

ANNEX A – RESPONSE TO THE COMMITTEE’S RECOMMENDATIONS

Preventative Spend

Committee Recommendation

1. **As part of its budget for 2022-23, the Committee calls on the Scottish Government to demonstrate how preventative spend measures will continue to be appropriately prioritised as it proceeds to deliver its recovery plan for health and social care services in Scotland.**

Response to Committee’s Recommendation

The 2022-23 Budget is underpinned by our commitment to shifting focus to prevention and early intervention and to shifting the balance of spend towards mental health, and to primary, social and community care. This includes over 50% of frontline spend directed towards community health services, increased investment in mental health and primary care, and £1.6 billion funding for social care and integration, which lays the groundwork for the establishment of a National Care Service.

Recognising the long-term benefits of preventative spend, we have put in place mechanisms to ensure a joined-up approach across the Scottish Government, the NHS, local government and other relevant bodies. We have established a Preventative and Proactive Care Programme to shape this approach and support the strategic and sustainable delivery of preventative care, including informing spending decisions. The programme brings together the key bodies with the responsibility and influence to achieve long-lasting, meaningful change across health and social care systems.

We have also worked with local authorities to establish community mental health and wellbeing services for children and young people; and committed to double our £15 million investment in such support over the lifetime of this parliament. We have established a Communities Mental Health & Wellbeing Fund for adults, recognising the valuable work that small community groups and organisations do in supporting the wellbeing of communities across Scotland, and we continue to promote our ‘Clear Your Head’ campaign across radio, digital and TV, offering tips for people to look after their mental wellbeing.

The pandemic has reaffirmed the need for behaviour change at a population level. Modifiable behaviours such as tobacco use, physical activity, unhealthy diet and harmful use of alcohol, all increase the risk of non-communicable diseases. The disproportionate harm caused by Covid-19 to those living with obesity, diabetes and respiratory and cardiovascular disease has highlighted new vulnerabilities and underscored existing health inequalities which is why our health prevention policies will continue to take a whole population approach.

Investment in physical activity and sport is a vital component in supporting our wider efforts to improve the health of the nation, positively contributing to both physical and mental wellbeing and to Scotland’s recovery from the pandemic. We have committed to doubling our investment in sport and active living by the end of this Parliament.

Committee Recommendation

2. **The Committee further calls on the Scottish Government to consider how the longer-term outcomes related to health and social care set out in the National Performance Framework can be given greater salience in determining future spending priorities.**

Response to Committee's Recommendation

Recognising the interdependencies between the wellbeing of our people, our economy and our environment, we continue to ensure that outcomes are the consistent thread running through our work. It is imperative that our actions improve health and wellbeing, reduce health inequalities, and protect children and young people.

The Scottish Budget and associated detailed spending plans set out the funding directed towards achievement of these commitments and the Equalities and Fairer Budget Scotland Statement sets out in detail how the Budget specifically contributes to outcomes set out in the national performance framework, linking policy and population outcomes.

Increased investment in mental health, community, primary and social care supports delivery of care when and where it is needed most and this, along with funding to tackle harms from alcohol, drugs, tobacco and obesity, directly contributes to tackling equalities and improving population health. Specific examples of our work to reduce health inequalities are included in response to question 8.

Integration/National Care Service

Committee Recommendation

3. **The Committee requests an update on progress towards integration of health and social care in Scotland, including an update on the Ministerial Strategic Group for Health and Community Care recommendations and whether this group continues to monitor progress on financial aspects of integration.**

Response to Committee's Recommendation

The last meeting of the Integration Leadership Group took place following the completion of its work in January 2020. Thereafter work has been pivoted to focus on the response to the Covid pandemic.

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The then Cabinet Secretary for Health and Sport [wrote to the Committee on 8 February 2021](#) having received updates for each of the 25 MSG proposals. This included a commitment to continue to make progress on the integration of health and social care, despite the challenging circumstances. A detailed update on each of the proposals is included at **Annex B**. Integration Authorities, and Health and Social Care Partnerships, across Scotland have played an essential role in Scotland's response to Covid-19, delivering essential health and social care services, distributing PPE, supporting individuals who were shielding and supporting the vaccination rollout.

The Independent Review acknowledged that current structures have not fully delivered the improvements intended to be achieved by integration of health and social care. We have reflected on the recommendations of the Review and have recently consulted on the establishment of a National Care Service. This included proposals aimed at ensuring strategic level integration with the NHS that promotes preventative care and reduces the need for hospital stays. The consultation seeks views on proposals for IJBs to be reformed to become Community Health and Social Care Board (CHSCBs) which, under these proposals, would become the local delivery bodies for the National Care Service.

Over 1,300 responses were received, and these will be published early next year alongside independent analysis. We will reflect upon the consultation responses and consider how they can best be incorporated into the development of a National Care Service to build upon progress that has already taken place. We will continue to support Integration Authorities, and Health and Social Care Partnerships, in our shared ambition to learn from experiences across Scotland, share best practice, and strive for continuous improvement.

An area that has continued to make progress is the timely agreement of budgets delegated to Integration Authorities. In previous years there had been delays, however for the current year (2021-22) there has been significant improvement with almost all budgets formally agreed in advance of the new financial year (see MSG proposal update 2(ii) for more detail). For reference, a summary of the opening budgets for 2021-22 and their status (interim/agreed) as of May 2021 is provided at **Annex C**.

Committee Recommendation

- 4. The Committee would also welcome further detail on the proposed creation of a National Care Service and how it will be funded and how any proposals might overcome the challenges highlighted by the Committee's predecessor whereby budgets for health and for social care continue to be managed and deployed independently of one another.**

Response to Committee's Recommendation

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The Scottish Government's consultation on creating a National Care Service set out how we propose to deliver the recommendations of the Independent Review of Adult Social Care, setting out ambitious proposals towards creating holistic community health and social care services.

We are commissioning an independent analysis of the large number of responses we received to the consultation. We expect to be able to give a full update on the outcomes early next year, and make progress with the proposed legislation, in line with our Programme for Government commitments. We will work with people and partners to develop plans for the National Care Service whilst drafting of the Bill is underway. We plan to undertake ongoing engagement over the course of the next 18 months, in particular with people with lived and living experience of community health and social care. Further information on that engagement will be made available once we have a clearer understanding of the results of the consultation.

