

SPICe Briefing

Draft Budget 2014-15: Health and Sport

3 October 2013

13/62

Jude Payne and Nicola Hudson

Part 1 of this SPICe Briefing reviews the Scottish Government's performance measures, indicators and targets for health and sport, and the extent to which they relate to the priorities and commitments in the ['Draft Budget 2014-15'](#). Part 2 examines the main themes emerging from the ['Draft Budget 2014-15'](#) in these areas, including a reflection on any changes between the proposals in the Draft Budget and the plans announced for 2014-15 in the ['Draft Budget 2013-14'](#).

The SPICe briefing ['Draft Budget 2014-15'](#) discusses the wider trends in the draft budget and how they affect portfolio expenditure.



CONTENTS

INTRODUCTION	3
<i>Health and Sport Committee scrutiny of NHS Board Budgets.....</i>	<i>3</i>
<i>Additional Scottish Government information.....</i>	<i>3</i>
PART 1: SCOTTISH GOVERNMENT PRIORITIES AND TARGETS.....	4
SCOTTISH GOVERNMENT INDICATORS AND TARGETS	4
<i>Scottish Government National Performance Framework</i>	<i>4</i>
<i>Indicators and targets for Health.....</i>	<i>4</i>
<i>Indicators and targets for Sport.....</i>	<i>7</i>
SPENDING REVIEW AND DRAFT BUDGET PRIORITIES	8
<i>Priorities and commitments in the Draft Budget for Health.....</i>	<i>8</i>
<i>Priorities in the Draft Budget for Sport</i>	<i>9</i>
PART 2: THE DRAFT BUDGET 2013-14.....	10
TOTAL HEALTH AND WELLBEING BUDGET	10
<i>Barnett Consequentials.....</i>	<i>11</i>
<i>Capital spending</i>	<i>11</i>
<i>Backlog maintenance.....</i>	<i>11</i>
<i>Efficiency savings.....</i>	<i>13</i>
SPENDING PLANS FOR HEALTH	13
<i>Resource.....</i>	<i>13</i>
<i>Education and Training</i>	<i>16</i>
<i>Primary and Community Care Services.....</i>	<i>16</i>
<i>Improving Health and Better Public Health.....</i>	<i>16</i>
<i>General Services.....</i>	<i>18</i>
SPENDING PLANS FOR SPORT	19
SOURCES	21
APPENDIX 1: SCOTTISH GOVERNMENT NATIONAL INDICATORS OF PERFORMANCE – HEALTH AND SOCIAL CARE	24
APPENDIX 2: ROUTE MAP TO THE 202 VISION FOR HEALTH AND SOCIAL CARE.....	25
APPENDIX 3: NHS HEAT TARGETSDUE FOR DELIVERY IN 2011-12, 2012-13 AND AFTER MARCH 2013	26
APPENDIX 4: HEAT STANDARDS FOR 2012-13.....	27
APPENDIX 5: MAPPING PRIORITIES AND COMMITMENTS IN THE DRAFT BUDGET TO BUDGET LINES	28
RELATED BRIEFINGS	32

INTRODUCTION

The '[Scottish Draft Budget 2014-15](#)' (the Draft Budget) Scottish Government (2013a) covers the third year of Spending Review period 2012-13 to 2014-15, and outlines the Scottish Government's plans for 2014-15. The [Spending Review](#) (Scottish Government, 2011) itself covers a period of contracting Government spending. In the Spending Review the Scottish Government made a commitment to protect NHS spending by allocating Barnett resource consequential from the UK settlement to the health resource budget. This commitment has been maintained in the Draft Budget.

It should be noted that the tables presented in Part 2 are based on those tables in the [briefing](#) by SPICe's Financial Scrutiny Unit (2013), which themselves are based on the figures in the Draft Budget document. Real terms figures for 2014-15 are shown at 2013-14 prices, and have been calculated using the Treasury GDP deflator of 1.9%.

Health and Sport Committee scrutiny of NHS Board Budgets

It is worth noting that, as part of its overall scrutiny of the health budget, the Health and Sport Committee has decided to consider NHS board allocations during the spring months following every Draft Budget. Whilst indicative allocations for NHS Boards are made in the Draft Budget, the actual allocation is announced in the months leading up to the new financial year, though there is usually no significant difference from the indicative figures. Once these are known NHS Boards can then finalise their financial plans and their Local Delivery Plans for the forthcoming year. Thus, the Committee decided that it would undertake scrutiny of NHS Board budgets at this time, which would allow it to pose more detailed questions than are possible when discussing the Draft Budget.

The Committee last carried out this scrutiny in the spring months of 2013. The Committee agreed to seek responses from all 14 territorial health boards and the eight special health boards to a series of questions regarding their allocations. On the basis of the information received, the Committee then selected representatives from a number of Boards to give oral evidence. All related evidence can be accessed [online](#).

Additional Scottish Government information

In its [report](#) on the Draft Budget 2013-14, the Health and Sport Committee (2012, para 91) requested the Scottish Government provide additional information and analysis on a number of key areas including: retrospective and anticipated cost pressures; performance against existing efficiency savings and planned future efficiency savings; anticipated high, medium and low financial risks; and, trends in available outcome focused and quality-related data.

The Scottish Government (2013b) provided a range of [information](#) to the Committee together with an update to their response to the Committee's report on the 2013-14 draft budget.

PART 1: SCOTTISH GOVERNMENT PRIORITIES AND TARGETS

The Scottish Parliament Finance Committee has requested that, as part of their scrutiny of the draft budget, subject committees consider “the progress which the SG is making in delivering its own targets through its spending priorities including scrutiny of relevant national indicators and purpose targets on the Scotland Performs website”.

Therefore, this part of the briefing outlines the various Scottish Government objectives and targets that are relevant to health, and how they link to each other and the National Performance Framework. Finally it briefly discusses the priorities for health as set out in the Draft Budget.

SCOTTISH GOVERNMENT INDICATORS AND TARGETS

Scottish Government National Performance Framework

The Scottish Government states that the [National Performance Framework](#) (NPF) underpins the delivery of its agenda and represents an outcome-based approach to performance. The overall Scottish Government “purpose” is to “focus government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth”.

In meeting this purpose the Scottish Government has aligned policy and resources to five strategic objectives - wealthier and fairer, smarter, healthier, safer and stronger and greener. [Healthier](#) is defined as helping people “to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care”. There are then sixteen [national outcomes](#) which aim to describe what the Scottish Government wishes to obtain over the period of the NPF.

Within each outcome are a number of [national indicators](#) to measure progress. Current performance on these indicators is available through the website. However, in a [letter](#) to the Finance Committee, the Scottish Government (2013c) provided a summary analysis of performance against all the national indicators. Those relating to the work of the Health and Sport Committee can be found on pages 53-56. Overall, eight were listed as having improved performance, eleven were found to have maintained performance levels, and four were stated as having worsening performance. For ease of reference a summary is shown in [Appendix 1](#).

Indicators and targets for Health

The [Quality Measurement Framework](#) aims to provide a structure for understanding and aligning the wide range of measurement that goes on across the NHS in Scotland for different purposes. This can be seen as sitting ‘below’ the National Performance Framework (NPF), and alongside Single Outcome Agreements. This illustrates the need for partnerships to achieve on both sets of outcomes. Both feed into the national outcomes in the NPF. There are then three levels of measurement for health (see below).

One issue in considering these in terms of the Draft Budget is:

- the extent to which they relate to one another
- how they relate to the priorities set in the Draft Budget
- the extent to which they measure outcomes

Level 1: Quality Outcomes and indicators

The '[Healthcare Quality Strategy for NHS Scotland](#)' (Scottish Government, 2010) was a development of the Scottish Government's current overall NHS Strategy, '[Better Health, Better Care](#)' (2007). The Quality Strategy aims to create high quality, person-centred, equitable, clinically effective and safe healthcare services, and to be recognised as being world-leading in its approach. It has three overarching quality ambitions:

1. Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.
2. There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.
3. The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

Following discussion and a consultation six Quality Outcomes were developed in order to provide a more comprehensive description of the priority areas for improvement in support of the Quality Ambitions. In order to chart progress in meeting the Quality Outcomes twelve Quality Indicators have been developed. The indicators can be mapped to the outcomes as follows:

Quality Outcomes	Quality Indicators
<ul style="list-style-type: none">• Everyone gets the best start in life, and is able to live a longer, healthier life	<ul style="list-style-type: none">• Premature mortality• Self-assessed health• Healthy birth-weight
<ul style="list-style-type: none">• People are able to live well at home or in the community	<ul style="list-style-type: none">• Emergency admission rate/bed days• End of life care
<ul style="list-style-type: none">• Healthcare is safe for every person, every time	<ul style="list-style-type: none">• Hospital Standardised Mortality Ratio• Healthcare Associated Infection (HAI)• Adverse events / safe care
<ul style="list-style-type: none">• Everyone has a positive experience of healthcare	<ul style="list-style-type: none">• Healthcare experience• Personal reported outcomes
<ul style="list-style-type: none">• Staff feel supported and engaged	<ul style="list-style-type: none">• Staff engagement and potential
<ul style="list-style-type: none">• The best use is made of available resources	<ul style="list-style-type: none">• Resource use indicator

However, it should be noted that a number of indicators can be measures of more than one outcome. For example, it could be argued that improving outcomes and reducing end of life hospital use are about best use of resources.

The Quality Indicators are at different stages of development, but are intended to be used for national reporting on longer term progress in meeting the Quality Ambitions and Outcomes. They are intended as indicators of quality and do not have associated targets. Some are also being reviewed given the policy of integrating health and social care. However, in its response to the Health and Sport Committee's report on the draft budget 2013-14, the Scottish Government provided information on the progress in developing the indicators (see Scottish Government 2013b, p 6). In addition, the Scottish Government has provided an updated analysis of the progress that has been made in meeting the outcomes using appropriate data associated with different indicators (see Scottish Government, 2013b, p 24-27).

