

Fairer Scotland Assessment

Title of Proposal: Budget Planning 2021/22

Brief description of aim/objective:

The Scottish Ambulance Service annual budget is designed in line with the resourcing limits defined by Scottish Government Health Directorate with a small amount of additional income from external sources. The budget must align with the Corporate Plan, Annual Operational Plan, Workforce Plan and the Strategy 2020 – 2030, which is currently under review.

In line with the Health and Social Care Delivery Plan the budgets seek to deliver better safe, effective and person-centred care, better health and better value. It seeks to best use the resources at its disposal. Its primary aim is to ensure there is clarity on how the financial resources are deployed across the organisation.

Brief summary of the relevance of the Fairer Scotland Duty to the proposal:

This paper explains how we fulfilled our obligations with respect to the Fairer Scotland Duty during the development of the budget plan.

The Fairer Scotland Duty places a legal responsibility on public bodies to actively consider (pay due regard to) how to “reduce inequalities of outcome caused by socio-economic disadvantage” when making strategic decisions about how to exercise their functions. Inequalities of outcome are defined as “measurable differences between those who have experienced socio-economic disadvantage and the rest of the population.

We describe how we took account of these issues within the remit of the Service when setting out our budget plan. In considering equality impact consideration has been given to issues which cut across the protected characteristics, health inequalities and socio economic disadvantage. Health, life expectancy and educational attainment are examples of this.

The following are identified as contributing to the reform of health and social care delivery across Scotland and are areas for consideration in this Fairer Scotland assessment.

- Shifting the balance of care in order to deliver services in primary, community and social care settings so that the patient is seen closer to home
- Public health and prevention – there are challenges associated with lifestyle behaviours and wider cultural factors that can prevent positive health choices being made.

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Shifting the balance of care – current programs:

Paramedics in Primary Care

As part of the Advanced Practitioner (Urgent and Primary Care) role, there is an expectation that 20% of the APs' time will be spent in a Primary Care setting. This could be a daytime GP practice, an Out Of Hours Primary Care Emergency Centre, an Urgent Care Hub or any similar location that offers integrated multi-professional working to provide best care for the patients seen. Since March 2020, all Primary Care integrated work was paused as we utilised the APs almost entirely for remote telephone and video consultations for SAS patients, in response to the Coronavirus pandemic. We are now in a position to return to this, allowing educational placements and professional progression as we regain access to appropriate mentorship. This also allows the APs to continue with the Masters level university modules necessary to qualify as a non-medical prescriber and to undertake safe advanced assessment and treatment of the people requiring such.

A national cost calculator has been developed by Finance to allow consistent and transparent invoicing for qualified staff working in this mix of settings.

We also have a growing cohort of staff from Nursing backgrounds, broadening the experience of the AP team and allowing recruitment from a larger pool of candidates.

Innovation

Digital platforms have become increasingly important over the past year, especially in response to remote consultation undertaken by our team of Advanced Practitioners in Urgent Care. The GoodSam video app allows quick connection to a patient or caller's mobile phone camera, which can enhance the clinical assessment and aid decision making. The APs also have access to the NHS Greater Glasgow and Clyde Clinical Portal. This platform allows them access to a variety of useful patient information, for several Health Board areas across Scotland. This further enhances their decision making and hence better outcomes for our patients.

Glasgow South Station – Health and Wellbeing Centre

The Service is currently exploring options for the provision of estate to support the delivery of emergency and non-emergency ambulance services to the population of Glasgow South. This includes a proposal to create a Health and Wellbeing Centre for the local area. This would form a community and staff hub facilitating engagement between the Service and the local multicultural community. The Centre will be publically accessible.

Glasgow South Station is located within the top 5% most deprived areas in Scotland; the Scottish Index of Multiple Deprivation (SIMD) 2016, Data Zone S01010033 (in which Glasgow South Station is located) ranks 305 out of 6,975 data zones in Scotland. It is an ideal location to focus on key health priorities such as drug addiction and mental health.

This presents several opportunities to advance equality of opportunity and foster good relations within a heavily deprived area of Scotland. For example, but not limited to:

- A community hub – facilitating engagement with underrepresented groups
- An innovation hub – facilitating partnership working between the Service, local industries, education providers, charities and other agencies

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- Promotion of health and wellbeing – education and wellbeing sessions could be delivered at the Centre. A community roof top garden is also being considered

The investment proposal is subject to a three-stage business case in line with the Scottish Government Capital Investment Manual. The Initial Agreement has been approved by the Service Board and is currently sitting with the Scottish Government's Capital Investment Group (CIG) for approval. The process has been delayed several months as a result of Covid-19.