The scope and remit of a National Care Service is still being defined, while analysis of our consultation process is being carried out. Funding and affordability discussions will form part of this analysis. We have made a commitment to increase social care investment by 25% over the life of the parliament, with progress towards this being delivered through the Scottish Budget for 2022-23.

The funding flows and integration of budgets will be considered as in detail as part of the business case for the National Care Service.

Committee Recommendation

5. The Committee also requests an update on progress towards meeting the target that at least 50% of spending should take place in the Community Health Service, in particular an assessment of whether the experience of the COVID-19 pandemic has helped or hindered achievement of this target or would suggest that the target itself might need to be reviewed and revised.

Response to Committee's Recommendation

Core spending plans for 2021-22 reflected 50% of investment across community health services, with the service having delivered the necessary progress prior to 2021-22 to achieve this proportion of spend. Detail on overall proportions is expected to be published by ISD Scotland in early 2022, which will also make clear the impact of Covid on actual spend.

The Scottish Government has taken additional steps since March 2020 to protect primary and community care through interim and sustainability payments to contractor groups; increased investment in community and mental health; and investment in digital technologies such as NearMe to facilitate continued provision of General Practitioner services.

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For 2022-23, over 50% of total frontline spend is directed towards community health services. Spending plans include increased investment in Primary Care, including an additional £12.5 million for the Primary Care Fund, representing a significant step towards our Programme for Government commitment to increasing funding by 25% over the Parliament.

Data and Evaluation

Committee Recommendation

6. The Committee calls on the Scottish Government to set out what it is doing to improve availability of appropriate data and to develop improved evaluation methodologies to enable budgets for health and social care to be targeted as effectively as possible.

Response to Committee's Recommendation

The Scottish Government is working across a range of areas to improve the data and evidence that is available for decision making and targeted interventions. These include:

Data improvement on equalities

The Scottish Government launched its Equality Data Improvement Programme (EDIP) in April 2021. The aim of this programme is to identify the extent of data we hold, and data we need, on the nine protected characteristics. This work will identify priority areas for data improvement and will help provide a better quality of evidence for groups that we know experience disproportionate disadvantage in health outcomes and health inequalities. The Scottish Government is also taking forward the recommendations of the Expert Reference Group on Covid-19 and ethnicity, with a number of recommendations relating to data collection and data improvement. An update which details the progress to date, the IPP – Immediate Priorities Plan, was published on 14th September:

<https://www.gov.scot/publications/immediate-priorities-plan-race-equality-scotland/pages/1/>

Data development for Social Care

The Scottish Government and partners are committed to ensuring that social care in Scotland is delivered in a way that enables people to live a happy and fulfilled life. A dedicated Social Care Analysis Unit in the Health and Social Care Analysis Division of the Scottish Government has been established, and is working in parallel with a new Scottish Government social care Data and Digital policy division to

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enhance the evidence base, and data and digital approaches used in the sector, as we move towards delivering the ambitions of the Independent Review of Adult Social Care through the creation of the National Care Service (NCS).

This significantly increases the policy resources and analytical capacity for social care, enabling increased focus on:

- understanding the current data and digital landscape, and associated evidence requirements
- reviewing existing data collections, identifying gaps and duplication, and establishing solutions for these
- considering responses to NCS consultation and the potential for using legislation to set data standards and definitions for data collection
- Supporting development of the NCS and the potential for using legislation to set data standards and definitions for data collection
- user engagement on statistics and data, improving data quality, commentary, coherence and more timely Official Statistics (in Scottish Government and PHS) to provide key information on social care.

We are undertaking this work alongside Public Health Scotland and other partners across the public, private and third sectors to review and improve data and digital systems, and the wider evidence base, to:

- support people to live fulfilling, independent lives
- enable professionals to support those people
- facilitate ethical and collaborative commissioning
- underpin regulation and improvement programmes
- support workforce planning
- facilitate research and intelligence

Data development, collection and evaluation for Primary Care

The Scottish Government published an ambitious ten-year primary care monitoring and evaluation [strategy](#) in March 2019, which sets out how we plan to have the evidence needed to shape sustainable policy and service developments in Primary Care. Various areas of analysis have been published since then, which inform our understanding of the impacts of Primary Care reform, such as [Monitoring and evaluation of primary care in Scotland - the baseline position - Publications - Public Health Scotland](#). In addition, the 2021-22 Health and Care Experience survey, which provides important evidence of patient experiences of Primary Care services, is currently underway

The Covid-19 pandemic has accelerated the pace of digital transformation and demonstrated the important role data plays in delivery, planning and transformation of services. We have established a Primary Care Data and Intelligence oversight group, chaired by Sir Lewis

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Ritchie, to ensure these advances are maintained and further developed. In particular, work is progressing at pace to develop ways to appropriately measure activity within general practice, which allows us to better understand workload pressures and help clinicians in the care of their patients.

Wider data development

We continue to develop and collect robust and appropriate population-level data through our flagship, national level surveys, such as the Scottish Health Survey and the Health and Care Experience Survey. This data informs policy development and decision making alongside aiding the monitoring of progress on the National Performance Framework indicators.

Chief Scientist Office (CSO) – evaluation research

CSO funds research into developing and evaluating an economic and ethico-legal framework for priority setting in Health and Social Care Integration Partnerships (HSCPs). Decisions about how to allocate resources fairly and efficiently are challenging, as there are many areas of research that could benefit different groups of patients. This research is leading-edge; developing the first framework for making decisions that integrates economics, decision-analysis, ethics and law. It will implement and test the framework in two HSCPs to establish barriers and facilitators to its use, but also assess, relative to all other HSCPs, what difference it makes to priority setting processes in practice and to evidence-based shifts in the balance of care.

Committee Recommendation

7. During the last Parliamentary session, the Scottish Government gave a commitment to provide more comprehensive data on spending on mental health and alcohol and drug services. The Committee would welcome an update on this.

Response to Committee's Recommendation

Mental Health

Mental health expenditure, is published in the NHS Costs Book and has risen from £651 million in 2006-07 to £1.077 billion in 2019-20 – a 65% increase. CAMHS expenditure accounted for £77 million of this expenditure in 2019-20. Taking into account growth in mental health spending and further additional investment from the Scottish Government, total spend on mental health in 2022-23 will be in excess of £1.2 billion. Our £290 million of direct programme budget for mental health and autism in 2022-23 is more than double the amount compared to 2020-21 and includes £120 million in respect of the Mental Health Recovery and Renewal Fund.

