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Looking ahead to the Scottish Government Health and Sport Draft Budget 2018-19: A call for greater transparency

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Contents

Health and Sport Committee

To consider and report on matters falling within the responsibility of the Cabinet Secretary for Health and Sport.

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Introduction

1. The Health and Sport Committee has adopted a full-year approach to the budget process. We have built an element of budget scrutiny into all aspects of our work. We have sought to remove the direct link between the Scottish Government's draft budget and our budget scrutiny with a view to using evidence gathered throughout the year to influence the content of future draft budgets and the relative priorities given to the health and sport elements.

2. In addition to this approach we have also conducted some specific pre-budget scrutiny work. We issued a call for written views in June 2017 and received 47 responses. On 12 September we took evidence from Integration Authorities, COSLA, CIPFA and representatives from professional health organisations and unions. On 19 September we took oral evidence from third sector and other health and social care providers as well as representatives from the health and sport sector focusing on the preventative agenda.

3. This report sets out some recurring themes and issues we have identified in relation to the Scottish Government's budget. The timing of this report, in advance of the publication of the Scottish Government's Draft Budget, is to enable the Scottish Government, if it chooses to endorse our recommendations, to implement them in its forthcoming draft budget 2018-19.

Budget Transparency

4. A recurring issue that we have highlighted repeatedly in previous Committee reports is a call for greater transparency and availability of information relating to the health and sport budget. This issue relates to the health and sport budget in general, but there are also specific issues relating to the new integration authorities (IAs). The move towards 'bundling' of health budget lines and delegation to local bodies, although motivated by a desire to increase local accountability, has acted to reduce transparency at a national level.

Integration Authorities (IAs) overall budgets

5. We have previously raised concerns regarding the lack of transparency regarding the overall budgets for each IA due to delays in IAs budgets being set.

6. Our *Health and Social Care Integration Budgets Report* published in November 2016 highlighted that Integration Authorities (IAs) had faced significant problems and delays in agreeing their budgets for 2016-17. [1]

7. The report detailed our disappointment that in the first full year of operation, the majority of IAs started the financial year without a financial budget in place. We also raised concerns some IAs had still not agreed their budgets by October 2017. [2]

8. We have been keen to monitor whether improvements have been made in the budget setting process for 2017-18.

9. In May 2017 we took oral evidence from four IAs. Three of the authorities (Angus, Shetland and Dumfries and Galloway) confirmed they had agreed their budgets for the current financial year. However, they went on to describe ongoing negotiations regarding the savings that were required and how these would be achieved.

10. Angus referred to the need to identify savings of £200,000 and a £1m shortfall on the prescribing budget for NHS Tayside; Dumfries and Galloway referred to a £5m gap in identified savings and Shetland referred to a £2.5m funding gap on the NHS side, equivalent to 6% of the IA budget. [3]

11. In oral evidence to the Committee in June 2017 the Cabinet Secretary for Health and Sport was asked about the budget setting process for IAs. She told us that in the current financial year there had been a "significant improvement" on the previous year. She explained that whilst in April 2016 only 11 of the 31 IAs had agreed their budgets for 2016-17, there were only seven IAs which had not agreed their budgets for the current financial year. [4]

12. The Cabinet Secretary detailed that the IAs that had yet to agree their budgets were the six Greater Glasgow and Clyde IAs and Fife IA. She explained in the case of the partnerships in the NHS GGC area, the issue was regarding non-recurring funding to be resolved from 2016-17. In Fife the issue was around the set-aside budget. The Cabinet Secretary emphasised that in both instances she expected the issues to be resolved soon. [5]

13. Following the Cabinet Secretary's evidence session we requested a breakdown of the £8.29bn figure she had provided for the IAs overall budget for 2017-18. The Cabinet Secretary's written response on 20 July 2017 stated—

> "Each Integration Authority will publish its 2017-18 budget in its Annual Financial Statement, which we expect to be by the end of July or shortly thereafter." [6]

14. Her letter also explained—

> "In the interim, we are working with the Chief Finance Officer network to obtain individual budget and savings information from each Authority and we will provide this to the Committee when it is complete." [7]

15. To date the Committee has not received this information.

Social care fund

16. Our Health and Social Care Integration Budgets Report published in November 2016 discussed the 2016-17 draft budget announcement of £250m social care fund to be allocated to IAs via health boards specifically to address social care. Our report raised concerns the late timing of the allocation of the social care fund and initial lack of clarity on how the funding was to be used presented real challenges for IAs in agreeing their budgets.

17. CIPFA explained in relation to the funding it was "allocated to health and then transferred across to the IAs and spent on the social care side of the budget". When asked whether they considered the funding was in two places CIPFA responded—

> "My view is that, yes it was in two places, because there was expenditure on the health side and there was expenditure on the local authority side as a result of that transfer taking place." [8]

18. Audit Scotland in its *NHS in Scotland 2017* report discussed the social care fund. Its report explained that whilst the funding was included in the health budget NHS boards were required to give the funding direct to IAs. Audit Scotland stated in their report "without this element of non-health funding, the health revenue budget decreased by one per cent in real terms between 2015/16 and 2016/17." Audit Scotland added "It is important that it is clear what is included in budget figures to ensure transparency and to help scrutiny take place." [9]

Timescales for agreement

19. When considering the reasons for the delay in IAs agreeing budgets, our *Health and Social Care Integration Budget Report* identified a key challenge was health boards and local authorities had different budget cycles.

20. Our report in November 2016 recommended the Scottish Government should make a clear commitment to ensure NHS boards set their budgets in alignment with local authorities. We called for the Scottish Government to work with NHS boards and

IAs to agree a new timetable for the budget setting process. We also called for the new timetable to detail the milestones needed to be achieved by specific points in the process and any changes the Scottish Government would need to make in its approach to signing off NHS board's Local Delivery Plans. [10]

21. The Cabinet Secretary's letter issued in response to our report, in December 2016, made it clear the Scottish Government did not believe there was a need for a new advice note at that stage. The letter explained this was because integration authorities were feeling more optimistic about timescales for agreeing their 2017-18 budgets. In addition the Scottish Government considered existing statutory guidance was sufficient and with early engagement locally between parties, the process would be more straightforward in the second year. [11]

22. However, evidence received during our pre-budget scrutiny work suggested there had still been challenges in the timescales for IAs to set their budgets in the second year of operation due to issues regarding alignment of the budget setting process between local authorities and health boards.