Closely allied to the Quality Strategy is the Scottish Government's [2020 Vision](#) for health and social care. The Scottish Government describes this as providing "the strategic narrative and context for taking forward the implementation of the Quality Strategy, and the required actions to improve efficiency and achieve financial sustainability". It aims to see everyone in Scotland being able to live longer healthier lives at home, or in a homely setting and, with a healthcare system with the following features:

-
- integrated health and social care
 - a focus on prevention, anticipation and supported self-management
 - where hospital treatment is required, and cannot be provided in a community setting, day case treatment is the norm
 - whatever the setting, care provided to the highest standards of quality and safety, with the person at the centre of all decisions
 - a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission
-

In May 2013, the Scottish Government (2013d) published its 2020 Vision [Route Map](#) for taking forward 12 priority areas for action in developing health and social care services. The priority areas are mapped against three domains: quality of care; health of the population; and, value and financial sustainability. Each domain is also allied closely to one of the three Quality Strategy ambitions (see above). The Route Map provides more information on each of the priority areas and the deliverables that have been identified for 2013-14. However, [Appendix 2](#) contains a diagram that illustrates how the domains, quality ambitions, priority areas and deliverables map together.

Below these Level 1 measures are HEAT Targets, which are specific and short term priority areas for targeted action in support of the Quality Outcomes.

Level 2: NHS HEAT Targets

[HEAT targets](#) are the NHS Scotland performance targets. "HEAT" is an acronym for the four categories of indicators: Health improvement, Efficiency and governance, Access and Treatment. The Scotland Performs website lists the targets due for delivery for 2012-13 and 2013-14, together with those due for delivery after March 2014. Through Local Delivery Plans (LDPs) NHS Boards are expected to outline how they will deliver the HEAT Targets and map how these directly or indirectly support delivery of the NPF national outcomes and the Quality Outcomes (see above). NHS Boards are also expected to outline how they will work with other partners (e.g. through Community Planning Partnerships) to meet their targets and how they can also contribute to delivering local outcome agreements.

[Appendix 3](#) lists all of these targets broken down by the timescale they were, or are due to be, delivered in, together with an assessment of the progress that has been made, from the individual webpages associated with each target. As can be seen from Appendix 3 most of the targets for 2013-14 and thereafter are still in progress.

In addition to HEAT targets there are also a number of HEAT Standards set for each year. These are targets that Boards have achieved, but which they must continue to adhere to. These are set out in [Appendix 4](#).

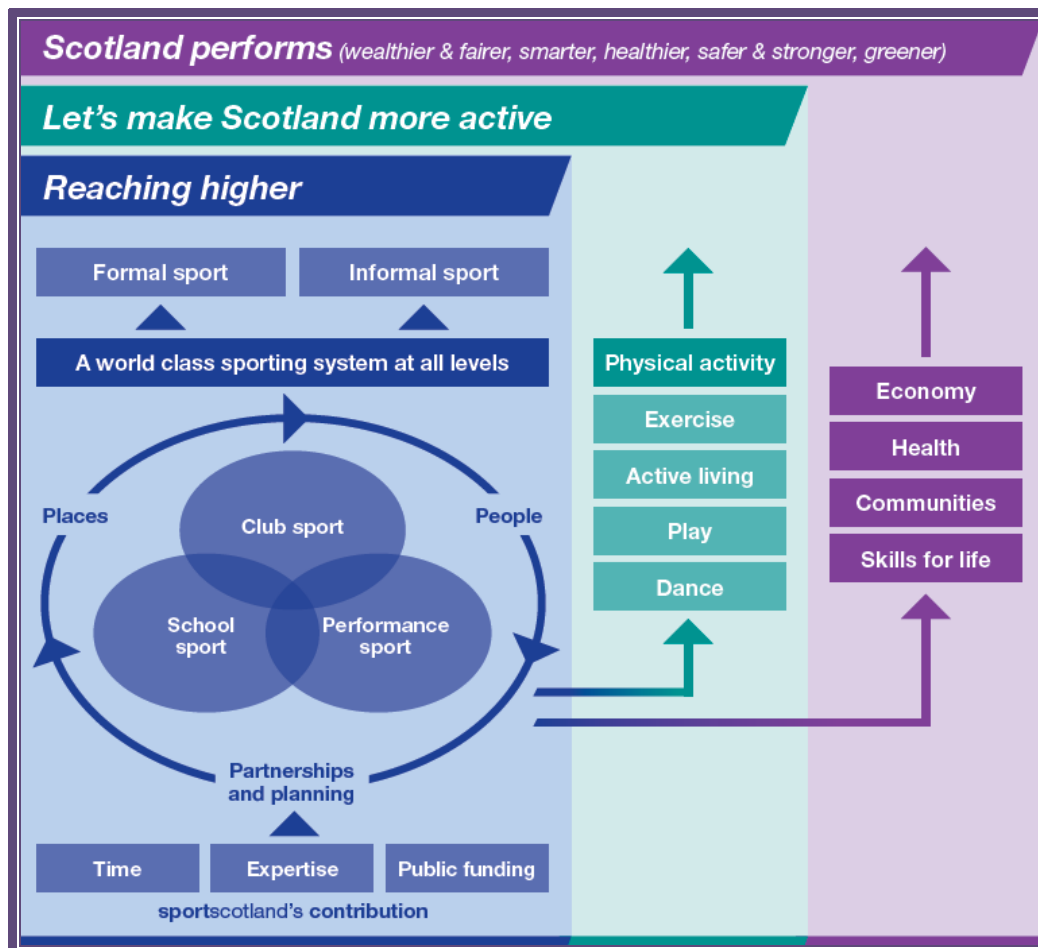
The Scottish Government (2013e) has noted that whilst the delivery of targets to support outcomes is important they will always be secondary to clinical decision making in the interest of patients.

Level 3: other NHS measures

These include a range of indicators/measures used for local improvement and performance management, including core sets of specific indicators for national programmes, such as clinical indicators.

Indicators and targets for Sport

At a national level, sport policy is taken forward on behalf of Ministers by **sportscotland**, which is guided¹ by the Scottish Government's strategy for sport '[Reaching Higher](#)' (2007) and the long term physical activity strategy '[Let's Make Scotland More Active](#)', which was first published in 2003. The objectives of these two strategies have been mapped with the NPF five strategic objectives:



Used with the kind permission of **sportscotland**
Source: **sportscotland** (2011)

However, there are no specific indicators or targets for sport. '[Reaching Higher](#)', (Scottish Executive, 2007) sets out the aims and objectives for sport in Scotland until 2020. It sets out two outcomes: (1) increasing participation; and (2) improving performance. The first of these is measured through the Scottish Household Survey. The last [report](#) discussing participation in sport was published in 2009, and relates to the results from the 2007 and 2008 surveys. In 2007 51% of respondents stated that they had participated in a sport (excluding walking). This increased to 73% when including walking. The figures for 2008, showed a slight dip in both figures – 48% excluding walking and 73% including walking. However, the report suggesting

¹ It should be noted that '[Let's Make Scotland More Active](#)', is not taken forward by **sportscotland**, it is only guided by it.

taking care in drawing any conclusions from such a short period of data. (Scottish Government, 2009). However, the Scottish Health Survey also includes a question on participation in sport. In the [report](#) for 2012, it was found that children's participation in sports and exercise over the previous week increased between 1998 and 2009 (from 69% to 73%) before declining gradually to 66% in 2012. As for adults just over half (55%) had participated in sport in the previous month. (Scottish Government, 2013f).

The physical activity strategy does have a long term target for increasing the rates of physical activity. By 2022 it wished to see 50% of all adults aged over 16 and 80% of all children aged 16 and under meeting the minimum recommended levels of physical activity. This is being measured through the Scottish Health Survey. The latest survey [report](#) for 2012 states that proportion of children meeting the physical activity guideline has not changed significantly since 2008 (71%). The number of adults active at the recommended level was 62%. (Scottish Government, 2013f).

There are a number of health related national indicators (see below) which could be related to support i.e. increasing physical activity and increasing people's use of the outdoors.

SPENDING REVIEW AND DRAFT BUDGET PRIORITIES

The Spending Review promoted the reform of public services, given the financial constraints on public spending and predicted demographic change. The Scottish Government related its actions on this theme to the work of the [Independent Budget Review](#) and [Commission on the Future Delivery of Public Services](#) (the Christie Commission). Through the Spending Review the Scottish Government sought to build on the Christie Commission's recommendations and reform public services through:

- a decisive shift towards prevention
- a greater integration of public services at a local level, driven by better partnership, collaboration and effective service delivery
- workforce development
- significant enhancements to the transparency of performance reporting

These continue to be key themes for the health budget, though the Draft Budget states that the overall context for the budget is the Quality Strategy and the 2020 Vision. (Scottish Government, 2013a, p 17).

Priorities and commitments in the Draft Budget for Health

The Draft Budget contains 18 priority areas for action over 2014-15 and 2015-16 for health. Most of the priorities for health are aligned to one of the three 2020 Vision domains: quality of care; health of the population; and, value and financial sustainability. Examples include: the integration of health and social care; improving delivery of unscheduled and emergency care; reducing health inequalities; preventative measures on alcohol, tobacco etc.; establishing a vision for the health and social care workforce; and, increasing investment in innovations. The remaining health priorities relate to investment in capital and infrastructure.

Very few of the priorities in the Draft Budget relate directly to specific sums of money and / or lines in the budget document. The Scottish Government (2013e) has advised that a number of these will be the responsibility of NHS Boards to pursue through their allocations. However, a number can be aligned to specific budget lines. These are shown in [Appendix 5](#). It should be noted that any funding noted alongside a priority is the Scottish Government element. NHS Boards will provide the bulk of the funding through their own allocations.