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As well as ensuring that at least 10% of frontline NHS spend goes towards mental health and 1% goes on child and adolescent services, our Programme for Government commits to increase direct mental health investment by the Scottish Government by at least 25% over this Parliament. This will maintain and build upon the £290 million direct programme funding provided in the 2022-23 Budget.

Our Programme for Government also commits to a review and refresh of the Mental Health Strategy 2017-2027 and we intend to review our approach to monitoring mental health expenditure to ensure it aligns with this.

Alcohol and drug services

The Scottish Government provides Health Boards with £53.8 million per year in baseline funding for onward delegation to Alcohol and Drug Partnerships (ADPs). This supports alcohol and drug treatment and recovery services at a local level. In addition to this, in the financial year 2020-21 Scottish Government has allocated an additional £17 million to ADPs by continuing the commitment made in the 2017-18 Programme for Government to improve the provision and quality of services for those with problem drug and/or alcohol use. The Drugs Deaths Taskforce also provided ADPs with £3 million this financial year to support their six priorities to reduce drug related deaths.

In January, the First Minister pledged £50 million of additional investment per year for the next five years to tackle the drug deaths emergency. ADPs have been the recipients of at least £20 million of this to support residential rehabilitation, implementation of a Whole Family Approach, assertive outreach services, near-fatal overdose pathways and lived experience panels. In reality, almost all services delivered by ADPs will be available to people who use drugs and/or alcohol. ADPs have also had access to additional funds by application and Health Boards have been allocated £4 million for the provision of long-acting buprenorphine.

We are undertaking a range of work specifically to improve alcohol treatment services across Scotland including development of a Public Health Surveillance System and implementation of the UK Wide Clinical Guidelines for Alcohol Treatment. The Simon Community Scotland have established a small scale Managed Alcohol Programme in Glasgow and we are providing funding of £212,299 over 3 years to support both this pilot and subsequent evaluation to enable us to decide whether further rollout of this treatment method would be appropriate. Managed Alcohol Programmes are one of a range of approaches to help people begin their recovery. Scottish Government also provides funding to our 3rd sector stakeholders Alcohol Focus Scotland, Scottish Health Action on Alcohol Problems and Scottish Alcohol Counselling Consortium to support and develop their vital work on alcohol harm prevention and treatment.

The Scottish Government is currently analysing detail on ADP income and spending for 2020-21. We intend to publish this information once the analysis is complete and will provide the publication to the committee. This will provide detail on the income and spending of alcohol and drug services locally, and what is provided in addition to Scottish Government funding.

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Health Inequalities

Committee Recommendation

8. **The Committee requests an update on what the Scottish Government has done to apply the evidence gathered by the 2013 policy review of health inequalities to inform current spending priorities and details of any funding it is directing towards addressing health inequalities and how it will measure the impact of these interventions.**

Response to Committee's Recommendation

The Scottish Government is undertaking substantial activity focused on improving population health and addressing health inequalities, following the recommendations contained in the 2013 Ministerial Task Force report on Health Inequalities. We recognise that addressing the underlying causes of poverty and inequality requires cross-government and partner-led action. As outlined below, we are contributing significant funding towards a number of programmes and public health improvement interventions that are helping to tackle the drivers of health inequalities. In addition, with the establishment of Public Health Scotland and its increased budget of £48.6 million in 2022-23, we will continue to work collaboratively, drawing on and coordinating the collective resources and intelligence of all of Scotland's public health assets, to continue to promote a long-term focus on evidence-based preventative approaches to increase healthy life expectancy and reduce premature mortality. Public Health Scotland will define shared and measurable outcomes for all its programmes of work and use these to evaluate the difference its work has made for people and communities.

Key programmes and interventions

We provide funding of around £800,000 over 5 years (from 2018-19) to deliver on our Programme for Government commitment to train 300 Support Employment Case Managers. The programme develops the skills of practitioners in the NHS, local authorities and third sector, supporting people to remain in or return to work.

Starting from this year, we are investing a total of £2.9 million over three years in Welfare Advice and Health Partnerships (WAHPs). These partnerships will be embedded in 150 GP practices across Scotland, including the Deep End group which cover the most deprived areas. The in-house welfare rights officers offer advice on increasing income, social security eligibility, debt resolution, housing and employability issues. Whilst providing much-needed short-medium term support in its own right, the two year test-and-learn approach includes a comprehensive programme of evaluation examining the efficacy and health impacts of the WAHP approach at a larger

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scale. Evidence from this evaluation will allow the approach to be flexed and help inform the outcome of any Scottish Government review of wider advice provision.

Furthermore, we are making full use of our powers to tackle poverty. In 2020-21, we invested around £2.5 billion to support low income households, including nearly £1 billion to directly support children. Our 'game-changing' Scottish Child Payment is already supporting 108,000 children with payments worth £40 every four weeks. Together with support from Best Start Grant and Best Start Foods, this provides £5,300 to low income families by the time their first child turns 6. For second and subsequent children this will provide over £5,000.

All of this is in addition to the annual funding to our key stakeholders, such as the Glasgow Centre for Population Health (£1.25 million) and Inspiring Scotland (£50,000), recognising their contribution to tackling health inequalities.

Tobacco

Reducing the use of and harm caused by tobacco products is one of Scotland's Public Health priorities. Given that smoking is more prevalent in the most deprived communities, we have set specific targets for our cessation services which are focussed on these communities. Targeted media campaigns, including social media campaigns, are also regularly undertaken. The success of previous work has reduced the overall numbers of people smoking (31% in 1999 to 17% in 2019), however, smoking rates are persistently high amongst more disadvantaged groups. This includes people living in the most deprived areas (32% compared to 11% in the least deprived); people who are unemployed (38.5% compared to 17% average) and Polish adults (30.1%).