23. The Pain Association Scotland highlighted local authority budgets were set and agreed in December 2016 and NHS budgets set and agreed in February 2017. It explained in its written submission the differences in timescales meant there were challenges in agreeing IAs budgets prior to the start of the financial year. It noted the impact this had on third sector partners—

> "Such misalignment creates real difficulties in the commissioning of services from the Third Sector and hinders engagement of the Third Sector in the overall process of integration of health and social care." [12]

24. COSLA also raised the issue of misalignment of budgets. COSLA stated in oral evidence to the Committee "It would be helpful to try to bring together the timetables within which NHS and council budgets are determined and agreed". [13]

25. The Cabinet Secretary has suggested IAs have made improvements in setting their budgets in comparison to the previous year. However, whilst a global figure of £8.29bn for the overall budget for IAs has been produced, we have no breakdown of this figure to individual integration authority level. Scrutiny of IA budgets is as a consequence very challenging as there is little by way of information on the financial position of IAs even at the most basic level.

26. Over half way through the financial year we believe this lack of transparency regarding the allocation of over £8bn of public investment is unacceptable.In the Cabinet Secretary's letter to the Committee in July 2017 she stated that she would provide confirmation of agreed budgets for each IA when it was complete. We ask the Scottish Government for an explanation for why it has not been able to provide confirmation of agreed budgets for each IA at this stage in the financial year. We suggest this information is published as soon as possible and in advance of the publication of the Scottish Government's Draft Budget 2018-19.

27. We are concerned by the oral evidence we received from IAs which suggested some IAs' budgets had been agreed without confirmation of how required savings are to be achieved. We do not understand how this can be achieved and ask the

Scottish Government why it believes some IAs have adopted this approach. We ask the Scottish Government whether IAs are complying with the guidance the Scottish Government has provided on budget setting and whether it considers it acceptable that budgets are being agreed without savings being fully confirmed.

28. In November 2016 we called for action to be taken to address the mismatch between the budget setting process for health boards and local authorities. In response we received assurances the timescales for agreement of IA budgets in the second year of operation would improve with existing statutory guidance being sufficient to address the issue. However, we have continued to hear this mismatch remains and is resulting in challenges in budget setting for IAs. We are also concerned about the impact this is having on third sector organisations' ability to plan and engage with IAs.

29. We therefore remake our recommendation made in November 2016 that there should be clear commitments to ensure NHS boards set their budgets in alignment with local authorities. We reiterate our recommendation that the Scottish Government should work with NHS boards and IAs to agree a new timetable for the budget setting process. The new timetable should detail the milestones needed to achieve the above together with signing off of NHS boards' Local Delivery Plans. The Committee believes further action must be taken immediately to ensure this mismatch in budget setting between local authorities and health boards does not remain an issue into the next financial year.

30. We raised concerns in our Health and Social Care Integration Budgets Report on transparency of the social care fund. We therefore welcome and support the call made by Audit Scotland for transparency in relation to this funding stream to provide clarity and assist scrutiny.

Identifying budget allocations to health and sport

31. We have repeatedly raised concerns, most recently in our letter to the Cabinet Secretary in June 2017, that as there is little by way of comprehensive information on the financial position of IAs overall, it is difficult to track spend in specific areas. [14]

32. This is a theme several witnesses returned to in our pre-budget oral evidence sessions.

33. The Royal Pharmaceutical Society stated the budget was "not particularly transparent." It felt that it was not clear how the funding in the budget would contribute towards the achievement of the National Performance Framework Indicators. The Royal Pharmaceutical Society explained that where funding was not allocated to a particular funding stream, it was difficult to measure if investment was being made in areas it considered could lead to a positive outcome. [15]

34. The Scottish Association for Mental Health (SAMH) described the difficulties it faced in being able to track the national commitment to invest £150m in mental health

services. SAMH called for more "clarity and transparency" at IA and national level on investment. [16]

35. Marie Curie gave the example of the Scottish Government's Health and Social Care Delivery Plan. Marie Curie welcomed the Plan's commitment to "doubling the palliative and end of life provision in the community, which will result in fewer people dying in a hospital setting". However, Marie Curie highlighted there was no additional or specific financial resources being committed to support the delivery of palliative care services locally. Marie Curie explained IAs had been asked to find this resource from within existing budgets but it was concerned it had not found evidence IAs were recognising this commitment. [17]

36. The Health and Social Care Alliance added that when the Health and Social Care Delivery Plan had been published, a commitment had been made to produce a financial plan to accompany it. [18]

37. As a Committee one area of spend we have been particularly interested in is the budgets for Alcohol and Drug Partnerships (ADPs). We are aware that in order to obtain information on ADPs' budgets it has been necessary to submit Freedom of Information requests.

38. In 2017-18 Scottish Government funding for ADPs was included in health board budgets with the expectation this funding would be delegated to IAs, which have responsibility for ADPs. Alcohol Focus Scotland highlighted this approach was making it increasingly difficult to track spend on addressing alcohol harm at local level. [19]

39. Alcohol Focus Scotland called for the budget and subsequent reporting mechanisms to be changed to enable the tracking of spend on alcohol harm from national to local level. [20]

40. We recognise the delegation of the majority of the health budget to health boards and now, in turn, to integration authorities, is aimed at ensuring funds are allocated in a way that best meets local needs. However, this local delegation makes it increasingly difficult to answer even the most basic of questions about how money is allocated. We are concerned by reports of the need to submit Freedom of Information requests to obtain information on the allocation of funding to specific areas.

41. The lack of access to information on funding allocations also presents a difficulty for us, as a Committee, in conducting our scrutiny function to determine the extent to which locally the allocation of the health and sport budget reflects the Scottish Government's stated priorities for health and sport. During the course of our most recent evidence sessions on the budget, stakeholders raised examples of the challenges faced in tracking spend on mental health, sport initiatives, palliative care and alcohol and drugs partnerships. We believe greater transparency and improved information on specific budget areas is required. We consider it essential the Scottish Government compiles and publishes data on spend on the main priority areas in the health portfolio including those areas highlighted to us during our budget scrutiny. We also request an update on when

a financial plan will be produced to accompany the Health and Social Care Delivery Plan.

