Equalities in the budgeting processes

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

  Budgets were initially calculated on a ‘business as usual’ basis, which resulted in an efficiency target of £2,485k. This total target was allocated across budgets on a pro rata basis and budget holders were tasked with identifying ways of delivering their share. Subsequently 56 separate schemes were included in the efficiency plan, of which 18 were non recurrent and 37 were recurrent. These schemes total £2,230k; the shortfall of £255k is still being sought although it is not required to achieve break even this year.

  42 (£1,885k) of the schemes were judged to have no equalities impact at all and indeed no impact on service provision, as they either related to non clinical efficiencies, or achieving the same for less in the clinical environment. Of the remainder, 11 schemes (£266k) may potentially have some impact on service provision but these schemes largely relate to holding vacancies for slightly longer, and the impact is likely to be minimal given the waiting times targets. This leaves 3 schemes (£79k) where the actual delivery of the scheme is not yet finalised and so the impact cannot be assessed.

- **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)**

  No, we have used the same approach.

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

  1. Advocacy: we directed £16k at people with dementia and their carers in direct response to a recognised imbalance in accessibility.

  2. Upskilling and facilitating access to services for remote clients: we allocated £20k to iReach to address perceived needs of people with severe and enduring mental illness.

  3. Hot food for the homeless: we allocated £1,500 to fund a voucher scheme which enables homeless people to access hot meals.
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

Because NHS Western Isles is a small Board, we do not separate budgets by specialty – they aggregate at a much higher level. Our three largest budget areas are:

1. Hospital based services £20.5 million
2. Community based services £10.6 million
3. Medical Director (all doctors, General Medical Services, Prescribing, Family Health Services, IT etc) £23.7 million

All these services are broadly generic with no expected impact on equality groups over and above the impact on the rest of the population, and efficiency targets have not had any identified impacts on equality groups.

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

1. Addressing health inequalities for people with Learning Disabilities (Learning Disabilities Collaborative)
   
   a. £100k 2011-12 and £150k 2012-13 (also bidding for £50k with the Adult Support Division)

   b. Over the course of this project there have obviously been impacts on people with Learning Disabilities. However because of the nature of the individual developments (namely the Health Screening Programme, a development of an EMIS based health screening tool; electronic referral with flagged special needs like communication difficulties, mobility problems and others; electronic tracking of referrals to specialists services; the development of an LD Lead in every service and department including primary care; a communications tool for staff and patients; equality and diversity training; communications training and online web-streamed education package for Adults with Incapacity Act) the impacts have affected many more groups than the initial target group. These developments have application for people with dementia, neurological conditions, general communication problems or
who may be incapacitated because of other conditions or circumstances.

c. The funding in 2012-13 represents additional input and will facilitate additional focus on services to include children with learning disabilities and people with autistic spectrum disorder.

2. Adult Literacy

a. £6,000 2011-12 and £5,000 2012-13

b. An estimated 3,450 – 3,750 adults in the Western Isles have literacy and numeracy difficulties. This funding (along with funding in partnership from Comhairle nan Eilean Siar) allows the Learning Shop to deliver a programme of awareness raising to help decrease associated poverty, unemployment and health issues.

c. Any significant reduction in this service would have a detrimental effect on this equalities group as the intended outcomes would be jeopardised.

Mainstreaming equalities

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

• Well North, where a specially equipped bus offers mobile health checks to all people over 40 and provides a whole population approach, specifically designed to include equalities groups, has had its funding cut by 50% by the Scottish Government in 2012/13. The results of this programme have been positive and it would be desirable for this to be mainstreamed, however the funding reduction is significant. The service can be sustained for 2012/13 but beyond that its future depends on funding being identified.

• Funding and support for Western Isles Association for Mental Health which provides a drop-in service and supports the ‘raising awareness’ and ‘mentally flourishing Scotland’ agendas. This is monitored through activity levels, number of attendees and outcomes for individuals.

• The Learning Disabilities Collaborative is a major project which aims to ensure that everyone in this group has regular health checks, can easily access health services and advocacy, and are cared for and appropriately communicated with by all healthcare staff. This is monitored through evaluations carried out with the client group.

• Partnership with Action for Children Scotland provides support to paediatric AHPs who are providing services to children with complex needs. This is monitored through uptake of services.
Language Line is a service provided by NHS Western Isles in all wards and departments of the hospitals, GP surgeries and health centres. This facilitates staff in communicating with people from anywhere in the world, and is monitored through uptake of service.

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

As mentioned above, uptake of service is monitored carefully, along with, where appropriate, outcomes for individuals.

In addition all service changes are assessed for fairness through the fairness assessment process and we monitor ethnicity mix against census data. We also have regular meetings with minority groups, e.g. deaf and hard of hearing, and take their views into account when planning service delivery and changes.

Gordon Jamieson
Chief Executive
NHS Western Isles
8 August 2012