We provide annual funding to Health Boards for smoking cessation and prevention services (£9 million in this financial year). This funding is calculated on the basis of smoking rates and deprivation. The targets this year are aimed to achieve successful 12-week quits for a minimum of 1.5% of the estimated 16-plus smoking population in areas of multiple deprivation within each board's territory. Latest population figures are taken from the SIMD and provided to the Health Boards annually. The whole amount of funding is used towards combating inequalities, by focussing only on these identified areas. Annual grants are also provided to ASH Scotland and Scottish Student Sport to ensure young people are aware of the dangers of smoking.

Diet and healthy weight

We have commissioned a research and service design project to find out how people who are overweight or living with obesity, including those with type 2 diabetes, within the most deprived areas access weight management services and to what extent they meet their needs and will develop actions based on the findings. We are providing over £750,000 funding in 2021-22 to help health boards and local partners support services which encourage and reinforce good nutrition, healthy eating habits and physical activity for children under five and their

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families. This includes projects creating interventions for families in SIMD1 and SIMD2 areas. As set out in our Programme for Government we will evaluate three pilots of whole systems approaches to improving diet and healthy weight services, focusing on children and health inequalities, and consider how we might scale up and implement best practice across all health boards.

We are also providing £332,000 funding in 2021-22 to the Scottish Grocers' Federation to run the Healthy Living Programme. The Programme operates in more than 2,300 convenience stores around Scotland, the vast majority of which are in more deprived areas. It helps retailers to promote healthier food and drink options and develop links with local schools and community groups. Its 'Cooking at Home' project uses affordable healthier recipes from our Parent Club, alongside shopping promotions to support parents. The Programme has a track record of delivery, with members typically seeing a 20% uplift in fruit and veg sales after joining.

Alcohol

In addition to our flagship Minimum Unit Pricing (MUP) policy, our pilot Managed Alcohol Programme (MAP) provides people who experience homelessness and long standing alcohol dependency with a regular dose of alcohol, typically within a hostel / accommodation based project. The Simon Community Scotland have established a small scale MAP in Glasgow and we are providing funding of £212,299 over 3 years to support both the pilot and its evaluation, to enable us to decide whether further rollout of this treatment method would be appropriate.

Planned work

We are applying a place-based approach bringing together the public, private and third sectors to jointly drive changes locally to reduce health inequalities within communities. Our focus is on supporting local level actions and aligning national policy and legislation behind these. We will consider how we can fund differently, creatively deploy workforce and make more effective use of data. We want to support health and social care services to work as part of wider systems to co-create wellbeing locally and are focusing on two key areas where we believe there is already momentum for change.

- Anchors: we will support our health and social care providers to become active 'anchor institutions' that help to prevent some causes of health inequalities by building wealth in their community.
- Communities: we will cultivate community-led health improvement activity and look to embed this into local public services, for example through social prescribing.

Community partners will shape what we are doing and steer long-term solutions. This approach is vital if we are to improve health and wellbeing for everyone. We will prioritise areas for change that will better meet the needs of communities experiencing the greatest inequalities.

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We will monitor progress at regular, pre-determined intervals to evaluate the ongoing success of our place-based, community-led action. We recognise it will take time to embed this way of working. By working collaboratively we are confident that we can make a difference and improve the health and wellbeing of the population.

Allocation of Funding to NHS Boards

Committee Recommendation

9. **The Committee notes that the Scottish Government has committed to reviewing the existing Resource Allocation formula (NRAC) and would welcome an update on this planned review, including how it intends to improve transparency in applying and communicating the formula for allocating funding to Scottish NHS Boards.**

Response to Committee's Recommendation

While we are absolutely committed to undertaking a review of the NRAC formula, given the complexities involved, the different perspectives on the current funding formula and the need to ensure appropriate resource for such an exercise, it is going to take time to complete this work. We are very mindful of the focus that Health Boards need to have right now on responding to the pandemic and remobilising services, with data analysts (who will be key to a review of the NRAC formula) currently playing an important role in supporting the Covid response.

That said, we aim to agree an approach and work plan over the course the next year to take this important work forward. As part of this, we need to better understand the impact of Covid on resource funding, as we believe it is likely to have a longer-term impact on the measures and assumptions underpinning the formula.

As part of the 2022-23 budget, we continue to ensure no Board is further than 0.8% from NRAC parity, and in addition to this, NHS Boards' Covid costs have been funded in full, to ensure that our frontline services have the funding required to respond to the pandemic and to remobilise services.

Committee Recommendation

10. **The Committee also calls on the Scottish Government to reflect on how measurement of deprivation might be improved as part of the current funding formula.**

Response to Committee's Recommendation

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The formula does not directly measure deprivation; it considers the effect of deprivation on the need for healthcare using available measures of deprivation, such as the SIMD. The accurate representation of the effect of these measures of deprivation on the need for health care services was a key focus of the reviews of the Morbidity and Life Circumstances elements of the formula already undertaken by the Technical Advisory Group on Resource Allocation. It will also form a substantial locus of the work in the future review of the formula to ensure that funding shares determined by the formula support equity of access and reduction of health inequalities.

Budget Setting

Committee Recommendation

11. The Committee requests an update from the Scottish Government on when it expects to bring forward an updated medium-term financial framework for health and social care.

Response to Committee's Recommendation

As the Committee will recognise, the evolving nature of the pandemic is making cost projections very challenging even over the course of the next months, let alone over a longer-term period. While work on the Medium Term Financial Framework is currently in progress, we will need to look at a range of scenarios depending on the impact of Covid-19 in the coming years. It is important that any publication draws on the most robust service and workforce planning projections.

The Committee will be aware that the Cabinet Secretary for Finance and the Economy intends to bring forward a Resource Spending Review in May 2022. We anticipate Health Boards' three-year operating plans will be developed by the summer of 2022, and there will be further work in the first few months of 2022 to establish our approach to a National Care Service. A Medium Term Financial Framework will need to be cognisant of all these important matters and so consideration will be given to an appropriate time to bring forward an update. We will notify the Committee of further developments in this area.

Silo Working

Committee Recommendation

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12. The Committee calls on the Scottish Government to set out what measures it is taking to reduce silo working and ensure effective coordination and targeting of funding across portfolios to maximise improvements to health and wellbeing outcomes.

Response to Committee's Recommendation

We are increasingly working in ways that break down silo approaches, working to shared outcomes across the public sector.