Outcomes

42. Integration Authorities' activities are expected to contribute towards nine 'National health and wellbeing outcomes' and we believe it is essential to measure the extent to which Integration Authorities' budgets are contributing to this.

43. We have previously raised concerns as to whether this linkage between budgets and outcomes is being made by IAs. Our concerns first arose from the responses we received to our 2016 IA survey. Only one IA made any attempt to link their budgets to outcomes. The subsequent oral evidence we received from IAs on the issue suggested a lack of awareness and understanding of the need for such reporting by IAs.

44. In November 2016 our recommendations in our *Health and Social Care Integration Budgets Report* sought to ensure IAs provided this fundamental information which is vital to understanding the impact of and relationship between budget and outcomes. [21]

45. However, evidence we have received since November 2016 suggests that IAs continue to struggle with aligning budgets to outcomes. In May 2017 in oral evidence a selection of IAs each highlighted they had faced similar challenges in adopting this approach.

46. Dumfries and Galloway IA stated that its financial systems did not have the sophistication to provide the level of detail that was required to link finances to outcomes. However, it explained it was moving to a system that linked more closely with the nine national outcomes by using more long-term qualitative indicators. [22]

47. Other IAs appeared to be in a similar position. Angus IA told us "it has proved quite difficult to drill down to match the financial resources precisely with the nine national outcomes." [23]

48. Shetland IA explained "as far as detailed mapping between the finances and the national outcomes is concerned, we still do not have a sufficient level of detail. It is work in progress." [24]

49. A further evidence session with a selection of IAs in September 2017 suggested the challenges for IAs still remained. Whilst IAs emphasised the importance of focusing on achieving outcomes, IAs such as East Renfrewshire and Glasgow City told us they were still facing difficulties in achieving linkages with expenditure. [25]

50. Although IAs emphasised the difficulties in aligning budgets to outcomes, third sector organisations, including the Pain Association Scotland, highlighted they were required to adopt and achieve this approach—

> "Health and Social Care Partnerships have reported challenges in achieving linkage between budgets and performance framework. In reality, this is something which the Association is expected to do for all its funding and clearly list the outcomes to the objectives." [26]

51. Some IAs explained the benefits of calling on the support and expertise of other bodies in the development of work on assessing IA outcomes. Aberdeen City IA discussed Healthcare Improvement Scotland's work on its improvement hub to help the IA to evaluate the impact of some of the changes being made. [27]

52. Some IAs believed there was a need for direction from the Scottish Government for IAs to be able to achieve this linkage and create consistency of approach across IAs. East Renfrewshire IA told us that the issue of aligning budgets and outcomes was "something that everyone is struggling with" and called for the Scottish Government and IA Chief Finance Officers to work together to develop a national framework so there was consistency in the approach adopted. [28]

53. The Cabinet Secretary, in her letter of 20 July 2017, told us the Scottish Government was working with the Integration Authority Chief Finance Officer Network to develop a plan to link outcomes and budgets. [29]

54. We stated in our report *Health and Social Care Integration Budgets* in November 2016 that we recognise there are challenges associated with measuring and collating information on the linkage between budgets and the performance framework. However, we remain of the view these challenges are not insurmountable. We note those in the third sector are required to achieve linkage between funding and outcomes and we believe IAs should be able to achieve this too. We also note that this is a statutory duty on the IAs.

55. IAs are managing over £8bn of public spending and we do not consider it acceptable there is a lack of assessment of the outcomes of this spending. We believe the primary responsibility rests with IAs to ensure this assessment is conducted. We are very concerned IAs are taking allocation and investment decisions without assessing, or even possessing the ability to assess the relationship between and effectiveness of spending on outcomes.

56. We also recognise, as we previously did in our *Health and Social Care Integration Budgets Report,* that there is a key role for the Scottish Government to provide IAs with clear parameters within which to measure and quantify IA budgets against specific outcomes. In particular we believe there is a role for the Scottish Government to collate and publish information across all IAs to ensure there is some consistency in approach to enable comparative information to be obtained. The complete lack of benchmarking or assessment of performance across IA must be addressed. Only in this way can efficiencies and best practices be identified.

57. The Scottish Government must have confidence its priorities are being met. There is currently very little data on the overall performance of IAs or information on how they are allocating their money. The inability of the Scottish Government

to evaluate IAs' performance against its own priorities cannot be desirable, an issue which must be resolved as a matter of priority.

58. We are pleased to learn the Scottish Government is working with the Integration Authority Chief Finance Officer Network to develop a plan to link outcomes and budgets. We ask the Scottish Government in advance of publication of the Scottish Government's Draft Budget to provide an update on this work together with a detailed timetable setting out how the concerns we have raised will be resolved.

59. There needs to be clear leadership provided by the Chief Officers of each IA in line with direction provided by the Scottish Government to drive change forward and ultimately ensure delivery. IAs are accountable for the spending of over £8bn of public money and the current difficulties they are facing in reporting against outcomes cannot be allowed to continue indefinitely.

60. An aspect of consideration of the link between budgets and outcomes is about ensuring value for money. We note that figures on spending on health per person in 2015-16 show that Scotland spent £2,258 per person in comparison to England's £2,106 and an overall spend of £2,121 per person in the UK. We ask the Scottish Government what assessment it conducts regarding the value for money that is being achieved through its higher level of spend on health per person in Scotland relative to the UK as a whole.[i]

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[i] Latest year for which comparable figures are available -These are taken from HM Treasury's Public Expenditure Statistical Analyses 2017, table 9.15 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/629966/PESA_2017_Chapter_9_Tables.xlsx

Budget Setting Process

Direct funding

61. The issue of whether IAs should receive direct funding from the Scottish Government was raised in our evidence session with IAs in May 2017. Following this session we asked the Cabinet Secretary for her view on its use. In her letter of July 2017 she stated clearly "at this stage, the Scottish Government does not intend to move to direct allocations". She explained this would be a significant change and "would signal a shift away from the principles of shared local and central ownership that are central to integration". Her letter also explained there would be a number of practical implications in relation to VAT and the suitability of existing allocation formulae. [30]

62. The issue of direct funding was again discussed at our oral evidence sessions on pre-budget scrutiny in September 2017. COSLA made clear it did not support this approach. It stated that the on-going partnership between the NHS and local government was "an essential ingredient" in the successful delivery of health and social care. [31]

63. In oral evidence, Aberdeen City IA stated it had "mixed feelings about direct allocation". It believed it would simplify lines of accountability as currently managing budgets across three organisations "is time consuming and hugely complex". However it felt that there were benefits to operating collectively, particularly as other funding streams, especially within a local authority, were also focused on addressing IA objectives of reducing health inequalities. [32]

64. Some IAs suggested there should be further consideration given to the use of direct allocations as it could be a route to addressing some of the current issues with the financing and management of funding for integration authorities.

