Overview

The Board is committed to complying with the Equality Act 2010 and ensuring that financial decisions are taken that are fair, transparent, accountable, considering the needs and the rights of the different members of our community.

The Chair of the Board’s Audit Committee and a senior manager within the Finance Directorate attended a workshop hosted by NHS Health Scotland entitled ‘Equality Impact Assessment (EQIA) of Financial Decisions’ and a follow up workshop on the 28th November 2011.

The learning from these workshops was fed back into the Board’s Equality & Diversity Network which has representatives from all directorates across the Board and is chaired by the Board’s Equality and Diversity Lead.

Following the workshop the Board developed a process to perform rapid impact assessments (screening) of both the 2011/12 Efficiency Savings plan and also to embed the process into the construction of the 2012/13 Efficiency Savings Plan. This process has been endorsed by the local Efficiency Group and the Equality & Diversity Network and is part of the Efficiency Planning process.

The organisation is committed to tackling inequalities and applies the Equality and Diversity Impact Assessment tool to all appropriate reports that are presented to the Executive Management Team and the Board. The purpose is to ensure that all aspects of service and financial planning take due cognisance of the inequalities agenda.

1) Equalities in the budgeting process
   
a) How were equalities issues taken into consideration in allocating budgets in 2012-13? (Please describe the process undertaken)

   ▪ At present we do not use the budget setting process as a way of directing resource to specific groups, rather we expect all services to reflect on the need to provide equitable access to all patients/users.

   ▪ Any additional funding allocated to directorates which requires a business case will be screened for potential Equality & Diversity issues.

   ▪ Any bids considered as part of our change fund programme ‘Putting You First’ will required to be screened for potential Equality & Diversity issues.

   ▪ All Efficiency Savings are entered onto a template which requires a risk assessment of the potential equality & diversity impact. There were no high risk schemes for 2012/13, but if there were, an EQIA would have been required. The assessment of any potential equality and diversity impact of the Efficiency Programme were highlighted to the Board’s Scrutiny Committee in a paper which covered the 2012/13 Efficiency Plans as a whole.
b) 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)

- The new process for screening Efficiency plans was in place for 2012/13 ensuring that equalities issues were considered at the beginning of the process, as opposed to retrospectively for the 2011/12 plan. This process will continue and be refined for future years.

c) Can you provide any examples of how equalities considerations influenced agreed budgets? (Please provide up to THREE examples)

1) In 2011/12 a decision was made to stop funding acupuncture services due to a lack of clinical evidence to support the benefits of this procedure. This decision was made through a locally developed protocol for making 'difficult decisions' which requires that the equality and diversity impact is considered. A full EQIA was completed for this service change as part of the review of the 2011/12 plan. The decision to discontinue funding of this service was mitigated by the introduction of alternative pathways for people suffering from chronic pain so that alternatives were in place.

2) The Board continues to support the equalities agenda by investing in translation services and assistance for blind patients via Braille patient information. During 2011/12 the Board supported the Gynaecology and Sexual Health Departments to obtain the LGBT Charter Mark.

2. **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

<table>
<thead>
<tr>
<th>Service</th>
<th>2011/12 £ million</th>
<th>2012/13 £ million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>154.8</td>
<td>154.4</td>
</tr>
<tr>
<td>Primary and Community</td>
<td>130.7</td>
<td>132.7</td>
</tr>
<tr>
<td>Other Services</td>
<td>11.0</td>
<td>11.0</td>
</tr>
</tbody>
</table>

b) The impact (positive or negative) that this service has on equality groups

As stated, it is not appropriate to say that we do not use the budget setting process as a way of directing resource to specific groups, but expect all services to review the need to provide equitable access and service to patients. This review is relevant for both service developments and efficiency projects.
c) The impact (if any) that any budget changes have had on equality groups

Any reduction to budgets achieved through efficiency savings is subject to a rapid impact assessment to determine the potential equality and diversity impact. There have been no high risk schemes identified in 2012/13.

3. 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

<table>
<thead>
<tr>
<th>Service</th>
<th>2011/12 £ million</th>
<th>2012/13 £ million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dumfries &amp; Galloway Health &amp; Wellbeing Unit</td>
<td>1.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Mental Health &amp; Learning Disabilities</td>
<td>17.6</td>
<td>18.5</td>
</tr>
<tr>
<td>Women &amp; Children’s Directorate</td>
<td>17.9</td>
<td>17.5</td>
</tr>
</tbody>
</table>

b) The impact that this service has on equality groups.

During 2011/12 the Board and Council jointly formed the Dumfries and Galloway Health and Wellbeing Unit. The main purpose of the unit is to commission actions to improve health and reduce health inequalities across the region.

The team has two sections: Early Years Children and Young People and Adults and Older People. They work with community planning groups and primary care to develop an agreed work plan and to develop a range of health improvement interventions such as cooking skills for health eating, healthy weight for children and walking groups. The focus is on targeting hard to reach groups within the community.

The Board has focused its capital investment to target specific areas of perceived inequalities. Acorn House (Womens and Childrens) and Midpark hospital(Mental Health) are examples of major service investment where services have improved for patients from protected groups.

c) The impact (if any) that any budget changes have had on equality groups

The Midpark facility is a state of the art Adult Mental Health facility which was designed in collaboration with users to provide a more therapeutic environment as opposed to the previous dispersed institutional facilities. Early indications are that the new hospital has been well received by clients.
The Acorn house unit was opened in early Summer 2012 to provide a modern children’s respite unit. The physical improvements and design layout have been planned in conjunction with users and carers.

4. **Mainstreaming equalities**

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

Development money for improvements in Dental Surgeries has been targeted at practices that have had problems with disabled access so that this is no longer a problem.

The Board has agreed to fund gender re-assignment surgery for patients, and associated costs from the exceptional referrals budget so there is a clear and universal access criteria for these services.

The Public Health team play a pivotal role in addressing the inequalities agenda. The following specific projects aim to tackle different aspects of inequalities in service provision:

- Building Healthy Communities
- Child Healthy Weight
- Child Smile
- Public Health Screening Programmes
- Early Years Programme

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

Through SMR00 and SMR01 returns, all Boards are scrutinised on their monitoring of ethnicity. NHS Dumfries and Galloway continues to respond above the national average.

As part of the comprehensive national HEAT performance management system the Board monitors the provision of equalities provision.

The support and engagement of our PFPI team ensure that we continue to reflect the needs of the diverse users of our service. The Board is currently planning for the provision of a new DGRI hospital and as part of this process we have a strategy for engagement and communication with a diverse range of service users to ensure that we address any potential equality of access issues.

Jeff Ace
Chief Executive
NHS Dumfries and Galloway
9 August 2012