In addition to the priorities outlined in the Draft Budget there are also 33 commitments or specific actions for the period 2014-15 to 2015-16. Again, a link can be made between many of these and the priorities, and indeed with the Quality Strategy, 2020 Vision and some HEAT Targets, though this is not explicitly laid out in the document itself. However, as with the priorities there is no mapping of the commitments to any specific budget lines. However, the Scottish Government (2013e) has, where possible, mapped each commitment to a budget line and funding. This is also shown in [Appendix 5](#). Again it should be noted that this is the Scottish Government element and that in many cases NHS Boards will provide the bulk of the funding through their own allocations.

Priorities in the Draft Budget for Sport

The Draft Budget (Scottish Government, 2013a, p 23) contains four priorities for sport:

- Continue to work with and support Games partners to ensure the delivery of a spectacularly successful, athlete-centred and sport focused Commonwealth Games.
 - Ensure a positive and lasting legacy from hosting the Games, with benefits spread across the whole of Scotland.
 - Continue to work with sports governing bodies across Scotland to increase sports participation, increase physical activity and encourage everyone to lead a more active lifestyle.
 - In addition to the investments in elite sport, commit £24 million in 2015-16 for the creation of a National Performance Centre for Sport.
-

Two of these relate to the spending plans for the 2014 Commonwealth Games, whilst the remainder relate to the general *Sport* line in the budget which is managed on behalf of the Ministers by **sportscotland**. **sportscotland** (2011) is currently working to a [corporate plan](#) for the years 2011-2015. Its focus is on “sustaining a world class sporting system for Scotland”. It has identified a list of measures to judge success, including related to elite performance and the support of athletes; improving the quality of Sports Governing Bodies; enhancing the skills of coaches; a more integrated role for outdoor and adventure sport ; and, increase opportunities for children and young people through schools and improved access to the school estate. A summary of the achievements made in the first two years of the corporate plan, together with the key activities and investment for 2013-15, is contained in the organisation’s [‘Business Plan 2013-15’](#) (**sportscotland**, online).

As regards physical activity, the Scottish Government (2013e) has noted that physical activity strategy produced in 2003 was reviewed after five years. This review acknowledged the progress made in the first phase of its implementation. In addition, in 2010 the [‘Toronto Charter for Physical Activity– A Global Call for Action’](#) was published. It contains nine guiding principles for increasing physical activity and decreasing sedentary behaviour. The Scottish Government has been working with NHS Health Scotland to create a [Physical Activity Implementation Plan](#) based on these principles. It is due to be published in autumn 2013. It will also be aligned with ‘A More Active Scotland - Building a Legacy from the Commonwealth Games’, which is to be published in 2013.

The Scottish Government (2013e) also noted that a National Walking Strategy is to be published in 2014.

PART 2: THE DRAFT BUDGET 2013-14

TOTAL HEALTH AND WELLBEING BUDGET

The Scottish Government's Draft Budget 2014-15, published on 11 September 2013, sets out how the Scottish Government plans to allocate resources over the next two financial years. In real terms, total managed expenditure (TME) is set to increase by 0.2% in 2014-15 and decline by 0.1% in 2015-16. In comparison, the **total health and wellbeing** budget is set to reduce by 0.1% in real terms in 2014-15 and by a further 2.1% in real terms in 2015-16. Health and Wellbeing accounts for just over a third (34.5%) of the total Scottish budget in 2014-15.

Table 1 Health and Wellbeing: Spending Plans (Level 2) (cash terms)	2013-14 Budget £m	2014-15 Draft Budget £m	2015-16 Plans £m	Change 13-14 to 14-15 £m	Change 13-14 to 14-15 %
Health	11,822.30	11,960.40	12,071.50	138.1	1.20%
<i>NHS and Special Health Boards</i>	9,124.80	9,392.00	9,619.60	267.2	2.90%
<i>Other Health</i>	2,697.50	2,568.40	2,451.90	-129.1	-4.80%
Equalities	20.3	20.3	20.3	0	0.00%
Sport	133.6	207.7	60.5	74.1	55.50%
Food Standards Agency	10.9	10.9	10.9	0	0.00%
Total	11,987.10	12,199.30	12,163.20	212.2	1.80%
<i>of which:</i>					
<i>DEL Resource</i>	11468.6	11841.3	11874.1	372.7	3.20%
<i>DEL Capital</i>	418.5	254	187.1	-164.5	-39.30%
<i>Financial Transactions</i>	-	4	2	4	-
<i>AME</i>	100	100	100	0	0.00%

Table 2 Health and Wellbeing: Spending Plans (Level 2) (real terms)	2013-14 Budget	2014-15 Draft Budget £m	2015-16 Plans	Change 13-14 to 14-15 £m	Change 13-14 to 14-15 %
Health	11,822.30	11,737.40	11,637.00	-84.9	-0.70%
<i>NHS and Special Health Boards</i>	9,124.80	9,216.90	9,273.30	92.1	1.00%
<i>Other Health</i>	2,697.50	2,520.50	2,363.60	-177	-6.60%
Equalities	20.3	19.9	19.6	-0.4	-1.90%
Sport	133.6	203.8	58.3	70.2	52.60%
Food Standards Agency	10.9	10.7	10.5	-0.2	-1.90%
Total	11,987.10	11,971.80	11,725.40	-15.3	-0.10%
<i>of which:</i>					
<i>DEL Resource</i>	11,468.60	11,620.50	11,446.70	151.9	1.30%
<i>DEL Capital</i>	418.5	249.3	180.4	-169.2	-40.40%
<i>Financial Transactions</i>	-	3.9	1.9	3.9	-
<i>AME</i>	100	98.1	96.4	-1.9	-1.90%

Within the **Health and Wellbeing budget**:

- The Health budget shows a fall of £84.9m (0.7%) in real terms, which incorporates a 1% increase in the NHS and Special Health Boards budget and a 6.6% reduction in the 'Other Health' budget line (some of which is ultimately allocated to Boards).
- The Sport budget increases by 52.6% in real terms, reflecting the impact of Commonwealth Games spending.

- The resource budget increases by 1.3% while the capital budget reduces by 40.4% in real terms.

The **Health budget** for 2014-15 (£11,960.4m) is £10.1m lower than planned in the 2013-14 Draft Budget. This is due to a combination of reprofiled timescales for a number of capital projects and the use of alternative financing methods within the hub projects.

A number of budget lines that had formerly been allocated to boards through recurring allocations have now been rolled up into baseline allocations for the territorial boards. These are summarised in Table 3:

Table 3: Recurring allocations included in 2013-14 board baselines

	£ million
Access Support / Waiting Times	5.0
Genetic Services	4.3
ePharmacy	1.9
Wheelchair/seating services improvement	1.8
HMP Low Moss Healthcare Services	1.7
SAS Rest Breaks	1.3
SNBTS VCJD Risk Reduction Measures	1.0
Patient Focus and Public Involvement	0.5
Other	0.4
Total	17.9

Barnett Consequentials

The Scottish Government's commitment to pass on resource Barnett consequentials resulting from UK health spending remains in place. However, since the 2013-14 Draft Budget, there have been no resource Barnett consequentials resulting from UK health spending decisions.

Capital spending

The health and wellbeing capital budget shows a fall of 40.4% in real terms in 2014-15. The majority of this is due to a reduced capital budget for NHS Boards. The Scottish Government (2013e) has advised that the majority of this reduction is due to reduced spending on the New South Glasgow Hospitals project as it moves towards completion in 2015-16.

However, the Draft Budget also restates the plans first set out in the 2011 Spending Review document to transfer £320m from the health resource budget to the health capital budget over the Spending Review period. This forms part of the Scottish Government's wider plans to switch over £700m from resource budgets to capital budgets across the Scottish Government budget as a whole.

If the transfers take place as planned, this will partially offset the reductions in the capital budget. In 2014-15, a transfer of £120m from the health resource budget to the health capital budget is planned. If these transfers take place as planned, the health capital budget will reduce by 8.4% in real terms in 2014-15.

The distribution of the health capital budget across NHS Boards will be announced alongside the allocation of the resource budget later in the year. The capital budget identified in the Draft Budget document will be used for projects financed through 'traditional' financing methods i.e. where the Scottish Government pays for the development and construction costs of the capital project at the time of construction. Projects financed through this budget will include:

- New South Glasgow Hospitals Project (£842m)
- Emergency Care Centre, Aberdeen (£110m)

(Scottish Parliament Public Audit Committee 2013)

Due to pressures on the capital budget, the Scottish Government plans to use revenue financing to support capital investment. This will be done through use of the non-profit distributing (NPD) model, where the upfront capital investment is undertaken by the private sector, with repayment and maintenance costs met through unitary charges paid from the Scottish Government's resource budget over a period of time (usually 25-30 years). As at May 2013, the larger (>£50m capital value) health projects that are expected to use NPD financing are:

- NHS Lothian - Royal Hospital for Sick Children/ Clinical Neurosciences (£155m)
- NHS Dumfries & Galloway - Royal Infirmary replacement (£200m)
- NHS Orkney –Balfour Hospital (£60m)

(Scottish Parliament Public Audit Committee 2013)

The Scottish Government (2013e) has advised that the Royal Edinburgh Hospital campus redevelopment (£181m) is also expected to be revenue financed, through the hub model. It added that the hub initiative is the key vehicle in health to deliver revenue financed and public funded investment in community based facilities. There are 5 territories in which £250m of revenue funded capital is targeted, including £42m for the first phase of the Royal Edinburgh Hospital redevelopment.