65. East Renfrewshire IA suggested that direct allocation of funding to IAs could be a potential way to addressing the continued perception of 'health' and 'social care' funding as two distinct streams. East Renfrewshire stated that currently "the funding is not losing its identity as was the intention and by default it becomes difficult to then achieve truly integrated outcomes". [33]

66. East Renfrewshire IA noted the concern that if the IA decided on a substantial shift in resource from a council budget to an NHS budget, it could make it more challenging the following year to ensure the council gave the IA additional funding. East Renfrewshire explained that in this situation the council could be resistant to providing funding because it would think it was subsidising NHS budgets. [34]

67. East Renfrewshire also suggested it was difficult to see how the current issues could be addressed without either IAs receiving a direct allocation of resource or indicative future settlements. [35]

68. CIPFA presented a similar view. CIPFA suggested the current approach to allocating funding to IA was "convoluted" and that it was difficult for the funding to 'lose its identity' as IAs had to work "with two ledgers and two sources of funding,

and we are having to report back under those two arrangements." CIPFA told us it supported further exploration of direct funding of IAs. [36]

69. We note the views expressed by some IAs that there continues to be a perception of 'health' and 'social care' funding as two distinct streams. Two years into the operation of IAs, we are concerned funding for IAs is still failing to 'lose its identity' as the legislation on integration intended.

70. We note the reasons given by the Cabinet Secretary for not moving to direct allocations at this stage. We also note the comments made by others about the current approach to encouraging different parties to operate collectively. However, concerns around the current allocation of funding to IAs remain.

71. The current system continues previous tensions between local authorities and health boards. This situation is one of the key areas the legislation was intended to resolve and remains a barrier to the success of health and social care integration.

72. We ask the Scottish Government to indicate how it envisages the desired 'loss of identity' of IA funding sources being achieved in order to ensure true integration of funding.

Set aside budgets

73. The set aside budget (sometimes referred to as the unscheduled care budget) is the budget which is retained by NHS boards for larger hospital sites which provide integrated and non-integrated services. Set aside only applies to "large hospitals" i.e. hospitals providing care to patients from more than one partnership.

74. Audit Scotland's December 2015 report *Health and Social Care Integration* highlighted there were specific difficulties in agreeing these set-aside budgets, despite the Scottish Government issuing specific guidance. Audit Scotland explained that a fundamental concern was the risk NHS boards may regard the funding as being under their control, making it difficult for IAs to use the money to shift from acute hospital care to community-based and preventative services. [37]

75. We received evidence the concerns expressed by Audit Scotland in 2015 regarding the operation of the set aside budget still remained and may be a barrier to integration.

76. COSLA emphasised that under The Public Bodies (Joint Working) (Scotland) Act 2014, the hospital set aside budgets were under the discretion of the IAs. However, COSLA was critical of the NHS's approach to set aside budgets. It suggested there were occasions when the NHS was unwilling to transfer these budgets to IAs and that this could ultimately hinder integration. [38]

77. East Renfrewshire IA also raised concerns about the set aside budget as a potential barrier to integration "The set aside budget is still 'notional' with recognition

nationally that this requires significant progressions; this does limit the priority to shift resource from acute to community services." [39]

78. CIPFA acknowledged in oral evidence that further work was required around the set aside budget and there had not been the progress in this area that it would like to see. In written correspondence following a committee meeting, the CIPFA representative, who is employed by Glasgow City IA, when asked about savings resulting from reduced delayed discharge, commented that "unfortunately the set aside arrangements are not yet working and there has been no saving transferred to the IA." [40]

79. The Cabinet Secretary in her letter of 20 July 2017 acknowledged there was scope for improving the set aside budget arrangements. She explained a review was being conducted involving her officials, Integration Authority Chief Finance Officers, Chief Officers and Health Board Directors of Finance. The review would inform discussions at the Ministerial Strategic Group for Health and Community Care with a view to ensuring that IAs had control over hospital budgets for unscheduled care. [41]

80. IAs are facing problems with respect to set aside budgets. The evidence we have received highlights the legislative requirements on how the set aside budget should operate is not properly reflected in current practice, with one IA going so far as to state the set aside arrangements are not yet working. In the context of savings resulting from reductions in delayed discharge, the Committee understands that due to the set aside arrangements not working as intended, the IA is not currently benefiting from any savings delivered. We are very concerned by this situation and believe the current operation of set aside budgets presents a barrier to the success of integration. We believe this needs to be addressed as a matter of urgency and clear direction provided by the Scottish Government on how it can be ensured IAs have control over hospital budgets for unscheduled care.

81. We therefore welcome the Scottish Government's review of set aside budget arrangements. We ask the Scottish Government in response to this report to detail the findings of the review and what actions have been taken by the Ministerial Strategic Group for Health and Community Care as a result to ensure set aside budgets will operate effectively.

NHS and social care staff pay

82. The Scottish Government has announced that it intends to end the 1% public sector pay cap in 2018-19.

83. UNISON welcomed the announcement and told us—

> "We want there to be a significant increase in pay this year. If we are to tackle some of the long-standing issues in attracting people into the sector, we need to do more." [42]

84. The RCN also supported the Scottish Government's commitment to ending the 1% pay cap, but noted that—

> "unless staff are appropriately remunerated, as well as being given the time and support to develop, issues around recruitment and retention within nursing teams will persist." [43]

85. We welcome the Scottish Government's announcement about ending the 1% public sector pay cap. We ask the Scottish Government, in its response to this report, to detail whether the budget allocated to NHS boards will take into account the increased costs of a higher pay settlement or whether the expectation is that costs will be met from existing budgets.

Sleepovers

86. We have continued to pursue with the Scottish Government its progress on delivering the Scottish Living Wage to staff employed to provide sleepover care.