In 2016 we legislated to bring together health and social care in to a single, integrated system and now, we are working to bring forward legislation to create a National Care Service, to ensure a joined up approach to care across Scottish Government, Local Government, third and private sectors and people with lived and living experience of community health and social care.

A range of work is underway to respond to the impact but also opportunities of Covid, to deliver a more sustainable health and care system and ultimately to improve population health outcomes. We are also clear that we need to work across government on critical aspects of recovery including the determinants of health and wellbeing through key work to address the systematic inequalities exacerbated by Covid, by making progress towards a wellbeing economy, and to accelerate inclusive person-centred public services. This includes tackling child poverty and increasing employment as set out in the Scottish Government's Covid Recovery Strategy.

We have undertaken significant reform at pace to respond to Covid-19, including new public health and community infrastructure, approaches to unscheduled care and digital innovation. We are exploring how positive reforms can be secured to deliver a more sustainable health and care system, reduce inequalities, reduce ill health and promote good health.

The NHS Recovery Plan sets out key headline ambitions and actions to be developed and delivered now and over the next 5 years. While recovery is the immediate task, this Plan is about ensuring that the process of recovery also delivers long term sustainability across the whole health and social care system.

The Programme for Government 2021-22 set out the key priorities and actions the Scottish Government will take in the coming year and beyond. Recovery from Covid-19 across all of society is the Scottish Government's first and most pressing priority, in particular for those who have been disproportionately impacted by the pandemic. It includes the aim to take a systematic approach to planning and delivering care and wellbeing, to ensure the Health and Social Care system is equipped to continue managing Covid, support our recovery from it, and address longer term population health challenges.

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Impact of Covid-19

Committee Recommendation

13. The Committee calls on the Scottish Government to set out what work it has been undertaking to ensure that the positive financial impacts for health and social care resulting from the COVID-19 pandemic can be sustained into the future.

Response to Committee's Recommendation

It should be noted that a significant proportion of costs are fixed in nature (e.g. estates and staffing) and where there have been cost reductions many have been of a non-recurring nature due to the temporary suspension of services. However, recurring opportunities in terms of cost reduction and improved productivity have been identified through remote working, use of Near Me and other remote appointment services, service redesign and estates rationalisation. As such, we continue to work closely with NHS Boards and Integration Authorities, and closely scrutinise spending across the sector, to ensure full understanding of the financial impacts arising from changes in service delivery in the last two years and to sustain positive impacts.

As the Health and Social Care sector continues to remobilise, we will continue to support these organisations to build on the innovations and recurring cost reduction measures put in place during the pandemic, and in developing further opportunities to create cost efficiencies that can be reinvested in health and care services.

Committee Recommendation

14. The Committee similarly calls on the Scottish Government to outline what action it is taking to ensure that the negative financial impacts from COVID-19 with respect to health and social care are minimised over the long term.

Response to Committee's Recommendation

The ongoing response to the pandemic has been the key focus of all Health and Social Care organisations, with the need to focus resources on Covid pressures. Recognising the exceptional circumstances arising from Covid, the Scottish Government has agreed to provide additional funding to meet underachievement of savings across the sector, in line with the approach taken in 2020-21. This will be accommodated within the overall Portfolio budget.

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We will continue to work with NHS Boards and Integration Authorities to support the development of savings plans and the sustainable delivery of services. This will be considered alongside the update of the Medium Term Financial Framework.

Committee Recommendation

15. The Committee calls on the Scottish Government to explain what investments it plans to make to improve long-term resilience of health and social care services against threats such as cyberattacks, where changes to working practices during the pandemic have resulted in those services being potentially more exposed.

Response to Committee's Recommendation

Digital investment has played an important role in the Covid-19 response supporting many health and social care services to be delivered in new and innovative ways and enabling our health and care staff to continue to provide services despite the challenges being faced. These continue to add resilience to our health and care services and support more flexible working arrangements.

Initial funding of £420,000 has been committed this year to National Services Scotland for the Cyber Centre of Excellence (CCoE). The key principle of this initiative is for Scotland-wide management of cyber security services, where appropriate, delivered pro-actively, securely and consistently across all NHS Scotland health boards. The total six year costs for the CCoE have been estimated at around £18 million with targeted investment on threat detection, and the development of future talent and resources to work in this important area.

Cyber resources have been deployed on a regional basis across Scotland, recognising the need to work flexibly and to maximise the skills that are available to respond to Cyber threats.

Cyber security is of critical importance across Digital Health and Care, including the obligations against each Health Board under the Security of Network and Information Systems (NIS) Regulations. Boards must individually go through the NIS Regulations audit lifecycle demonstrating continual improvements to the Scottish Health Competent Authority, which is an Scottish Government Digital Health and Care Directorate function on behalf of the Scottish Ministers. This audit lifecycle has a continued investment to carry out the actual audits via third party expertise, and the findings help inform the strategic direction by focusing on mitigating practices for the areas of greatest risk at a local and national NHS Scotland level.

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We continue to prioritise full consumption of the security capabilities included as part of the NHS Scotland Microsoft 365 license deal, which has an ongoing investment of £10 million over the next two financial years. This technology allows real time discovery of vulnerabilities and potential issues across a national view.

Although telecoms remains reserved to the UK Government, the Scottish Government has already intervened to vastly improve broadband and mobile coverage. In recent years, over £1 billion has been invested in such programmes. These, alongside extensive commercial investment, have greatly extended the reach and capacity of fibre networks across Scotland.

Diversifying these international connections will increase the resilience of Scotland's digital infrastructure. It will offer greater protection against potential cyber-attacks and service disruptions, while strengthening capacity and opening up new economic opportunities.

Committee Recommendation

16. More broadly, the Committee would also welcome an update on any plans by the Scottish Government to evaluate the changed models of service delivery that have been introduced in response to the pandemic.

Response to Committee's Recommendation

The Government commissioned an independent evaluation of the rapid roll-out of the Near Me video consulting service in response to Covid-19, which was published in March 2021. The lessons from the evaluation have informed the NHS Recovery Plan as well as specific service recovery plans. The evaluation has also informed the refreshed Digital Health and Care Strategy, published in October 2021, which includes a commitment to "make video-based access via the Near Me service a choice available for all appropriate appointments and services across health and care".

