Equalities in budget processes

NHS Health Scotland is the national agency which aims to improve Scotland’s overall health record by focusing on the persistent inequalities that prevent health being improved for all. We are considering equality, not only in our budget processes but also throughout our planning, as fundamental to delivering this aim. We also provide, through our Equality team, resources, seminars and support to NHS Boards on best practice in impact assessment and using impact assessment in financial decisions.

Unlike much of the rest of NHS Scotland, we do not deliver services direct to the public. NHS Health Scotland brings together agencies and networks, informs decision making with evidence, supports better policy making and builds the public sector workforce to develop the skills necessary to reduce health inequalities. We have an annual budget of £22.3million.

It is therefore difficult to answer directly your questions regarding services, the mainstreaming of services and services specifically for people from equality groups. For that reason, following discussion with the Assistant Clerk of the Committee, we have sought to interpret your questions for our institutional context, giving a full description of how we have integrated the consideration of equality into our budgetary and planning processes and our work to support the consideration of equality in policy and financial decisions across NHS Scotland.

Equality in Planning & Budgetary Processes

NHS Health Scotland has sought to integrate the consideration of equality into its business planning processes for a number of years. We integrate budget allocation decisions into project planning.

In the planning round for 2012/13, all projects and programmes were asked to review their projects and programmes for unfavourable impacts on, and opportunities to advance equality for, people with a range of characteristics. These characteristics include the nine protected by the Equality Act 2010, as well as other characteristics which make people vulnerable to unacceptable and potentially avoidable differences in health, such as socio-economic status and literacy. We feel that this wider consideration of equality beyond the nine protected characteristics is fitting for a national agency tasked with addressing the persistent inequalities in Scotland’s health. The purpose of the reviews was to identify (a) any modifications required to projects to avoid any unfavourable impacts or (b) the requirement for a fuller assessment of possible unfavourable impacts in year.

Developments from 2011/12

In your letter you asked how the 2012/13 planning round differed from previous years. We made a number of improvements to how we consider equality in planning and budgetary decisions. The most important change was the timing of when we consider equality in the process for bidding for funds.
In previous years, teams have reviewed the equality impacts of their work after they have been approved. However, in the 2012/13 planning round, teams were required to review the impact of their work before they bid for budget.

Because bids for budget are accompanied by a summary of how a project will impact on equality, senior staff making decisions about how to allocate budgets were better able to make decisions informed of the implications for equality. This made it easier to pay due regard to our equality duty. It is also promoting mainstreaming and sending the message that considering equality impacts is a normal part of good planning and is not a discretionary activity.

**Future Work**

It may be of interest to the committee that, in the light of the recent publication of *A Fairer Healthier Scotland*, our five year corporate strategy, we plan to analyse our 2012/13 Business Plan to better understand how NHS Health Scotland’s budget is spent and projects are distributed in terms of Scotland’s population: especially those whose health is not improving as much or as rapidly as it is for the population as a whole and those with protected characteristics. This will help us establish a baseline from which to measure improvement in future years. We plan to conduct this review in a manner which fosters change and supports teams to make improvements for the 2013/14 planning round.

NHS Health Scotland is committed to continuing to assess the impact of its own work on equality and health inequalities and improve the quality of that assessment. We welcome the Parliamentary Equal Opportunities Committee’s interest in this important area and look forward to any comments the Committee may have.

Gerald McLaughlin  
Chief Executive  
NHS Health Scotland  
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