87. Following our most recent request for an update, the Cabinet Secretary's letter of July 2017 detailed that in partnership with COSLA it had developed a template to enable IAs to provide for their area the actual cost data for extending the Living Wage commitment to sleepover hours.

88. On 19 October 2017 the Scottish Government announced that in 2018/19 Care workers will now be paid the real Living Wage for sleepover hours. [44]

89. The Coalition of Care and Support Providers in Scotland raised concerns regarding the Scottish Government's statement. It stated—

> "The gap between current pay for sleepovers and the Living Wage is far in excess of anything we've tried to address up to this point, but the statement is completely silent on what it will cost, where the money will come from or how it will reach employers" [45]

90. We ask the Scottish Government if the data has now been received from each IA to determine the actual cost of extending the Living Wage to sleepover provision in each authority and how this will be funded. We ask the Scottish Government to respond to the concerns raised by the Coalition of Care and Support Providers in Scotland regarding the resources required to deliver on its commitment to provide the Living Wage for sleepover hours in 2018/19.

Long-term budget planning

91. We highlighted in our *Health and Social Care Integration Budgets report* that uncertainty regarding longer-term funding for IAs presented challenges to them developing long term strategic plans.

92. This concern was raised again in the evidence we received on pre-budget scrutiny. COSLA told us “a short-term input focused budget process is an inhibitor to genuine reform.” [46] RCN raised similar concerns and supported the call for a three-year planning cycle because “at the moment, the constant annual cycle requiring budgets to break even does not allow a step change to come to fruition over a number of years.” [47]

93. SAMH highlighted the difficulties for the third sector in having short-term budgets. SAMH explained that it made it difficult to recruit and retain staff and that it was hard for people who were using services to feel safe and secure about their long-term provision. [48] Marie Curie expressed a similar view and detailed the advantages of long-term contracts “We have more time to innovate, develop, redesign and invest in services as we go along” [49]

94. Audit Scotland has repeatedly argued more generally for longer-term budgeting in government, not just with regard to the health and sport portfolio, and reiterated these points to us in its written submission. The Healthcare Financial Management Association in its written submission highlighted the Nuffield Trust's comment in its Learning from Scotland report “Scotland has yet to produce a multi-year national analysis that sets out how much funding will be available, how much needs to be saved and what services will be undeliverable as a result of this at a regional level.” [50]

95. The Scottish Government has committed previously to looking at a longer time frame for the budget process. In the Cabinet Secretary's letter of 20 July 2017 she referred to the findings and recommendations of the Budget Process Review Group which included moving to a longer time frame in the budget process. The Review Group recommended that the Scottish Government prepares and publishes a medium-term financial strategy, setting out its expectations and broad financial plans/projections for at least five years ahead. However in relation to annual budget-setting, the Review Group's report also noted "the timing of the UK budget affects when the Scottish Government will be in a position to produce its own firm budget proposals [...]" . [51]

96. The Cabinet Secretary's letter detailed there was an expectation that the Finance and Constitution Committee and Scottish Government would make joint recommendations to the Parliament for a new budget process. [52]

97. The benefits of developing long-term budget planning for the health and sport portfolio and for all portfolios in the Scottish Government budget are clear. We believe it would assist long term planning which in turn would support effective decision taking and delivery of the Scottish Governments Performance Framework. We are not alone in our call for this change to be made, with the Budget Process Review Group and Audit Scotland also arguing its merits. We believe the Scottish Government should take steps to implement this approach and would expect future draft budgets to move to a longer time frame. We note the comments made by the Budget Process Review Group that the timing of the UK budget affects when the Scottish Government is in a position to produce its

own firm budget proposals and recognise this is a factor impacting on definitive long-term budget planning.

Shifting the balance of care

Achieving change

98. IAs have been tasked with delivering transformational change to the provision of health and social care. In our 2016 report *Health and Social Care Integration Budgets* we recognised that shifting resources and care to the community sector would require time to be achieved. We noted in our report the expectation that in the next financial year there should be evidence of changes made in the allocation of resources. [53]

99. However, we received evidence that challenges in achieving this transformational shift in the balance of care remain.

100. Some organisations called for transitional funding to be provided to enable the shift in the balance of care to be delivered.

101. Organisations including the BMA told us that to move services into the community setting required capacity to first exist in community health services. The BMA suggested this required some initial 'double running' of services so that patients were unaffected. [54]

102. RCN Scotland also questioned whether a shift in resource was "possible in the current climate" given what it described as the pressure on acute services. RCN Scotland also called for a double funding arrangement so that the "step change" required could be delivered. [55]

103. Social Work Scotland noted that whilst the Scottish Government's former change funding had initially been used to fund prevention initiatives, as budget pressures had increased it had been subsumed into normal funding to support mainstream care services. [56]

104. We received some suggestions from organisations including COSLA that additional resources would be required to deliver the desired pace of change in shifting the balance of care. [57]

105. Aberdeen City IA told us that whilst it had ambitions to change services, it had to be realistic about the pace of the change. It explained that it had forecast some significant pressures on its budget, which it had put reserves aside for, but this would impact on its ability to deliver transformational change in its services. [58]

106. CIPFA detailed that "a number of IAs had modelled the level of additional resources required to meet cost and demand pressures, with estimates between 3% (for 2018/19) and 14% (over two years) of existing budgets". [59]

107. A range of organisations have questioned whether sufficient funding has been provided to deliver the desired pace of change in shifting the balance of care. Funding concerns centre on the current pressures on acute services and the need for dual running of some services in the acute and community sector until the shift in the balance of care is achieved. CIPFA has highlighted that a number of IAs have modelled the level of additional resources required to meet cost and demand pressures. We ask the Scottish Government for its comments on the analysis conducted by IAs regarding their requirement for additional resources. We also ask whether the Scottish Government agrees that double-running of services is required and how the costs of this should be addressed. We believe clearer direction must come from the Scottish Government regarding how integration authorities can navigate these financial challenges to enable the pace of change to be accelerated and delivered to ensure integration is a success.

Measuring change

108. We have been keen to assess whether changes are being made in the allocation of resources with a view to achieving the Scottish Government's stated aim by the end of this Parliament to have at least 50% of spending taking place in the Community Health Service.

109. In our report *Health and Social Care Integration Budgets,* we called upon the Scottish Government to provide a breakdown of the respective shares of the budgets it would expect to see IAs allocate to community and institutional care in the next financial year.

