306	3490	84	41	129	237	110	89
Lochaber	19987	15699	3069	147	22	258	554	147	91
Scotland	5295403	4445678	417109	54090	4212	61201	102117	140678	70318

	All people	White: Scottish	White: Other British	White: Irish	White: Gypsy/Traveller	White: Polish	White: Other White	Asian, Asian Scottish or Asian British	Total Other Ethnic
Argyll and Bute	88166	78.8	16.6	0.8	0.1	0.6	1.8	0.6	0.6
Highland	232132	79.9	14.7	0.6	0.1	1.5	1.9	0.8	0.6
NHS Highland	320298	79.6	15.2	0.7	0.1	1.2	1.8	0.8	0.6
Caithness	26486	84.2	13.2	0.3	0.2	0.5	0.9	0.4	0.3

Lochaber	19987	78.5	15.4	0.7	0.1	1.3	2.8	0.7	0.5
Scotland	5295403	84.0	7.9	1.0	0.1	1.2	1.9	2.7	1.3

APPENDIX 3 (Prepared by Helen Sikora, Principal Officer Health Inequalities, Equality and Diversity, NHS Highland)

Lochaber Redesign - Equality Evidence

1. Gypsy/Travellers:

The joint action plan by the Scottish Government and the Convention of Scottish Local Authorities (COSLA) 'Improving the lives of Gypsy/Travellers: 2019-2021' acknowledges that Gypsy/Travellers experience poorer outcomes in terms of living standards, education, health and employment, and often face extreme and persistent stereotyping and hostility as they go about their lives. The plan includes a number of actions including: making sure Gypsy/Travellers understand their rights and have positive experiences of accessing services.

In Lochaber there are two Gypsy/Traveller sites - Spean Park (14 pitches) and Kintallen (7 pitches). Each of these sites has both a Site Manager and Tenant Participation Officer, employed by Highland Council Housing Team.

ACTION: to ensure that contact is made with the site manager and tenant participation officer as they are happy to facilitate conversations with residents on behalf of the health board.

2. People whose first language is not English:

The School Census 2018 recorded 62 different languages spoken by pupils in Highland schools whose main home language is neither English, Gaelic nor Sign Language. In Glasgow the figure was 127 languages.

ACTION: to consider languages and alternative formats in the engagement and consultation of the redesign, and in the planning and delivery of services.

3. Hard of hearing/ deaf/ Deaf:

According to the 2011 Census the population in Highland was 232,132 and the number of people with hearing loss was 16,249. This is 7.0% of the population. 42% of deaf and hard of hearing people who had visited hospital (non-emergency) had found it difficult to communicate with NHS staff. This increased to 66% amongst BSL users. 77% of BSL users who had visited hospital could not easily communicate with NHS staff. The proportion who had experienced difficulty was the same for both emergency visits and non-emergency overnight stays. 70% of BSL users admitted to A&E units were not provided with a BSL/English interpreter to enable them to communicate.

ACTION: Ensure that the D/deaf community are involved in planning the redesign and improvements are made to help ensure effective communication between NHS staff and D/deaf people using our services.

4. People who identify as LGBT+:

Research has demonstrated that lesbian, gay, bi, trans and non-binary people often experience stigma and discrimination through the life course. Many LGBT+ people report that they have experienced fear or discrimination because of their sexual orientation or gender identity and evidence shows they continue to face discrimination (often inadvertent), across the NHS. Experiencing stigma and discrimination can impact on health and wellbeing and can also create a barrier to receiving appropriate care and treatment which can exacerbate this problem.

The NHS Highland LGBT+ service user survey 2017 found that:

- 38% of trans people, including non-binary, said their gender identity had stopped them accessing NHS Highland services; and
- 10% of lesbian, gay and bi people said their sexual orientation had stopped them accessing health services.

ACTION: Ensure that local networks, including the LGBT+ staff network are engaged with the redesign. To consider the resources available (Diversity Champion toolkit, training, Rainbow badge etc.) to help address some of the challenges, ensuring services are welcoming and inclusive.

5. Deprivation/ fragile areas:

Almost 80 percent of the Lochaber population live in the most 20 percent of access deprived areas in Scotland with the data zone areas of Ardnamurchan & the Small Isles and Ardgour, Sunart and Morven ranked the most and sixth most access deprived areas nationally.

OFFICIAL **Lochaber Redesign - Equality Impact Assessment:**

Three areas within Lochaber are within the 20% most deprived in Highland (Fort William North, Fort William Central and Caol South East).

Deprivation impacts on child development, people's lifestyle choices, healthy life expectancy, including living with an illness or chronic condition, and life expectancy. A consequence of deprivation and poverty is generally an increased demand for health and social care services.

ACTION: Access to services for remote and rural communities to be identified as a key issue for the Lochaber population – especially those who are not digitally connected.

ACTION: To consider the needs of deprived populations within Lochaber, as per the Fairer Scotland Duty, and to involve these communities in engagement and consultation to help identify and address challenges.