With a number of NPD-financed health projects now completed, repayments linked to NPD projects will start to be paid. In 2014-15, repayments linked to completed NPD schemes will total £3m, rising to £14m in 2015-16 (Scottish Government, 2013a). Completed projects include Aberdeen Health Village, Woodside Health Centre (Aberdeen), Forres Health Centre and Tain Health Centre (Scottish Government, 2013e).

Backlog maintenance

The Scottish Government has used transfers from the resource budget to address the maintenance backlog identified in the NHS estate. The State of the NHSScotland Estate 2011 report published in February 2012 identified a £1bn backlog in maintenance expenditure (Scottish Government, 2012). An updated State of the NHSScotland Estate report is due later in 2013 and the Scottish Government has indicated that this will identify a reduced backlog maintenance figure of £858m. According to the Scottish Government, "within the next five years, based on capital projects, disposals and maintenance plans we expect the total backlog to reduce by a total of £521 million to £427 million and for all high and significant risk backlog currently identified to be removed." (Scottish Government, 2013b). Activities planned to address the backlog situation include:

- NHS Greater Glasgow and Clyde: £88.5m reduction in identified backlog maintenance by to be achieved through disposals, in part facilitated by the construction of the New South Glasgow Hospitals Project, and planned, risk profiled maintenance.
- NHS Lothian: planned disposals will reduce identified backlog by £30.5 million.
- Royal Edinburgh Hospital In Patient Accommodation: will remove £22.6 million of which £19.6 million is High and Significant Risk
- Replacement of Dumfries and Galloway Royal Infirmary will remove £40.9 million
- NHS Forth Valley: to reduce identified backlog by £13.1 million through refurbishment of Stirling and Falkirk Royal Infirmeries and planned disposals
- NHS Ayrshire and Arran: to reduce identified backlog by £16.1 million through investment in North Ayrshire Community Hospital, maintenance and planned disposals.

Efficiency savings

The Scottish Government remains committed to an efficiency target of 3% per year within NHS Scotland. The main cost pressures have been identified as:

- Pay (which accounts for 50% of the net operating costs of NHS Scotland)
- Demographics and New Technologies
- New Drugs and Volume
- Maintenance

In response to the Committee's request for information on cost pressures, the Scottish Government has provided background analysis in each of these areas. (Scottish Government, 2013b).

SPENDING PLANS FOR HEALTH

As noted above the health budget is presented through two key lines at level two – 'NHS and Special Health Boards' and 'Other Health'. Further detail as to what is contained in these is presented in the budget document at level three and also, in the case of NHS and Special Health Boards, level four. Level 4 data relating to 'Other Health' has been supplied separately by the Scottish Government (2013g) and are available [online](#).

Each of the level three budget lines is presented under a number of headings. The spending plans for other health are shown in cash terms and real terms below. Table 4 shows the figures in cash terms, whilst Table 5, below, considers the level 3 lines in real terms (based on 2013-14 deflators). In each there is an analysis of the annual change between 2013-14 and 2014-15 in monetary and percentage terms.

These will be the basis of further analysis and discussion, which will concentrate on those lines where there are significant changes, either up or down, and where there are have been any significant changes when compared against the plans for 2015-16, that were contained in the Scottish Government's Draft Budget 2013-14. The headings as used in the Draft Budget document will be used to aid comparison. It may also be useful to consider these sections along with [Appendix 5](#), where priorities and commitments made in the budget document have been mapped against budget lines where possible.

Resource

The total allocation for area NHS Boards and Special Health Boards is shown in this budget line. The budget document also shows the level 4 spending plans for each of the Boards for 2014-15 and 2015-16 (see Scottish Government, 2013a, p 27). Whilst these are indicative figures they are not expected to change. NHS Boards will be advised formally in February once the Budget is approved by Parliament. The Draft Budget (p 28) states that NHS area Boards will receive cash terms allocation increases of 3.1% in 2014-15, which represents a 1.1% increase in real terms. This reflects the Scottish Government's commitment to protect "frontline services", and to achieve this those Special Health Boards with non-direct patient responsibilities have differential efficiency savings targets and these have been taken from them and will support other priorities within Health. Thus, Boards including the Scottish Ambulance Service and NHS 24 will receive cash increases in their allocations in 2014-15, as they are providing direct patient care. However, the remaining Special Health Boards, including Healthcare Improvement Scotland and NHS National Services Scotland, will all see cash terms decreases over the same period as they are not involved in direct patient care.

Table 4 Health: Spending Plans (Level 3) (cash terms)	2013-14 Budget £m	2014-15 Draft Budget £m	2015-16 Plans £m	Change 13-14 to 14-15 £m	Change 13-14 to 14-15 %
Resource					
NHS & Special Health Boards	9,124.8	9,392.0	9,619.6	267.2	2.9%
Education and Training					
Workforce Education and Training	31.1	30.0	33.0	-1.1	-3.5%
Nursing Education and Training	148.9	137.8	135.8	-11.1	-7.5%
Primary and Community Care Services					
General Medical Services	709.6	709.6	709.6	0.0	0.0%
Pharmaceutical Services Contractors Remuneration	181.4	177.7	177.7	-3.7	-2.0%
General Dental Services	398.7	398.7	398.7	0.0	0.0%
General Ophthalmic Services	93.0	93.0	93.0	0.0	0.0%
Improving Health and Better Public Health					
Health Improvement & Health Inequalities	59.3	58.2	64.4	-1.1	-1.9%
Immunisations	8.8	16.3	20.9	7.5	85.2%
Pandemic Flu Preparedness	10.0	16.1	8.1	6.1	61.0%
Health Screening	3.0	2.6	2.6	-0.4	-13.3%
Tobacco Control	12.3	12.2	12.2	-0.1	-0.8%
Alcohol Misuse	42.3	41.1	41.1	-1.2	-2.8%
Health Protection	40.1	31.7	31.7	-8.4	-20.9%
Healthy Start	12.6	13.9	13.9	1.3	10.3%
Mental Health Improvement & Service Delivery	22.8	22.3	23.7	-0.5	-2.2%
Specialist Childrens Services	21.4	21.2	21.2	-0.2	-0.9%
Early Detection of Cancer	7.7	8.5	9.3	0.8	10.4%
Integration Fund	0.0	0.0	20.0	0.0	-
General services					
Research	68.8	68.5	68.5	-0.3	-0.4%
Distinction Awards	23.5	19.4	19.4	-4.1	-17.4%
Access Support for the NHS	27.5	32.4	32.4	4.9	17.8%
Quality Efficiency Support	18.9	18.9	18.9	0.0	0.0%
Clean Hospitals/MRSA Screening Programme	28.4	18.5	18.5	-9.9	-34.9%
eHealth	88.7	88.7	88.7	0.0	0.0%
Self Directed Support Programme	17.0	12.0	12.0	-5.0	-29.4%
Miscellaneous Other Services	118.1	145.9	157.0	27.8	23.5%
Care Inspectorate	21.3	21.5	21.5	0.2	0.9%
Provision to Transfer to Health Capital	105.0	120.0	47.5	15.0	14.3%
Revenue consequences of NPD	0.0	3.0	14.0	3.0	-
NHS Impairments (AME)	100.0	100.0	100.0	0.0	0.0%
Health Retained Income	-123.2	-125.3	-126.5	-2.1	1.7%
Capital					
NHS & Special Health Boards Capital	420.5	281.6	182.0	-138.9	-33.0%
Financial Transactions	0.0	4.0	2.0	4.0	-
Capital Receipts	-20.0	-31.6	-20.9	-11.6	58.0%
Total	11,822.3	11,960.4	12,071.5	138.1	1.2%

Based on: Scottish Government (2013a, p 25-26)

Table 5 Health: Spending Plans (Level 3) (real terms)	2013-14 Budget £m	2014-15 Draft Budget £m	2015-16 Plans £m	Change 13-14 to 14-15 £m	Change 13-14 to 14-15 %
NHS Boards					
NHS & Special Health Boards	9,124.8	9,216.9	9,273.3	92.1	1.0%
Education and Training					
Workforce Education and Training	31.1	29.4	31.8	-1.7	-5.3%
Nursing Education and Training	148.9	135.2	130.9	-13.7	-9.2%
Primary Care and Community Care Services					
General Medical Services	709.6	696.4	684.1	-13.2	-1.9%
Pharmaceutical Services Contractors Remuneration	181.4	174.4	171.3	-7.0	-3.9%
General Dental Services	398.7	391.3	384.3	-7.4	-1.9%
General Ophthalmic Services	93.0	91.3	89.7	-1.7	-1.9%
Improving Health and Better Public Health					
Health Improvement & Health Inequalities	59.3	57.1	62.1	-2.2	-3.7%
Immunisations	8.8	16.0	20.1	7.2	81.8%
Pandemic Flu Preparedness	10.0	15.8	7.8	5.8	58.0%
Health Screening	3.0	2.6	2.5	-0.4	-14.9%
Tobacco Control	12.3	12.0	11.8	-0.3	-2.7%
Alcohol Misuse	42.3	40.3	39.6	-2.0	-4.6%
Health Protection	40.1	31.1	30.6	-9.0	-22.4%
Healthy Start	12.6	13.6	13.4	1.0	8.3%
Mental Health Improvement & Service Delivery	22.8	21.9	22.8	-0.9	-4.0%
Specialist Childrens Services	21.4	20.8	20.4	-0.6	-2.8%
Early Detection of Cancer	7.7	8.3	9.0	0.6	8.3%
General services					
Integration Fund	0.0	0.0	19.3	0.0	-
Research	68.8	67.2	66.0	-1.6	-2.3%
Distinction Awards	23.5	19.0	18.7	-4.5	-19.0%
Access Support for the NHS	27.5	31.8	31.2	4.3	15.6%
Quality Efficiency Support	18.9	18.5	18.2	-0.4	-1.9%
Clean Hospitals/MRSA Screening Programme	28.4	18.2	17.8	-10.2	-36.1%
eHealth	88.7	87.0	85.5	-1.7	-1.9%
Self Directed Support Programme	17.0	11.8	11.6	-5.2	-30.7%
Miscellaneous Other Services	118.1	143.2	151.3	25.1	21.2%
Care Inspectorate	21.3	21.1	20.7	-0.2	-0.9%
Provision to Transfer to Health Capital	105.0	117.8	45.8	12.8	12.2%
Revenue consequences of NPD	0.0	2.9	13.5	2.9	-
NHS Impairments (AME)	100.0	98.1	96.4	-1.9	-1.9%
Health Retained Income	-123.2	-123.0	-121.9	0.2	-0.2%
Capital					
NHS & Special Health Boards Capital	420.5	276.3	175.4	-144.2	-34.3%
Financial Transactions	0.0	3.9	1.9	3.9	-
Capital Receipts	-20.0	-31.0	-20.1	-11.0	55.1%

Based on: Scottish Government (2013a, p 25-26)

The Draft Budget maintains the Spending Review proposed funding that the Change Fund for Older People's Services² should amount to £70m in 2014-15. This funding was allocated to NHS Boards on a recurring basis and is now included within their baseline. A new Integration Fund (see page 18, below) will replace these arrangements from 2015-16.