110. In October 2016 our letter to the Scottish Government regarding our short piece of work on delayed discharge stated that delivering reductions in the number of delayed discharges would be a key marker of the success of the new integrated system.

111. The Cabinet Secretary's response in November 2016 explained that some partnerships had used parts of their delayed discharge allocations for preventative measures. In addition an early analysis of the £100m per year Integrated Care Fund suggested that 20% was being used for prevention and anticipatory care. The Cabinet Secretary highlighted that the first IA Performance Reports were due to be published in July 2017. [60]

112. Now that the first IA Performance Reports have been published we ask the Scottish Government for an assessment of how it believes IAs are performing in delivering the shift in the balance of care. We ask the Scottish Government what the respective shares of the budgets it had expected each IA to allocate to community and institutional care in their first and second years of operation. We also ask the Scottish Government how each IA has performed against these expectations. We also ask for the Scottish Government in responding to this report to detail its projections for IAs' performance in the next financial year. Local authorities and health boards have an equal role to play in ensuring a shift in the

balance of care and we ask how their performance in this regard is being assessed.

113. Reductions in delayed discharges are a key indicator of whether shifting the balance of care is being delivered. Some IAs are performing better than others in tackling the issue of delayed discharges. We ask the Scottish Government for its views on why this variation continues and ask specifically if those areas which are performing better are investing more of their delayed discharge allocation in preventative measures. We ask the Scottish Government what barriers the IAs are reporting in shifting their resource to this approach.

114. We also would like to take up the Scottish Government's offer to provide a detailed analysis of the £100m per year Integrated Care Fund to assess how much was spend on preventative and anticipatory care.

Preventative spend

115. As we have noted in our November 2016 report *Health and Social Care Integration Budgets,* ultimately shifting the balance of care is about moving resources towards preventative spending. [61]

116. As part of our strategic plan which sets out our 'aim to improve the health of the people of Scotland' we have committed to scrutinising policy issues in relation to their preventative focus.

117. Several responses to our call for views welcomed the increased focus and investment in preventative measures. However, the responses also suggested there was a need to further increase investment. The Scottish Directors of Public Health stated—

> "Achieving the appropriate rebalancing of the Draft Budget between prevention and health and social delivery remains a challenge. Progress is being made, but perhaps clearer guidance on what proportion of financial efficiencies should be invested in work to address health inequalities may be a useful tool. Such efficiencies are possible." [62]

118. Alcohol Focus Scotland also suggested there were opportunities to generate more income to be spent on preventative measures. It noted its disappointment that the Public Health Supplement had not been renewed on its expiry in 2015. Alcohol Focus suggested that the reintroduction of the supplement could generate additional income which in turn could be invested in tackling and preventing health-harming behaviours. [63]

119. Sport was a specific area suggested as meriting increased investment due to the benefits it brought as a preventative spending measure. COSLA summarised the role of sport as a preventative measure in its written submission

> "Sport brings undoubted health and wellbeing benefits and encourages healthy active lives, supporting mental as well as physical health and promoting communities." [64]

120. In oral evidence, COSLA provided the specific example of cases in West Lothian of individuals with depression being prescribed a six-week course at a local fitness centre run by West Lothian Leisure rather than them being prescribed medication. [65]

121. The Scottish Sports Association called for there to be increased recognition that an individual's level of physical activity and sport can impact on their life expectancy. The Scottish Sports Association believed an increase in the budget allocated to sport and physical activity would assist in delivering the Scottish Government's identified priorities of reducing inequality and focusing on prevention and early intervention. It cited research findings that an estimated £77m per year could be saved in the treatment of heart disease, diabetes, cerebrovascular disease, gastrointestinal cancer and breast cancer through physical activity and sport. [66]

122. Some witnesses raised concerns that the benefits sport delivers could be affected if the recommendations in the Barclay review group were implemented. The Barclay review group has recommended leisure trusts and sports facilities should no longer be excluded from paying business rates. The Scottish Sports Association stated this could amount to a potential £45m cost to local sport and leisure trusts. [67] Unison Scotland believed if the Barclay review group's recommendations were implemented and local authorities did not meet any shortfall there would be a "big cut" in sport and leisure facilities. [68]

123. We received evidence that there were challenges faced in both adopting a preventative approach and evaluating the benefits of its use. The Royal College of Physicians of Edinburgh told us that whilst it had called for increased investment in preventative activities, one issue was that it took longer to see the results of investment in prevention compared with investment in what it termed 'repair' spending, i.e. to deal with short term health problems. [69]

124. The Scottish Directors of Public Health also suggested that 'the bar was set much higher' for adopting preventative interventions than clinical interventions, and added "preventative measures sometimes involve people's personal decision making or the decision making of a population, which are areas into which people sometimes do not want to go-certainly the media makes it difficult to do so" [70]

125. There are clearly benefits to adopting a preventative approach in relation to health and sport spending. To further encourage a shift towards this type of spending these benefits need to be clearly identified, recognised and actively promoted. We believe more needs to be done to quantify the financial and practical benefits of long-term investment in preventative healthcare for the people of Scotland. This would ensure there is proper acknowledgement that areas of spending such as physical activity and sport have a positive impact on addressing issues of health inequalities and improving an individual's life expectancy.

126. As we stated in our *Health and Social Care Integration Budgets* report we are keen to understand what level of funding is being allocated to preventative policies, and how this is being evaluated and its cost effectiveness assessed. We call upon the Scottish Government to provide details of how this information can be included within future draft budget documents.

Summary and next steps

127. It is our task to monitor the spending of in excess of £8billion by the IAs, to evaluate how this is being undertaken and we are disappointed at the apparent lack of progress in the true integration of budgets. We have heard each blaming the others for the lack of progress. At a basic level it is unacceptable 2 years[ii] on that it is impossible to evaluate spending, or begin to evaluate outcomes.

128. IAs are the vehicle which have been tasked to deliver the shift in the balance of care. In this report we have identified some of the challenges which are being faced by IAs including areas such as the setting of budgets, measuring the outcomes of their investment and shifting resource to ensure transformational change in health and social care. These are issues which the Committee has returned to several times in the last two years.

129. In order to be a success it is vital that IAs tackle these challenges. We have the clear sense these matters are being allowed to drift and are repeatedly told change in the NHS takes time. After two years we expected to have seen more progress towards meeting the aims Parliament endorsed when passing the legislation.