Since March, the Scottish Government has carried out a rolling programme of data analysis and insight to consider the current state of the pandemic and provide insight into the contribution of the testing programme to minimising Covid transmission and in living with the virus in as safe a way as possible. This has been presented weekly to the Testing Programme Board and includes research and evidence from colleagues across Health, Justice, and Education.

The Scottish Government has also conducted an evaluation of the Asymptomatic Testing Programme, looking at the public health impact of testing, attitudes and behaviours and models of delivery across nine of the testing pathways that are some of the largest and/or a part of Scotland's critical infrastructure. i.e. (i) targeted Community Testing; (ii) Early Learning and Childcare settings (ELC); (iii) Health and Social

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Care Workforce; (iv) Police Scotland and Scottish Fire and Rescue Service (SFRS) high risk staff groups testing; (v) Prison Staff testing; (vi) Schools testing (vii) University and College testing; and (viii) universal testing, with specific research on (ix) the highest risk individuals (previously termed 'shielding') and their households. The evaluation concluded in June 2021.

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ANNEX B – UPDATE ON MSG PROPOSALS

PROPOSAL	UPDATE
<p>1(i) All leadership development will be focused on shared collaborative practice</p>	<p><u>Training for IJB members</u></p> <ul style="list-style-type: none"> • Induction training sessions for IJB Board members, hosted jointly between Healthcare Improvement Scotland and the Improvement Service, with support from Scottish Government Professional Advisors and policy officials, are scheduled to take place quarterly. • The first two sessions were held on 28 September and 17 November 2021 with the next event taking place on 19 January 2022. • These sessions are supported by a series of short videos, available to all IJB Board members. <p><u>IJB Chief Officer support</u></p> <ul style="list-style-type: none"> • Chief Officers are meeting regularly with Scottish Government officials, including monthly meetings with the Minister for Mental Wellbeing and Social Care (the first session with the Minister involved a discussion regarding ‘best practice’, including leadership development). • Representatives from the Scottish Government’s Regulation, Improvement and Integration Support Division have commenced a series of one-to-one meeting with Chief Officers and their senior teams to gain local knowledge and provide tailored support where needed. <p>The Scottish Government, in conjunction with NES, have begun planning for a leadership development programme aimed at Chief Officers. The intent is to create a professional learning pathway to help Chief Officers develop in their role.</p> <p><u>Sharing of good practice</u></p> <ul style="list-style-type: none"> • A ‘good practice’ website has recently been launched, providing examples of service planning, engagement and delivery of community based services, aligned to the Framework for Community Health and Social Care Integrated Services.

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<p>1(ii) Relationships and collaborative working between partners must improve</p>	<p>We recognise this is an ongoing issue, and encouraging collaboration remains a key focus of the work we do.</p> <p>The Scottish Government hosts regular meetings between the Cabinet Secretary and IJB Chairs and Vice Chairs to help strengthen relationships and build a strong collaborative working relationship.</p> <p>Collaboration was also recognised in the recent National Care Service consultation, and is being taken forward as part of that work.</p> <p>Introductory Chief Officer meetings have included discussion of how partnership working is going in the local area and how the Scottish Government might best be able to support this.</p> <p>The refreshed Model Code of Conduct is a further example of work that has taken place with consideration being given to the need for strong, positive relationships between partners.</p>
<p>1(iii) Relationships and partnership working with the third and independent sectors must improve</p>	<p>“Planning with people” Community Engagement and Participation Guidance for Health and Social Care was published in March 2021.</p> <p>The document was produced jointly by The Scottish Government and COSLA with significant contribution from stakeholders representing health and social care across Scotland.</p> <p>Planning with People, Community Engagement and Participation guidance</p> <p>Listening to the views of people who use services, and actively involving them throughout the process of planning care delivery, is a key improvement recommendation of the Independent Review of Adult Social Care in Scotland.</p> <p>The guidance is designed to support NHS Boards, Integration Joint Boards and Local Authorities to deliver their existing statutory duties for engagement and public involvement. In recognising the good work that is taking place, the guidance is designed to complement and strengthen organisations’ existing engagement strategies.</p>

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	<p>The guidance sets out:</p> <ul style="list-style-type: none"> • The importance of community engagement and participation • A principles-based approach, which underpins and supports robust evidence based, high quality and meaningful engagement. • An overview of the differing governance arrangements for NHS Boards, Local Authorities and Integration Authorities, including the major service change provision for NHS Boards <p>During 2021, 'Planning with People' will be subject to wide consultation, to ensure that this guidance supports the Human Rights approach and is aligned to the recommendations in the Review of Adult Social Care in Scotland. Progress of this will be reviewed and reported over 2022.</p>
2(i) Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration	Partnerships continue to report good joint understanding of respective financial positions as they relate to integration.
2(ii) Delegated budgets for IJBs must be agreed timeously	Partnerships have worked to improve local processes and as a result 28 of 31 Integration Authorities had approved budgets for 2021-22 by the end of March 2021. The remaining authorities approved budgets during April 2021, due to the timing of IJB meetings.
2(iii) Delegated hospital budgets and set aside requirements must be fully implemented	As at December 2020, 12 partnerships had fully established financial arrangements to delegate hospital budgets. A further 17 expected implementation to be complete by March 2022. However, the pandemic has continued to place partnerships under significant pressure over the course of the year and it has not been possible to give implementation of set-aside priority. Engagement with partnerships and the Chief Finance Officers group to support full implementation has continued over the course of 2021, as local capacity has allowed.
2(iv) Each IJB must develop a transparent	A reserves policy remains in place for all partnerships.