Education and Training

This heading comprises two level three budget lines. The *Workforce* line funds a range of programmes including supporting NHS Boards with implementing the [Staff Governance Standard](#)³, partnership working, implementation of the EU Working Time Regulations and medical revalidation. Its largest programme is investment in modernising medical careers. The Draft Budget proposes £30m in 2014-15, which is £1.1m lower than 2013-14, representing a 3.5% decrease (-5.3% in real terms). It is also £1.1m lower than was planned for 2014-15 in the Draft Budget 2013-14. The Scottish Government (2013g) states that this decrease is due to efficiencies being found in existing programmes which will not affect their delivery. However, it also notes the significant increase to £33m being planned for 2015-16, which represents increased funding for medical foundation posts.

The *Nursing, Midwifery and Allied Health Professionals* line primarily funds pre-registration nursing and midwifery training and nursing and midwifery bursaries. The Draft Budget proposes this line to fall by £11.1m between 2013-14 and 2014-15, this represents a 7.5% decrease (-9.2% in real terms). Whilst in the Draft Budget 2013-14 it was planned that spending on this line would fall over that time period, the decrease was to be £0.5m. The Scottish Government (2013g) states that the decrease relates primarily to delivery of the costs of Interns and the One Year Job Guarantee where the full costs are being met by NHS Boards by 2015-16. It is believed NHS Boards are best placed to deliver this, in line with local needs. It also noted that the change would have no impact on nursing numbers.

Primary and Community Care Services

This heading contains the figures for the contracts for the four main contractor services - GPs, pharmacists, dentists and opticians. As can be seen the figures for the GP, dentist and optician contracts maintain the same level in cash terms over the period 2013-14 to 2015-16. They should be treated as indicative, as the negotiations with the various professions involved have not yet been completed. However, as can be seen the figures for the pharmacy contract show a 2% decline in cash terms between 2013-14 and 2014-15. The Scottish Government (2013g) states this is due to services and funding for ePharmacy being transferred to NHS Boards.

Provision for those contracts yet to be agreed is contained in the 'Miscellaneous Other Services Line' (see ['General Services'](#) below).

Improving Health and Better Public Health

As can be seen from Table 4, this heading includes a large number of different budget lines. As shown in the information accompanying the Level 4 data (Scottish Government, 2013g), there are a number of lines where relatively small cash decreases are planned between 2013-14 and 2014-15. In some cases these changes were not planned for in the Draft Budget 2013-14.

² This is for NHS Boards and partner local authorities to redesign social care services, in particular to support older people to remain independent in their own homes, and thereby reduce hospital admissions and aiding discharge after a crisis.

³ The Staff Governance Standard sets out what each NHSScotland employer must achieve in order to continuously improve in relation to the fair and effective management of staff.

These lines are: *Health Screening; Tobacco Control; Alcohol Misuse; Mental Health Improvement and Service Delivery*; and, *Specialist Children's Services*. For these lines the Scottish Government (2013g) states that this has been achieved through finding efficiency savings that are not impact on the delivery of services or have an effect on outputs or outcomes.

The remaining lines are discussed below, including information about each line's purpose and the reason for changes as clarified by the Scottish Government (2013g):

- *Health Improvement and Health Inequalities* - supports efforts outlined in '[Equally Well Implementation Plan](#)' (Scottish Government, 2008). Specific programmes include: 'Keep Well', 'Early Years', 'School Dental Service' and funding for the 'Organ Donation Taskforce'. The Draft Budget shows a decrease of £1.1m or -1.9% in cash terms (-3.7% in real terms). The Draft Budget 2013-14 envisaged this line increasing by £1.5m over the same period. This decrease is due to the transfer of 'Healthy Working Lives' funding to NHS Boards together with some programme efficiency savings that have been identified. However, it also includes additional funding for the national roll-out of the Family Nurse Partnership programme which will also come through this budget line (+£1.6m in 2014-15 and +£4.4m for 2015-16), and is a key reason why the line sees increased funding between 2014-15 and 2015-16.
- *Immunisations* – this is a new level 3 line, which previously sat as a level 4 line in 'Miscellaneous Other Services'. The Draft Budget proposes this increase from £8.8m in 2013-14 to £16.3m in 2014-15, representing an 85.2% increase in cash terms (+81.8% in real terms). It is proposed that it increase further by £4.5m in 2015-16. This is primarily due to the roll-out of the Childhood Flu Vaccination Programme, which is being done in stages⁴, though also expenditure on the rotavirus and shingles vaccination programmes. The implementation costs are to be met directly by NHS Boards. NHS Health Scotland, on behalf of the Scottish Immunisation Programme and the Scottish Government, has begun a Health Inequalities Impact Assessment of the immunisation programme.
- *Pandemic Flu* – set to increase by £6.1m (+61%) in cash terms between 2013-14 and 2014-15 (+58% in real terms). This reflects the rolling programme for new drugs to replace the current stock as it reaches its expiry date.
- *Health Protection* – this line includes funding for: sexual health and blood borne virus programmes; Genetics Services; and, the Life Begins at 40 health checks. The Draft Budget proposes that it fall by £8.4m between 2013-14 and 2014-15, representing a -20.9% decrease in cash terms (-22.4% in real terms). This is primarily due to the transfer of Genetic Services and the Scottish National Blood Transfusion Service CJD services to NHS Boards.
- *Healthy Start* – this is a benefit based scheme which provides qualifying women and children with support towards the cost of a balanced and nutritious diet, as well as free vitamin supplements and relevant information on breastfeeding, healthy eating and a healthy lifestyle. The Draft Budget proposes that this line increase in cash terms from £12.6m in 2013-14 to £13.9m in 2014-15. This is a demand led benefit for which the Scottish Government is obliged to meet its share based upon UK welfare legislation.
- *Early detection of cancer* – this is a budget line which came into being in 2012-13. It funds the Scottish Government's [Detect Cancer Early Programme](#). The Draft Budget this line increase in cash terms from £7.7m in 2013-14 to £8.5m in 2014-15. This represents a cash increase of 10.4% (+8.3% in real terms). However, Draft Budget 2013-14 had planned for

⁴ This was [announced](#) in July 2013. The vaccine will be administered using a nasal spray, and will be delivered by a combination of schools and GP practices. It will be offered to around 120,000 two and three year olds and around 100,000 primary school aged children in Scotland during season 2013/14. By 2015, around one million children across Scotland aged two to 17 will have the chance to be immunised. (Scottish Government, 2013h).

an increase to £12.5m by 2014-15. The Scottish Government has stated that this decrease reflects planned profile of spend within this programme.

- *Integration Fund* – this is a new level 3 line which is to support the integrated funding arrangements for health and social care. The Scottish Government (2013e) have advised that whilst an additional resource of £100 million will be available to be allocated via NHS Boards in 2015-16 to help drive the shift towards integration, this line contains £20 million which will be held centrally within Health to support national initiatives. These arrangements will replace the previous Adult and Social Care Change Fund which totals £70 million contained within NHS Boards resource baselines in 2014-15.

General Services

Again, this heading includes a number of different budget lines. As shown in the information accompanying the Level 4 data (Scottish Government, 2013g), there are a number of lines where relatively small cash decreases are planned between 2013-14 and 2014-15. In some cases these changes were not planned for in the Draft Budget 2013-14 i.e. *Research and Quality Efficiency Support*. For these lines the Scottish Government (2013g) states that this has been achieved through finding efficiency savings that will not impact on the delivery of services or have an effect on outputs or outcomes. For others, the changes in lines are as previously planned i.e. *eHealth and Care Inspectorate*.