130. There needs to be clear leadership provided by the Chief Officers of each IA in line with direction provided by the Scottish Government to drive this change forward and ultimately ensure its delivery. IAs are accountable for the spending of over £8bn of public money and the current difficulties they are facing cannot be allowed to continue indefinitely.

131. We remain concerned those leading IAs require to rise to and address the challenges preventing change from occurring. In our view that is their fundamental challenge and one upon which we expect to see significant progress being made forthwith.

132. Finally we are disappointed at the absence of data to identify and evaluate outcomes, including spending and savings. To our mind this would be unacceptable in any small organisation never mind ones responsible for this level of public money. This requires to be rectified immediately and a mechanism for facilitating scrutiny and benchmarking established.

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ii We include in this period the 12 months provided for set up.

Annex A - Minutes of Meeting

15th Meeting, 2017 (Session 5) Tuesday 30 May 2017

1. Draft Budget 2017-18: The Committee took evidence from—

- Keith Redpath, Chief Officer, West Dunbartonshire Health and Social Care Partnership;
- Vicky Irons, Chief Officer, Angus Health and Social Care Partnership;
- Katy Lewis, Chief Finance Officer, Dumfries and Galloway Health and Social Care Partnership;
- Karl Williamson, Chief Finance Officer, Shetland Health and Social Care Partnership (via video conference).

4. Draft Budget 2017-18 (in private): The Committee considered the evidence heard earlier in the meeting.

16th Meeting, 2017 (Session 5) Tuesday 13 June 2017

12. Integration Authorities Engagement with Stakeholders and Draft Budget 2017-18: The Committee took evidence from—

- Shona Robison, Cabinet Secretary for Health and Sport;
- Geoff Huggins, Director for Health and Social Care Integration;
- Christine McLaughlin, Director of Health Finance, all Scottish Government.

14. Integration Authorities Engagement with Stakeholders and Budget 2017-18 (in private): The Committee considered the evidence heard earlier in the meeting.

16. Draft Budget 2018-19 (in private): The Committee considered and agreed its approach.

19th Meeting, 2017 (Session 5) Tuesday 12 September 2017

3. Draft Budget 2018-19: The Committee took evidence from—

- Sharon Wearing, Chief Finance and Resources Officer, CIPFA IJB Chief Finance Officer Section;
- Judith Proctor, Chief Officer, Aberdeen City Health and Social Care Partnership;
- Julie Murray, Chief Officer, East Renfrewshire Health and Social Care Partnership;
- Councillor Peter Johnston, Health and Wellbeing Spokesperson, COSLA;

and then from—

- Rachel Cackett, Policy Adviser, Royal College of Nursing Scotland;

- Elaine Tait, Chief Executive Officer, Royal College of Physicians of Edinburgh;
- Jill Vickerman, National Director, BMA Scotland;
- Dave Watson, Head of Policy and Public Affairs, UNISON Scotland;
- Dr Miles Mack, Chair, RCGP Scotland.

4. Draft Budget 2018-19 (in private): The Committee considered the evidence heard earlier in the meeting.

20th Meeting, 2017 (Session 5) Tuesday 19 September 2017

3. Draft Budget 2018-19: The Committee took evidence from—

- Andrew Strong, Assistant Director (Policy and Communications), Health and Social Care Alliance Scotland (the ALLIANCE);
- Aileen Bryson, Interim Director for Scotland, Royal Pharmaceutical Society;
- Richard Meade, Head of Policy and Public Affairs, Marie Curie;
- Carolyn Lochhead, Public Affairs Manager, SAMH;

and then from—

- Dr Andrew Fraser, Director of Public Health Science, Scottish Directors of Public Health;
- Kim Atkinson, Chief Executive Officer, Scottish Sports Association;
- Sheila Duffy, Chief Executive, ASH Scotland;
- Alison Douglas, Chief Executive, Alcohol Focus Scotland.

5. Draft Budget 2018-19 (in private): The Committee considered the evidence heard earlier in the meeting.

24th Meeting, 2017 (Session 5) Tuesday 31 October 2017

5. Draft Budget 2018-19 (in private): The Committee considered a draft report and agreed to consider a re-draft of the report at its next meeting.

25th Meeting, 2017 (Session 5) Tuesday 7 November 2017

4. Draft Budget 2018-19 (in private): The Committee considered and agreed a revised draft report.

Annex B - Evidence

Written Evidence

- ASH Scotland
- Audit Scotland
- Mark Miller
- Scottish Directors of Public Health
- NHS Tayside Directorate of Public Health
- Community Pharmacy Scotland
- Marie Curie
- Royal College of Physicians Edinburgh
- Pain Association Scotland
- UNISON Scotland
- Healthcare Financial Management Association
- BMA Scotland
- NHS Borders
- British Dental Association
- National Community Hearing Association
- High Life Highland
- Paths for All
- NHS Lanarkshire Directorate of Public Health
- Royal Pharmaceutical Society
- Bliss Scotland and TAMBA
- Fields in Trust
- North Ayrshire Health and Social Care Partnership
- Medtronic
- NHS Fife
- the ALLIANCE

- Arthritis Research UK
- The British Association for Counselling and Psychotherapy
- East Renfrewshire Health and Social Care Partnership
- sporta
- Scottish Association for Mental Health (SAMH)
- Live Active Leisure
- Glasgow Life
- Royal College of Paediatrics and Child Health Scotland
- Royal College of Nursing Scotland
- Scottish Professional Football League Trust
- Alcohol Focus Scotland
- Soil Association Scotland
- VOCAL
- Scottish Children's Services Coalition
- CIPFA IJB Chief Finance Officer Section and CIPFA
- NHS Lothian Public Health and Health Policy
- Social Work Scotland
- RCGP Scotland
- Professor Graham Watt
- Alzheimer Scotland
- Scottish Sports Association
- COSLA

Additional Written Evidence

- Alcohol Focus Scotland
- ASH Scotland
- Scottish Association for Mental Health (SAMH)
- Scottish Directors of Public Health
- East Renfrewshire Health and Social Care Partnership
- CIPFA IJB Chief Finance Officer Section and CIPFA