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and prudent reserves policy	
2(v) Statutory partners must ensure appropriate support is provided to IJB S95 Officers	The Chief Financial Officer Network remains in place (virtually) and improvements continue to be made to ensure appropriate support is provided.
2(vi) IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations	The majority of IJBs note that this is already established. For the remainder the majority anticipate this will conclude by the end of 2021-22. There continue to be links to this and the large hospital set aside arrangements which, as noted above, have continued to make progress, despite the pressures partnerships are facing due to the pandemic.
3(i) Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.	The Scottish Government has brought in a professional adviser with considerable operational experience to strengthen the role of the Integration Governance and Data Unit in supporting and empowering COs to act on behalf of their IJBs.
3(ii) Improved strategic inspection of health and social care is developed to better reflect integration	<p>With regard to the future of the scrutiny of Integration Authorities (IAs), and in line with the proposals of the MSG review of progress in integration, the Care Inspectorate and Healthcare Improvement Scotland had been reviewing the scope and methodology for inspections pre Covid-19, with a view to the future 28 inspections of IAs having a greater focus on experiences and outcomes. The launch of this programme has been delayed due to the pandemic. The Scottish Government will continue to consult with the Care Inspectorate (CI) and Healthcare Improvement Scotland (HIS) about how and when joint inspections are recommenced, with a view for these to restart in 2022.</p> <p>Adult Support and Protection(ASP) Multi-Agency Inspection Programme</p> <ul style="list-style-type: none"> As part of the ASP Improvement Plan, a multi-agency inspection programme commenced at the start of 2020. Due to the onset of the pandemic, the joint inspection partners took the decision in March 2020 to pause the inspection programme.

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	<ul style="list-style-type: none"> • In March 2021, it was viewed that the time was right to resume to provide assurance on the ongoing protection for adults at risk of harm, while managing the risk to individuals and the wider Covid response. This is a phased approach, using the adapted methodology developed during 2020. • The joint inspection programme will include a total of 24 ASP partnerships over the next two years. To date seven inspections have been completed with three further partnerships currently being inspected. • Further information on the inspection programme can be found on the Care Inspectorate website.
3(iii) National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work	<p>The National Improvement Bodies have been working more collaboratively throughout the pandemic, with 6 weekly meetings. The meetings include training, strategic planning, and updates from the relevant bodies on key issues to allow for joined up thinking.</p> <p>We recognise the importance for continued work on this, and as we move from the recommendations of the Independent Review of Adult Social Care, to the NCS Consultation and beyond, we will continually monitor the success of these meetings, and whether additional items need to be added to the agenda. Meetings have been scheduled for all of 2021.</p> <p>The Chief Officers' Group and the national improvement bodies have agreed a Joint Account Management (JAM) approach, subsequent to two test sites. The improvement bodies are currently creating a process and governance around this with a view to starting work as soon as possible.</p>
3(iv) Improved strategic planning and commissioning arrangements must be put in place	<p>The NCS Consultation highlighted the importance of collaborative commissioning. Responses will be considered with a view to improving strategic planning and commissioning.</p> <p>In light of the current pandemic pressures, Integration Authorities were permitted to undertake a light touch review of their Strategic Commissioning Plans (SCPs).</p>
3(v) Improved capacity for strategic commissioning of delegated hospital	<p>Public Health Scotland (PHS) are offering additional support to those IJBs who are currently in the process of updating their Strategic Commissioning Plans. This includes examining data availability and analysis to assist decision makers to target improvements.</p>

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<p>services must be in place</p>	<p>This is an ongoing activity, with additional work being taken forward to implement the recommendations of the Independent Review of Adult Social Care.</p> <p>The ihub – Transformational Redesign Unit within Healthcare Improvement Scotland published a Good Practice Framework for Strategic Planning which poses the question, ‘What does good look like?’. The framework attempts to draw together, into one easy-to-understand structure, the wealth of guidance, experience and examples of good practice within the health and social care system.</p>
<p>4(i) The understanding of accountabilities and responsibilities between statutory partners must improve</p>	<p>Work continues regarding the discussion of accountabilities and the clarifying of responsibilities in development and learning sessions.</p>
<p>4(ii) Accountability processes across statutory partners will be streamlined</p>	<p>It was recognised during the coronavirus pandemic that these structures needed to be more robust. The NCS consultation proposes that Scottish Ministers assume accountability to enable improvements in the standard and consistency of care which people rightly expect. We will carefully consider the responses to the consultation.</p>
<p>4(iii) IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis</p>	<p>An induction procedure for IJB Chairs has been developed and implemented.</p> <p>Health and Social Care Scotland (HSCS) are currently recruiting a Policy Manager to support the IJB Chairs and Vice Chairs group.</p> <p>NES/Improvement Scotland with the support of Scottish Government will continue to develop Induction packages with the aim for each IJB to have a local induction plan to supplement the Scotland wide IJB induction products.</p> <p>The IJB Chairs and Vice Chairs Executive Group meet with senior Scottish Government officials on a quarterly basis.</p>

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4(iv) - Clear directions must be provided by IJBs to Health Boards and Local Authorities	<p>Revised Directions Guidance was implemented in January 2020. The guidance sets out how each function of the IJB is to be exercised and identifies the budget associated with it. The direction sets how this will deliver improvements in quality and sustainability of care as outlined the IJBs Strategic Commissioning Plan.</p> <p>It is intended that the Scottish Government officials will seek progress against the revised guidance in early 2022.</p>
4(v) - Effective, coherent and joined up clinical and care governance arrangements must be in place	<p>Staff assigned to this work remain focused on Covid related activity and are also involved now on work to progress the establishment of a National Care Service. The NCS will supersede this work given the proposals for new local delivery structures but the lessons learned will prove valuable in informing the development of these new structures.</p> <p>The importance of effective, coherent and joined-up clinical and care governance arrangements is highlighted during the Scottish Government Integration Scheme review process, where particular attention is paid to the CCG section of revised Schemes.</p>
5(i) IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data	<p>Following feedback from COs and HSCS, work has begun, including legislative requirements, to push back the Annual Performance Reporting publication deadline to later in the year, bringing it in line with other statutory reporting requirements for publication.</p>
5 (ii) Identifying and implementing good practice will be systematically undertaken by all partnerships	<p>HSCS have an established an ongoing Scottish Commissioning and Improvement Network operated by IJBs and attended by Scottish Government.</p> <p>Earlier this year, HSCS launched a ‘good practice’ website containing examples of service planning, engagement and delivery of community based services, aligned to the Framework for Community Health and Social Care Integrated Services.</p>
5(iii) A framework for community based health	<p>Circumstances re Covid-19 pandemic continues to impact progress, including significant system pressures and resource issues. Progress includes:</p>