The remaining lines are discussed below, including information about each line's purpose and the reason for changes as clarified by the Scottish Government (2013g):

- *Distinction Awards* – this scheme is a devolved matter but is run on a UK basis. The Awards are given to individual medical and dental consultants in the NHS in Scotland for “outstanding professional work”. Distinction awards have been frozen since 2009-10 and, since 2010-11, new Awards can only be made if funding is freed up by retiring consultants. The Scottish Government states that this has resulted in a cash saving of £8.6m (or 30%) since 2009-10. This explains the decrease in this line from £23.5m in 2013-14 to £19.4m in 2014-15. In August 2010, the UK Review Body on Doctors' and Dentists' Remuneration agreed to undertake a review of clinical excellence and merit awards (including distinction awards). It made its final report to the four UK Health Ministers in July 2011. The Scottish Government advises that it is currently participating in UK-wide discussions on reviewing the current consultant contract, and that distinction awards are part of these.
- *Access Support for the NHS* – provides support to the NHS in achieving the 18 week waiting times target and preparation for the delivery of 12 weeks treatment time guarantee. The Draft Budget proposes this increase by £4.9m between 2013-14 and 2014-15, representing a cash increase of 17.8% (+15.6% in real terms). This increase is due to additional funding of £8 million in 2014-15 to support the new £50 million investment in unscheduled care initiatives over three years and an additional £2 million for IVF.
- *Clean Hospital / MRSA Screening Programme* – contains funding for the screening programme to detect MRSA in hospital patients at admission, and a continuation of work to prevent the spread of infection, reduce serious illness, and release hospital resources for use by other patients. The Draft Budget proposes that this line decrease from £28.4m in 2013-14 to £18.5m in 2014-15, which represents a 34.9% reduction in cash terms (-36.1% in real terms). The Draft Budget 2013-14 had planned for this line to remain unchanged in cash terms between 2013-14 and 2014-15. The Scottish Government (2013g) provides some detail on what is currently being achieved through this programme. However, it states that it continues to deliver the required outputs and outcomes for less cost.

- *Self Directed Support* – aimed at meeting the direct costs arising from the Social Care (Self-Directed Support) (Scotland) Act 2013. The Draft Budget proposes a decrease from £17m in 2013-14 to £12m in 2014-15. However, this continues the plans as stated in the Draft Budget 2013-14. The funding seeks to support local and regional hubs of expertise, provision of training support and to establish a transformation fund. The aim of the transformation fund is: to bring about improvements in assessment and support planning; better access to, and quality of, independent information and advice; and, for better personalised support from providers who can respond to the demand for flexible services.
- *Miscellaneous Other Services* – this contains a large number of small value programmes. The Draft Budget proposes that this will rise from £118.1m in 2013-14 to £145.9m in 2014-15, representing a 23.5% increase in cash terms (+21.2% in real terms). However, the Draft Budget 2013-14 planned for this line to be £126.9m in 2013-14 rising to £137.7m in 2014-15. These changes are due to a range of factors. Additional expenditure within the Rare Conditions Medicine Fund and for health and social care integration to support the current legislative process which is provided on a non-recurrent basis in 2014-15 reflecting the nature of this spend. However, a number of programmes contained in this line are also coming to an end, for example those relating to: long terms conditions; wheelchair services; the Scottish Diabetes Framework and the Patient Rights (Scotland) Act 2011. All of these are now be embedded in NHS Board spending.
- *Resource income* – this primarily represents income from pharmacists and dentists. This is shown as a negative, and is balanced out in the NHS Boards section above.

SPENDING PLANS FOR SPORT

The budget for sport is delivered through two level 3 lines. The first, *Sport*, provides support for the development of sport within Scotland. This is managed on behalf of Ministers by **sportscotland**. The second line, *Glasgow 2014: delivery of the Commonwealth Games*, represents the main contribution to the operational costs of staging the Glasgow 2014 Commonwealth Games. As discussed in the Draft Budget (p 31), the Scottish Government is the principal funder (67%) and ultimate guarantor of the Games.

The spending plans in cash terms for these budget lines are shown in Table 6, whilst Table 7 shows what these spending plans equate to in real terms.

Table 6 Sport: Spending Plans (Level 3) (cash terms)	2013-14 Budget £m	2014-15 Draft Budget £m	2015-16 Plans £m	Change 13-14 to 14-15 £m	Change 13-14 to 14-15 %
Sport	36.3	38.3	60.5	2.0	5.5%
Glasgow 2014: delivery of Commonwealth Games	97.3	169.4	0.0	72.1	74.1%
Total	133.6	207.7	60.5	74.1	55.5%

Table 7 Sport: Spending Plans (Level 3) (real terms)	2013-14 Budget £m	2014-15 Draft Budget £m	2015-16 Plans £m	Change 13-14 to 14-15 £m	Change 13-14 to 14-15 %
Sport	36.3	37.6	58.3	1.3	3.5%
Glasgow 2014: delivery of Commonwealth Games	97.3	166.2	0.0	68.9	70.9%
Total	133.6	203.8	58.3	70.2	52.6%

The spending plans outlined in the Tables above reflect the plans as previously stated in the Draft Budget 2013-14 and previously. The Draft Budget proposes the Glasgow 2014 line

increase by 74% in cash terms (+70.9% in real terms) in the run up to the delivery of the Games themselves. With the completion of the Games, the budget falls to zero in 2015-16, though there is then a £22.2m increase in cash terms in the Sport line by 2015-16.

As well as the promotion of excellence in sport, the Scottish Government (2013a, p 31) sees the sport budget as supporting efforts to increasing physical activity, and in turn leading to healthier outcomes for the population. It envisages events such as the Commonwealth Games itself and the Ryder Cup being vehicles for encouraging people to become more active. It also states that physical activity is one of the key priorities for Community Planning Partnerships to consider in their Single Outcome Agreements. It relates such efforts to other initiatives, principally the commitment of two hours of PE for all primary school aged children and two periods of PE for secondary school aged pupils in S1-S4. It states that 84 per cent of primary schools and 92 per cent of secondary schools meeting the target. The Scottish Government (2013e) has advised that all schools are to achieve the PE target by 2014.

As well as those discussed above, the actions to be taken forward through the Draft Budget for sport in 2014-15 and 2015-16 include:

- continue to increase the number of Community Sports Hubs
- enhance and grow the successful Active Schools Programme
- develop and implement a new Youth Sport Strategy
- build on the clubgolf programme to further embed a Ryder Cup legacy
- develop a National Performance Centre for Sport which will be completed in 2016

SOURCES

Commission on the Future Delivery of Public Services. [Online]. Available at: <http://scotland.gov.uk/About/publicservicescommission>

Financial Scrutiny Unit. (2013) *Draft Budget 2014-15*. Edinburgh: Scottish Government. Available at: http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_13-58.pdf

NHS Scotland. *Staff Governance Standard*. [Online]. Available at: <http://www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard/>

Independent Budget Review. [Online]. Available at: <http://www.scotland.gov.uk/About/IndependentBudgetReview/Resources/final-report>

Macpherson, S. (2012) *Community Sport*. SB12-53. Edinburgh: Scottish Government. Available at: http://www.scottish.parliament.uk/Research%20briefings%20and%20fact%20sheets/SB_12-53.pdf

Physical Activity and Health Alliance. *Five-year review of Let's Make Scotland More Active: Update statement from the review group*. [Online]. Available at: <http://www.paha.org.uk/Resource/five-year-review-of-lets-make-scotland-more-active-update-statement-from-the-review-group>

Scottish Government. *2020 Vision*. [Online]. Available at: <http://www.scotland.gov.uk/Topics/Health/Policy/2020-Vision>

Scottish Government. *Detect Cancer Early*. [Online]. Available at: <http://www.scotland.gov.uk/Topics/Health/Services/Cancer/Detect-Cancer-Early>

Scottish Government. *Heat Targets*. [Online]. Available at: <http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance>

Scottish Government. *National Performance Framework*. [Online]. Available at: <http://www.scotland.gov.uk/About/Performance/purposestratobj>

Scottish Government. *National Performance Framework: Question and Answer*. [Online]. Available at: <http://www.scotland.gov.uk/About/Performance/scotPerforms/Answer>

Scottish Government. *National Indicators*. [Online]. Available at: <http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator>

Scottish Government. *Strategic Objectives: Healthier*. [Online]. Available at: <http://www.scotland.gov.uk/About/Performance/scotPerforms/objectives/healthier>

Scottish Government. *National Outcomes*. [Online]. Available at: <http://www.scotland.gov.uk/About/Performance/scotPerforms/outcome>

Scottish Government. *Physical Activity Implementation Plan*. [Online]. Available at: <http://www.scotland.gov.uk/Topics/ArtsCultureSport/Sport/MajorEvents/Glasgow-2014/Commonwealth-games/Indicators/PAIP>

Scottish Government. *The Quality Measurement Framework*. [Online]. Available at: <http://www.scotland.gov.uk/Topics/Health/Policy/Quality-Strategy/Quality-Measurement-Framework>

Scottish Government. (2007) *Better Health, Better Care: Action Plan*. Edinburgh: Scottish Government. Available at: <http://www.scotland.gov.uk/Publications/2007/12/11103453/0>

Scottish Government. (2008) *Equally Well Implementation Plan*. Edinburgh: Scottish Government. Available at: <http://www.scotland.gov.uk/Publications/2008/12/10094101/0>

Scottish Government. (2009) *People and Sport in Scotland: Results from the Scottish Household Survey Culture and Sport module 2007/2008*. Edinburgh: Scottish Government. Available at: <http://www.scotland.gov.uk/Publications/2009/12/14145937/0>

Scottish Government. (2010) *Healthcare Quality Strategy for NHS Scotland*. Edinburgh: Scottish Government. Available at: <http://www.scotland.gov.uk/Publications/2010/05/10102307/0>

Scottish Government. (2011) *Scottish Spending Review 2011 and Draft Budget 2012-13*. Edinburgh: Scottish Government. Available at: <http://www.scotland.gov.uk/Publications/2011/09/22135416/0>

Scottish Government. (2012) *State of the NHSScotland Estate 2011*. Edinburgh: Scottish Government. Available at: <http://www.scotland.gov.uk/Resource/0038/00387509.pdf>

Scottish Government. (2013a) *Scottish Draft Budget 2014-15*. Edinburgh: Scottish Government. Available at: <http://www.scotland.gov.uk/Publications/2013/09/9971/0>

Scottish Government. (2013b) *Draft Budget 2014-15 – Updated response to report recommendations*. [Online]. Available at: http://www.scottish.parliament.uk/S4_HealthandSportCommittee/Inquiries/Draft_Budget_2014-15_-_Letter_from_Cabinet_Secretary_for_Health_and_Wellbeing.pdf

Scottish Government. (2013c) *Letter from Cabinet Secretary for Finance, Employment and Sustainable Growth to Convener regarding Budget Strategy Phase*. [Online]. Available at: http://www.scottish.parliament.uk/S4_FinanceCommittee/Draft_Budget_2014-15_Performance_Evaluation.pdf

Scottish Government. (2013d) *Route Map to the 2020 Vision for Health and Social Care*. Edinburgh: Scottish Government. Available at: <http://www.scotland.gov.uk/Resource/0042/00423188.pdf>

Scottish Government. (2013e) *Personal communication*. [Unpublished].