An EQIA is undertaken and reviewed at each stage of the business case. The Initial Agreement (IA) is the first stage in the business case process and establishes the need for change and investment in the Glasgow South station. The IA is high level, identifying the preferred way forward for investment but does not agree specific implementation options. No equality impact was identified at this stage. The EQIA will be reviewed at Outline Business Case stage (OBC) which considers various implementation options to replace or refurbish the estate at Glasgow South station. At this point, a preferred implementation option will be known, assessed and subject to a full EQIA.

The Initial Agreement is currently sitting with the Scottish Government Capital Investment Group for approval. The Outline Business Case and Full Business Case will be prepared in 2021/22. It is expected that capital funding will be required in 2022/23 and 2023/24

Mental Health Pathways

Following successful pilots in Glasgow and Inverness of mental health response models, collaborative work with Dundee, Inverness and Glasgow is continuing to have in place multidisciplinary mental health response models in April 2021. Each car will trial mixed responses of a mental health practitioner, Paramedic and Police Scotland to respond to people expressing mental health distress within the community. The trial will develop a whole system approach so the patient experience is improved at point of entry, not shifting the patient unnecessarily from care giver to care giver with an unsatisfactory outcome. All trial areas will adapt throughout the year so they best serve each geographical area.

Work with NHS 24 Mental Health hub continues. Two routes to access the MH hub is available for people contacting SAS. Calls triaged as low acuity by SAS are directly transferred to NHS 24 and dealt with directly. Since w/c 23.11.20, 310 calls have been passed to and managed by the mental health hub, which is 84% of the possible calls. The second route which was initiated on the 14th December 2020, crews are able to directly refer patients to the mental health hub following face to face assessment. This saw 23 patients directly referred up to the end of January and 15 in February. Stage 2 of this collaboration will begin at the end of March with expansion work on codes directly sent to NHS 24

Thrombectomy

Delivery of the National Thrombectomy Service will continue to progress at pace throughout 2021/22.

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The northern thrombectomy centre began receiving patients in November 2020 with a view to expanding the catchment area to include all areas of the north of Scotland as we progress through 2021/22.

Similarly, it is anticipated that the centres based in Glasgow and Edinburgh will also commence the service on a limited basis in the coming year, thus providing thrombectomy provision across the country with a view to expanding operating hours as and when possible.

The Scottish Ambulance Service will continue to work with each centre to ensure joint progression in service development enabling as many suitable patients as possible to receive the treatment.

Population Health – Drug-Harm reduction

In 2019, there were 1264 preventable drug related deaths in Scotland - a 6% increase from 2018 and more than double the recorded deaths in 2009.

Scotland is one of only a few countries to have a National Naloxone Programme (NNP), where people at risk of witnessing an opiate overdose are provided with a Take Home Naloxone (THN) kit and brief training in how to administer it, from drug treatment services.

SAS has a unique reach into this patient group and their families, with an ability to further issue THN kits to people, and in places of the community hard to reach for other services and at a critical time. As a result, SAS began distributing THN as a pilot in early 2020 and following the end of the trial, SAS have continued to supply THN across all regions.

As SAS responds to people who use illicit drugs when they are at some of the most vulnerable points in their lives, three fulltime Clinical Effectiveness Leads (CEL's) in Drug-Harm reduction have been recruited to work within this patient group across all regions.

It is anticipated, recruitment of the CEL's will ensure increased co-ordination and engagement with local activities, particularly in relation to developing information sharing protocols for near-fatal overdose pathways. A further aspiration includes development of the SAS THN programme to incorporate referral pathways to drug treatment services for SAS crews.

Following continuing rollout of the THN programme, there is also potential for more in depth data analysis, which would provide a significant insight in to the national picture and inform future national/local strategies.

Expansion of the Service links to Fairer Scotland

Persistent health inequalities and the complexity of managing long term health conditions, lower health literacy, as well as prevention and health promotion are all associated with socio economic disadvantage. Learning and development for staff in to new roles allows the Service to enhance service delivery and provides career progression opportunities.