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<p>and social care integrated services will be developed</p>	<ul style="list-style-type: none"> • Dedicated x1 WTE resource seconded into Scottish Government (from October 2021) to progress / support implementation of the framework in 31 health and social care partnerships • Online good practice resource launched Embedded and emerging good practice Health & Social Care Scotland (hscscotland.scot) Published examples of service planning, engagement and delivery of services, from health and social care partnerships, align to the framework (as well as the National Health and Wellbeing Outcomes). Next steps: ensure awareness and use of the resource, including new examples, by the health and social care system. • Engagement with x2 early adopters during summer 2021, reconfirmed relevance of the framework, in light of pandemic and IRASC/NCS. South Ayrshire and Clackmannanshire and Stirling HSCPs using the framework in service redesign/planning and system transformation approach. Next steps: Direct engagement with a number interested HSCPs (Aberdeenshire, West Dunbartonshire, Falkirk), wider engagement with Chief officers' Group and Strategic Planning and Performance Officers' Group (HSCScotland). • Established links with other agencies, including Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland and the Improvement Service, to explore alignment of the framework across scrutiny, evaluation, improvement.
<p>6(i) Effective approaches for community engagement and participation must be put in place for integration</p>	<p>As noted above (see 1(iii)), "Planning with people" Community Engagement and Participation Guidance for Health and Social Care was published in March 2021.</p> <p>The document was produced jointly by The Scottish Government and COSLA with significant contribution from stakeholders representing health and social care across Scotland.</p> <p>Planning with People, Community Engagement and Participation guidance</p>
<p>6(ii) Improved understanding of effective working relationships with carers, people using services and local communities is required.</p>	<p>The Independent Review of Adult Social Care and subsequent National Care Service consultation recognised that improving engagement with stakeholders and involving those with lived experience in decision making is imperative. The Human Rights perspective on the delivery of care that is underscored in the Independent Review will be implemented.</p> <p>The Independent Review of Adult Social Care expressed a need for a Social Covenant to build trust in social care support. We have established a Social Covenant Steering Group to ensure that the National Care Service remains</p>

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	<p>focussed on meeting people’s needs in a holistic way. The initial membership of the group includes unpaid carers, disability rights activists, a care home resident, a campaigner for the needs of relatives of those in care homes, a representative for hearing and visual impairment, a social care worker and others with significant experience of the way in which services are currently delivered. The diverse group includes people from across Scotland with a spread of ages, and social, cultural and ethnic backgrounds. Membership will be flexible as the Programme to establish a National Care Service to drive better outcomes for people develops.</p>
<p>6(iii) We will support carers and representatives of people using services better to enable their full involvement in integration.</p>	<p>Work has been progressed regarding the provision of expenses. Connected to the anticipated implementation of the Independent Review of Adult Social Care and the creation of a National Care Service, a national expenses policy will form part of our planning.</p> <p>We continue to fund the Carers Collaborative – a network of unpaid carer Integration Joint Board representatives across Scotland, designed to support, evaluate and improve carer representation on IJBs.</p> <p>Requests have recently been issued to all COs to undertake the following: Issue a local statement of intent, highlighting:</p> <ul style="list-style-type: none"> - a high level commitment to the principle of investing in, expanding and improving carer support - a statement of support for the Carers Act Implementation Plan - commitments to ensure/maintain local engagement in the Carers Leads Network and Carer Centre Managers Network - commitment to review local carer strategy in the light of the Independent Review of Adult Social Care. - Update of local carer lead representative details to ensure representation at the Carers Lead Network - Update of local commissioned carer service details to ensure representation at the Carers Centre Manger Network - Strengthen/improve engagement with IJB carer representatives <p>A further request was issued to all COs to implement the recommendations as laid out in the COSLA/Carers Collaborative Equality Impact Assessment Briefing Paper.</p>

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ANNEX C – SUMMARY OF OPENING INTEGRATION AUTHORITY BUDGETS FOR 2021-22

	Budgets are subject to routine in-year adjustments				
	2021-22	2021-22	2021-22	2021-22	2021-22
Integration Authority	NHS Allocation (including Set Aside) (£000)	Council Allocation (£000)	Total (£000)	Set Aside (included in NHS Allocation) (£000)	Interim or Agreed Budget
Aberdeen City	237,321	97,029	334,350	46,400	Agreed
Aberdeenshire	222,414	122,287	344,701	30,285	Agreed
Angus	135,227	52,253	187,480	8,666	Agreed
Argyll & Bute	233,813	62,011	295,824	n/a	Agreed
Clackmannanshire & Stirling	149,354	58,943	208,297	23,042	Agreed
Dumfries & Galloway	327,842	81,300	409,142	n/a	Agreed
Dundee City	189,508	82,600	272,108	17,608	Agreed
East Ayrshire	215,916	85,553	301,469	27,582	Agreed
East Dunbartonshire	118,390	58,401	176,791	33,712	Agreed
East Lothian	108,612	56,649	165,261	18,406	Agreed
East Renfrewshire	106,146	54,105	160,251	32,642	Agreed
Edinburgh	458,258	234,034	692,292	91,261	Agreed
Eilean Siar	43,524	21,278	64,802	7,608	Agreed
Falkirk	165,822	72,296	238,118	28,967	Agreed
Fife	400,292	164,323	564,615	36,473	Agreed
Glasgow City	966,117	452,052	1,418,169	225,983	Agreed
Highland	267,208	106,474	373,682	n/a	Agreed
Inverclyde	121,183	53,971	175,154	28,177	Agreed
Midlothian	91,900	47,724	139,624	15,875	Agreed
Moray	92,262	46,861	139,123	12,252	Agreed
North Ayrshire	191,637	100,065	291,702	36,979	Agreed
North Lanarkshire	472,177	158,483	630,660	64,012	Agreed
Orkney	34,195	20,699	54,894	7,435	Agreed
Perth & Kinross	157,975	60,671	218,646	16,177	Agreed
Renfrewshire	237,311	74,358	311,669	59,065	Agreed
Scottish Borders	140,232	54,195	194,427	26,425	Agreed
Shetland	28,538	24,497	53,035	4,918	Agreed
South Ayrshire	119,973	80,197	200,170	28,311	Agreed
South Lanarkshire	384,481	137,631	522,112	60,394	Agreed
West Dunbartonshire	128,704	71,921	200,625	30,851	Agreed
West Lothian	159,553	79,156	238,709	31,446	Agreed

Position as at May 2021. Summarised from information available on Integration Authority websites.

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