Correspondence with the Cabinet Secretary for Health and Sport

- Letter from Cabinet Secretary to the Convener - 18 November 2016
- Letter from Cabinet Secretary to the Convener - 15 December 2016
- Letter from the Convener to the Cabinet Secretary - 20 June 2017
- Letter from Cabinet Secretary to the Convener - 20 July 2017

Official Reports of Meeting

Tuesday 30 May 2017 - Evidence from stakeholders

Tuesday 13 June 2017 - Evidence from the Cabinet Secretary

Tuesday 12 September 2017 - Evidence from stakeholders

Tuesday 19 September 2017 - Evidence from stakeholders

1 Health and Sport Committee. 2nd Report, 2016 (Session 5). *Health and Social Care Integration Budgets* (SP Paper 44).

2 Health and Sport Committee. 2nd Report, 2016 (Session 5). *Health and Social Care Integration Budgets* (SP Paper 44).

3 Health and Sport Committee. *Official Report 30 May 2017.*

4 Health and Sport Committee. *Official Report 13 June 2017*, Col 35.

5 Health and Sport Committee *Official Report 13 June 2017,* Col 34-35.

6 Letter from Cabinet Secretary for Health and Sport, 20 July 2017.

7 Letter from Cabinet Secretary for Health and Sport, 20 July 2017.

8 Health and Sport Committee. *Official Report, 12 September 2017*, Col 10.

9 Audit Scotland. (2017) *NHS in Scotland 2017*

10 Health and Sport Committee. 2nd Report, 2016 (Session 5). *Health and Social Care Integration Budgets* (SP Paper 44).

11 Letter from Cabinet Secretary Health and Sport 15 December 2016.

12 The Pain Association. Written submission.

13 Health and Sport Committee, *Official Report, 12 September,* Col 17.

14 Letter from Health and Sport Committee to Cabinet Secretary for Health and Sport. 20 June 2017.

15 The Royal Pharmaceutical Society. Written submission. Health and Sport Committee. *Official Report, 19 September 2017,* Col 27.

16 Health and Sport Committee. *Official Report, 19 September 2017*, Col 27.

17 Health and Sport Committee. *Official Report, 19 September 2017*, Col 26-27. Marie Curie. Written submission.

18 Health and Sport Committee. *Official Report, 19 September 2017*, Col 27-28.

19 Alcohol Focus Scotland. Written submission.

20 Alcohol Focus Scotland. Written submission.

21 Health and Sport Committee. 2nd Report, 2016 (Session 5). *Health and Social Care Integration Budgets* (SP Paper 44).

22 Health and Sport Committee. *Official Report, 30 May 2017*, Col 18.

23 Health and Sport Committee. *Official Report, 30 May 2017*, Col 19.

24 Health and Sport Committee. *Official Report, 30 May 2017*, Col 19.

25 Health and Sport Committee. *Official Report, 12 September 2017,* Col 22.

26 Pain Association Scotland. Written submission.

27 Health and Sport Committee. Official Report, 12 September 2017, Col 26.

28 Health and Sport Committee. *Official Report, 12 September 2017,* Col 22.

29 Letter from Cabinet Secretary for Health and Sport, 20 July 2017.

30 Letter from Cabinet Secretary for Health and Sport, 20 July 2017.

31 Health and Sport Committee. *Official Report, 12 September 2017*, Col 8.

32 Health and Sport Committee. Official Report, 12 September 2017, Col 19.

33 East Renfrewshire Integration Authority. Written submission.

34 Health and Sport Committee. Official Report, 12 September 2017, Col 7.

35 East Renfrewshire Integration Authority. Written submission.

36 Health and Sport Committee. *Official Report, 12 September 2017,* Col 7-8, 10.

37 Audit Scotland. (2015) *Health and Social Care Integration*, paragraph 74.

38 Health and Sport Committee. *Official Report, 12 September 2017*, Col 8.

39 East Renfrewshire Integration Authorities. Written submission.

40 CIPFA. Further written evidence.

41 Letter from Cabinet Secretary Health and Sport 20 July

42 Health and Sport Committee. *Official Report, 12 September 2017*. Col 46.

43 RCN. Written submission.

44 Scottish Government. 19 October 2017 Pay Boost for Carers. https://news.gov.scot/news/pay-boost-for-carers

45 CCPS Scotland. 19 October 2017 CCPS Responds to announcement on living wage for overnight support. http://www.ccpscotland.org/wp-content/uploads/2017/10/Press-Release-19th-October.pdf

46 Health and Sport Committee. *Official Report, 12 September 2017*, Col 5.

47 Health and Sport Committee. *Official Report, 12 September 2017*, Col 45.

48 Health and Sport Committee. *Official Report, 19 September 2017*, Col 28.

49 Health and Sport Committee. Official Report, 19 September 2017, Col 29.

50 The Healthcare Financial Management Association. Written submission.

51 Letter from Cabinet Secretary for Health and Sport, 20 July 2017.

52 Letter from Cabinet Secretary for Health and Sport, 20 July 2017.

53 Health and Sport Committee. 2nd Report, 2016 (Session 5). *Health and Social Care Integration Budgets* (SP Paper 44).

54 BMA. Written submission.

55 Health and Sport Committee. Official Report, 12 September 2017, Col 45.

56 Social Work Scotland. Written submission.

57 Health and Sport Committee. Official Report, 12 September 2017, Col 17.

58 Health and Sport Committee. Official Report, 12 September 2017, Col 19.

59 CIPFA. Written submission.

60 Letter from Cabinet Secretary November 2016.

61 Health and Sport Committee. 2nd Report, 2016 (Session 5). *Health and Social Care Integration Budgets* (SP Paper 44).

62 The Scottish Directors of Public Health. Written submission.

63 Alcohol Focus Scotland. Written submission. Health and Sport Committee. *Official Report, 19 September 2017*, Col 57.

64 COSLA. Written submission.

65 Health and Sport Committee. *Official Report, 12 September 2017,* Col 10, 11.

66 Scottish Sport Association. Written submission. Health and Sport Committee. *Official Report, 19 Sept Col* 43, 46.

67 Health and Sport Committee. *Official Report, 19 September 2017*, Col 41.

68 Health and Sport Committee. Official Report, 12 September 2017, Col 43-44.

69 Health and Sport Committee. Official Report, 12 September 2017, Col 32.

70 Health and Sport Committee. Official Report, 19 September 2017, Col 53.