Scottish Government. (2013f) *Scottish Health Survey 2012 - Volume 1 Main Report: Physical Activity*. Edinburgh: Scottish Government: <http://www.scotland.gov.uk/Publications/2013/09/3684/10>

Scottish Government. (2013g) *Draft Budget 2014-15 - Level 4 budget information*. [Online]. Available at: http://www.scottish.parliament.uk/FinancialScrutiny/2014-15_budget_Level_4.xls

Scottish Government. (2013h) *Flu vaccination rolled out*. News release 26 July 2013. [Online]. Available at: <http://news.scotland.gov.uk/News/Flu-vaccination-rolled-out-2aa.aspx>

Scottish Parliament Health Committee. *NHS Boards Budget Scrutiny: Evidence*. [Online]. Available at: <http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/58659.aspx>

Scottish Parliament Health and Sport Committee (2012) *Committee Report to the Finance Committee on the 2013/14 Draft Budget*. Edinburgh: Scottish Parliament. Available at: <http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/57537.aspx>


























Scottish Parliament Public Audit Committee (2013) *Major Capital Projects: June 2013 update*. Available at: <http://www.scotland.gov.uk/Resource/0042/00429731.pdf>

sportscotland. *Business Plan 2013-15*. [Online]. Available at: http://www.sportscotland.org.uk/sportscotland/Documents/FOI/Business_Plan_2013-15.docx

sportscotland. (2011) *Developing and Supporting a World Class Sporting System: Corporate Plan 2011-15*. [Online]. Available at: <http://www.sportscotland.org.uk/sportscotland/Documents/Publications/Aworldclasssportingsystem.pdf>

Toronto Charter for Physical Activity– A Global Call for Action. [Online]. Available at: <http://www.globalpa.org.uk/pdf/torontocharter-eng-20may2010.pdf>

APPENDIX 1: SCOTTISH GOVERNMENT NATIONAL INDICATORS OF PERFORMANCE – HEALTH AND SOCIAL CARE

Current progress on Scotland Performs	National Indicator		
	Improve children's services		
	Improve children's dental health		
	Increase the proportion of babies with a healthy birth weight		
	Increase the proportion of healthy weight children		
	Increase physical activity		
	Improve self-assessed general health		
	Improve mental wellbeing		
	Reduce premature mortality		
	Improve end of life care		
	Improve support for people with care needs		
	Reduce emergency admissions to hospital		
	Improve the quality of healthcare experience		
	Reduce the percentage of adults who smoke		
	Reduce alcohol related hospital admissions		
	Reduce the number of individuals with problem drug use		
	Improve people's perceptions of the quality of public services		
	Improve the responsiveness of public services		
	Reduce deaths on Scotland's roads		
	Reduce the proportion of individuals living in poverty		
	Reduce children's deprivation		
	Increase the proportion of journeys to work made by public or active transport		
	Increase people's use of Scotland's outdoors		
 Performance Improving	 Performance Maintaining	 Performance Worsening	 Performance data currently being collected

APPENDIX 2: ROUTE MAP TO THE 2020 VISION FOR HEALTH AND SOCIAL CARE

Triple Aim	Quality Ambitions	12 Priority Areas for Improvement	25 Key Deliverables for 2013/14	
Quality of Care	Person-centred	Person-centred Care	1	Person-centred Health and Care Collaborative implemented
			2	Information and support to enable people at home and during times of transition
	Safe	Safe Care	3	Further increase in safety in Scottish hospitals
			4	New broader measure of safety developed (SPSI)
			5	Maternity, mental health and primary care components of the Scottish Patient Safety Programme implemented with measureable improvements
	Effective	Primary Care	6	Implementation of new GP contract
			7	2020 Vision for expanded primary care
			8	New models of 'place-based' primary care
		Unscheduled and Emergency Care	9	Out of hospital care action plan
			10	Sustainable performance on 4-hour A&E waits
			11	Increase flow through the system
		Integrated Care	12	New Bill
			13	Preparatory work with NHS Boards, local authorities, third and independent sector and the building of effective Integrated Health and Social Care Partnerships
		Care for Multiple and Chronic Illnesses	14	Key pressure points in the entire patient pathway for most common multiple illnesses will be identified and actions agreed
			15	Through more detailed analysis of existing data, people will be identified as 'at risk' and anticipatory plans will be agreed
Health of the Population	Early Years	16	The world's first national multi-agency quality improvement programme will be implemented across partner organisations	
		17	New focus on most deprived areas	
	Health Inequalities	18	'Deep-end' GP practices approach rolled out more widely across relevant areas	
		19	Early detection of cancer	
Prevention	20	New restrictions on tobacco advertising		
	21	2020 Vision for NHSScotland workforce		
Value and Sustainability	Workforce	22	Detailed action plan agreed to deliver 2020 Workforce Vision	
		23	A new fund to provide pump-priming for innovative approaches in healthcare	
	Innovation	24	A new procurement portal will be established to encourage working with SMEs and third sector	
		25	Recommendations to increase shared services	

Source: Scottish Government (2013d, p 12)

APPENDIX 3: NHS HEAT TARGETS DUE FOR DELIVERY IN 2011-12, 2012-13 AND AFTER MARCH 2013

Due for Delivery in 2012-13

HEAT priority	Target	Target Due Date	Progress
E	Financial Performance	2012/13	Awaiting data
E	Reduce Carbon Emissions and Energy Consumption	2012/13	Awaiting data
A	CAMHS (26 weeks referral to treatment)	Mar 2013	☑
A	Drug and alcohol treatment waiting times (3 weeks RTT)	Mar 2013	☑
T	Stroke Unit	Mar 2013	☒ Across Scotland as a whole
T	MRSA/MSSA Reductions	Mar 2013	☒ Across Scotland as a whole
T	C. diff Infections	Mar 2013	☑
T	Delayed Discharge (28 days)	April 2013	☒ Across Scotland as a whole

☑ - Target met or progress towards target demonstrated

☒ - Target not met

Due for delivery in 2013-14

HEAT priority	Target	Target Due Date	Progress
H	Suicide Reduction	2013	☑
H	SIMD Child Fluoride Varnishing	Mar 2014	Progress slow
H	Child Healthy Weight Interventions	Mar 2014	☑
H	Smoking Cessation	Mar 2014	☑
E	Financial Performance	2013/14	Awaiting data
E	Reduce Carbon Emissions and Energy Consumption	2013/14	Awaiting data
T	Accident and Emergency (A&E) Attendances	2013/14	☑

☑ - Progress towards target demonstrated

Due for delivery after March 2014

HEAT priority	Target	Target Due Date	Progress
H	Detect Cancer Early	2014/15	Awaiting data
H	Antenatal Access	Mar 2015	☑
E	Reduce Carbon Emissions and Energy Consumption	2014/15	Awaiting data
A	IVF Waiting Times	Mar 2015	☑
A	CAMHS (18 weeks Referral to Treatment)	Dec 2014	☑
A	Psychological Therapies Waiting Times	Dec 2014	☑
A	4 Hour Accident and Emergency Waiting Times	Sep 2014	Awaiting data
T	C.Difficile Infections	2014/15	☑
T	Delayed Discharge (14 days)	Apr 2015	Progress mixed
T	Dementia	2015/16	Awaiting data
T	Emergency Bed Days for 75+	2014/15	☑
T	MRSA/MSSA Reductions	2014/15	☑

☑ - Progress towards target demonstrated

APPENDIX 4: HEAT STANDARDS FOR 2012-13

HEAT Standards
4 hour A&E
12 weeks Outpatients
18 weeks Referral to Treatment
Alcohol Brief Interventions
Ambulance response times
Cancer waiting times
Dementia Registrations
Drug and Alcohol Treatment Waiting Times
GP Access
Sickness Absence