Key issues under the Fairer Scotland Duty are support for flexible working, widening access to education, training and progression as well as engaging with groups that

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are further from employment in order to support applications for employment with the Service, for example disabled people.

The Joseph Rowntree Foundation Study – “Poverty in Scotland 2018” noted a trend of an increase in in-work poverty. Poverty is also compounded by the gender pay gap and the employment gap particularly for those who face barriers to employment, for example women and disabled people.

The Service’s Flexible Working Policy is in place to support staff and the Disability Confident initiative helps to support disabled applicants who wish to work for the Service.

The Service is a Living Wage Employer with an hourly rate of pay of £10.47 on the lowest salary band. This is above the Scottish Living Wage rate of £9.50. During 2021 the Service will work towards Living Wage Accreditation.

We are delivering the Fairer Scotland Duty for our workforce by incorporating socio-economic disadvantage within our approach to equality impact assessment of employment policies.

Public Health and Prevention

Out-of-hospital cardiac arrest (OHCA) remains a significant healthcare challenge in Scotland. Approximately 3,200 patients undergo attempted resuscitation each year after OHCA. The survival rate in Scotland from this condition is approximately 10.4% (2018/19), which is above the UK average of 9%.

The key objective of the Service's Out of Hospital Cardiac Arrest (OHCA) Strategy is to oversee the delivery of the Service’s agreements laid out in the OHCA Strategy for Scotland.

The Strategy highlighted the inequalities in survival from OHCA. People in deprived communities are more likely to suffer from OHCA and less likely to survive than those from more affluent areas. A survey of public attitudes to Cardiopulmonary Resuscitation (CPR) published in January 2016 showed that most affluent groups were more likely to be CPR trained and more confident to administer CPR than more disadvantaged groups and suggested social marketing activity needs to be targeted on the elderly, the unemployed and the working class (social class C2DE). Through our partnership with Save a Life Scotland, we have also highlighted that Men are more likely to get bystander CPR than women. The partnership is actively seeking ways to reduce these inequalities. We are also developing educational resources to support those with disabilities to understand how they can support bystander CPR.

In addition to socio-economic inequalities, significant numbers of the Scottish population live in areas where geography presents a significant challenge in terms of ambulance response times therefore requiring the development and delivery of rural and remote pathways

Defibrillator project

The Scottish Governments OHCA Strategy for Scotland recognises that immediate access to reliable advanced life support monitors/defibrillator units is vital to a patient’s

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survival. The full business case requesting funding to replace the current advanced life support monitors/defibrillator units owned by the Service was approved by the Scottish Government in October 2018. The Service completed the implementation of the new Defibrillators in March 2020, patients and staff are now experiencing the benefits of the updated technology. The new units can be used on a wide range of patients with varying clinical needs and are not for sole use on patients with immediately life threatening conditions; the units are typically taken to every emergency attendance. The availability and use of enhanced monitoring functions aids clinical decision making and allows patients to be kept and treated in the home environment where clinically appropriate. Clinical observations are uploaded to the ePR electronically which means staff focus more time on the patient and the risk of human error is reduced.

No specific impact has been identified regarding protected groups.

Recommendations

- The approach taken to consider the socio-economic impact of our work in 2021/22 provides more focus to considering health inequalities
- Through the budget planning process our areas of focus for 2021/22 will bring improvements for people experiencing socio-economic disadvantage.
- **NHS professional Careers**
The Service has an option to participate in the NHS Professional Careers Programme which offers employment opportunity to graduates with a disability. The Scottish Government has commissioned the delivery of cohort 3 of NHS Professional Careers, to commence early in 2021. The programme is delivered in partnership between Scottish Government, NHSScotland and with GCIL Equality Academy as the lead delivery associate. Each NHS Board participation will involve providing a two year traineeship for a successfully appointed disabled student. A graduate joined SAS in February 2021 on this programme. The first 2 cohorts of this partnership have been successful with an overall success rate of 97% of completers progressing into a positive outcome, with over 50% of participants gaining employment within NHSScotland or Scottish Government. This scheme has allowed for life changing opportunities to disabled people across Scotland.

Note of decision

Due regard has been given to the Fairer Scotland Duty in the development of Budget Planning for 2021/22.

Accountable Director

Julie Carter, Director of Finance, Logistics & Strategy

Date

31 March 2021

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