APPENDIX 5: MAPPING PRIORITIES AND COMMITMENTS IN THE DRAFT BUDGET TO BUDGET LINES

PRIORITIES

Priority	Level 3 budget line
Further improving the quality of the care we provide with a particular focus on:	
Increasing the role of Primary Care	Funding through <i>Primary and Community Care Services</i>
Integrating Health and Social Care	Baseline of NHS Boards plus additional £20m in 2015-16 through <i>Integration Fund</i>
Accelerating our programme to improve safety in all healthcare environments	NHS Boards baseline plus funding through <i>Clean Hospitals</i>
Improving the way we deliver unscheduled and emergency care	Additional £8m through <i>Access Support for the NHS</i>
People-powered health and care services	Included in <i>Miscellaneous Other Services</i>
Improving our approach to supporting and treating people who have multiple and chronic illnesses	Funding through <i>Primary and Community Care Services, Integration Fund and Unscheduled Care</i>
Improving the health of the population with a particular focus on:	
Early years	£10m included in <i>Miscellaneous Other Services</i> 2015-16 for early year GIRFEC
Reducing health inequalities	Funding through <i>Health Improvement and Health Inequalities</i>
Preventative measures on alcohol, tobacco, dental health, physical activity and early detection of cancer	Funding through <i>Tobacco Control, Alcohol Misuse and Early Detection of Cancer</i>
Securing the value and financial sustainability of the health and care services we provide:	
Establish a vision for the health and social care workforce for 2020, and setting out a clear plan of actions with immediate effect	Underlying principle not aligned to a particular budget line
Support the importance of strong and robust professional leadership at all levels of the service	£1.6m included for NES leadership programme in <i>Workforce</i>
Increase our investment in innovations which both increase quality of care and reduce costs and simultaneously provide growth in the Scottish economy	Funding through <i>Research</i>
Increase efficiency and productivity through more effective use of unified approaches coupled with local solutions and decision making where appropriate	Funding through <i>Quality Efficiency Support</i>
Investing in Capital and Infrastructure	
Provide £150 million for maintenance of the estate and equipment replacement	Funding through <i>Provision to Transfer to Health Capital</i>
Earmark £111 million funding for the physical completion of the children and adult hospitals element of the New South Glasgow Hospitals project	Funding through <i>NHS and Special Health Boards Capital (Capital Investment)</i>
Provide £51 million funding to enable projects being taken forward under hub and the NPD model to move forward quickly	Funding through <i>NHS and Special Health Boards Capital (Capital Investment)</i>
Commit £12 million to support the radiotherapy equipment replacement programme	Funding through <i>NHS and Special Health Boards Capital (Capital Investment)</i>
Commit £9.3 million in 2014-15 as part of a £22 million project for expansion of radiotherapy services in the West of Scotland	Funding through <i>NHS and Special Health Boards Capital (Capital Investment)</i>

COMMITMENTS

Commitment	Detail of funding
Resource	
Continue to support partnerships to integrate health and social care services in order to deliver nationally agreed outcomes. This will be done by supporting the integrated funding arrangements for health and social care through additional resource of £100 million that will be available to be allocated via Health Boards in 2015-16 to help drive the shift towards prevention. A further £20 million will be held centrally within Health to support national initiatives	Funded through baseline of NHS Boards plus additional £20m in 2015-16 through Integration Fund
Increase the pace of Reshaping Care for Older People and lever a further shift through partnership resources that are focused towards greater prevention and anticipatory care for people with multiple co-morbidities	Funded through baseline of NHS Boards plus additional £20m in 2015-16 through Integration Fund
Support partnerships to work with their Third and independent sector partners to jointly commission health, care and housing services that improve outcomes	Funded through baseline of NHS Boards plus additional £20m in 2015-16 through Integration Fund
Use our NHS resources efficiently to ensure that patients are treated quickly and in the location that best suits their needs. Over 80 per cent of procedures are now carried out as same-day surgery	Funding through baseline of NHS Boards
Primary and Community Care Services	
Continue the ground-breaking work in improving child dental health and implement the strategy for improving dental health for priority groups	Funding through General Dental Services – indicative funding of £398.7m in 2014-15
Nursing, Midwifery and Allied Health Professionals	
Remain committed to the vital role that Community Nurses, including public health nurses, make to improving the health of the people of Scotland. We will continue to support NHS Boards to modernise nursing in the community, improve care for patients and build capacity, capability and sustainability across the whole nursing workforce	Funding through <i>Nursing, Midwifery and Allied Health Professionals</i> – a total of £137.8m in 2014-15 and £135.8m in 2015-16
Support implementation of <i>Setting the Direction: Nursing and Midwifery Education in Scotland</i> to ensure our status as a world-class provider in this arena	Funding through <i>Nursing, Midwifery and Allied Health Professionals</i> – a total of £137.8m in 2014-15 and £135.8m in 2015-16
Implement the National Delivery Plan for the Allied Health Professions which defines the future vision for AHPs and the services they deliver. We will also continue implementation of the National Falls Programme	Funding through <i>Nursing, Midwifery and Allied Health Professionals</i> – a total of £137.8m in 2014-15 and £135.8m in 2015-16
Develop and deliver a National Delivery Plan for Healthcare Scientists	£0.3m in 2014-15 for Regulation of Healthcare Professions included in <i>Nursing, Midwifery and Allied Health Professionals</i>
Refresh the Leading Better Care programme to more effectively support Senior Charge Nurses in improving care quality	Funding through <i>Nursing, Midwifery and Allied Health Professionals</i> – a total of £137.8m in 2014-15 and £135.8m in 2015-16
Health Improvement and Health Inequalities	
Continue to deliver the Obesity Route Map Action Plan	£3.5m in 2014-15 allocated to obesity through <i>Health Improvement and Health Inequalities</i>
Continue to develop the Family Nurse Partnership programme, which has increased its capacity to enable 60% more families to be supported since 2012-13. By the end of 2015, we will have at least one Family Nurse Partnership team in each Health Board area	£10.7m for Family Nurse Partnerships through <i>Health Improvement and Health Inequalities</i>

Commitment	Detail of funding
Health Improvement and Health Inequalities (cont)	
Continue to support quality improvement in maternity services, contributing to the provision of person centred, safe and effective care for women and babies. Also help maximise maternity staff's contribution to addressing health inequalities by supporting NHS Boards to achieve the early access HEAT target by 2015 across all deprivation quintiles (80 per cent women "booked" by 12 weeks of pregnancy) and support implementation of the Getting it Right for Every Child (GIRFEC) practice model in maternity services	£9.2m in for Infant Nutrition and Maternity Services included in <i>Health Improvement and Health Inequalities</i>
Support implementation of the Scottish Patient Safety Programme – Maternity Care Quality Improvement Collaborative which aims to reduce inequalities in outcomes, and making maternity care a safer and positive experience for women, babies and families	£9.2m in for Infant Nutrition and Maternity Services included in <i>Health Improvement and Health Inequalities</i>
Pandemic Flu	
Maintain our preparedness for a flu pandemic	Funding through Pandemic Flu – a total of £16.1m in 2014-15 and £8.1m in 2015-16
Tobacco Control	
Support people in Scotland to maintain their health through implementation of the recently enacted tobacco control legislation	Funding through <i>Tobacco Control</i> – A total of £12.2m in 2014-15 £12.2m and 2015-16
Alcohol Misuse	
Implement the provisions of the Alcohol (Minimum Pricing) (Scotland) Act 2012, which was passed by the Scottish Parliament in May 2012	Funding through Alcohol Misuse – a total of £41.1m in 2014-15 and £41.1m 2015-16
Mental Health Improvement and Service Delivery	
Continue to support the implementation of the refreshed Action Plan for <i>Rights, Relationships and Recovery (RRRs): the Review of Mental Health Nursing</i>	Funding through <i>Mental Health Improvement and Service Delivery</i> – a total of £22.3m in 2014-15 and £23.7m in 2015-16
Continue to support the implementation of the second National Dementia Strategy	Funding through <i>Mental Health Improvement and Service Delivery</i> – a total of £22.3m in 2014-15 and £23.7m in 2015-16
Support people to be able to manage their own mental health and continue to focus on prevention and anticipation through attention to early years, parenting and child and adolescent mental health	Funding through <i>Mental Health Improvement and Service Delivery</i> – a total of £22.3m in 2014-15 and £23.7m in 2015-16
Focus on delivery of the mental health HEAT targets to ensure faster access to evidence based psychological therapies and specialist Child and Adolescent Mental Health Services with no one waiting longer than 18 weeks from referral to treatment from December 2014	Funding through <i>Mental Health Improvement and Service Delivery</i> – a total of £22.3m in 2014-15 and £23.7m in 2015-16 – and <i>Access Support</i> – a total of £32.4m in 2014-15 and £32.4m in 2015-16
Continue our work towards reducing the suicide rate. We will publish our policy for the future later in the year	Funding through <i>Mental Health Improvement and Service Delivery</i> – a total of £22.3m in 2014-15 and £23.7m in 2015-16
Continue to improve the quality of life for those with dementia and their carers and families, building on the first Dementia Strategy by now working to deliver the second strategy, with a continuing focus on diagnosis and post-diagnostic support	Funding through <i>Mental Health Improvement and Service Delivery</i> – a total of £22.3m in 2014-15 and £23.7m in 2015-16
Specialist Children Services	
Continue to invest in Specialist Children's Services to ensure these services are safe and sustainable	Funding through Specialist Children Services – a total of £21.2m in 2014-15 and £21.2m in 2015-16

Commitment	Detail of funding
Detect Cancer Early	
Continue the Detect Cancer Early programme focusing on breast, bowel and lung cancer which are the three most common cancers in Scotland.	Funding through the <i>Detect Cancer Early</i> budget line -£8.5m in 2014-15 and £9.3m in 2014-15
Integration Fund	
Continue to support partnerships to integrate health and social care services in order to deliver nationally agreed outcomes. This will be done by supporting the integrated funding arrangements for health and social care through additional resource of £100 million that will be available to be allocated via Health Boards in 2015-16 to help drive the shift towards prevention. A further £20 million will be held centrally within Health to support national initiatives	Funded through baseline of NHS Boards plus additional £20m in 2015-16 through Integration Fund
Increase the pace of Reshaping Care for Older People and lever a further shift through partnership resources that are focused towards greater prevention and anticipatory care for people with multiple co-morbidities	Funded through baseline of NHS Boards plus additional £20m in 2015-16 through Integration Fund
Support partnerships to work with their Third and independent sector partners to jointly commission health, care and housing services that improve outcomes	Funded through baseline of NHS Boards plus additional £20m in 2015-16 through Integration Fund
Access Support for the NHS	
Deliver the 12-week Treatment Time Guarantee for eligible patients as set out in the Patients' Rights Act	Funding through <i>Access Support</i> – a total of £2.4m in 2014-15 and £2.4m 2015-16
Sustain 18 weeks referral to treatment, outpatient and diagnostic maximum waits standards	Funding through <i>Access Support</i> – a total of £2.4m in 2014-15 and £2.4m 2015-16
Focus on delivery of the mental health HEAT targets to ensure faster access to evidence based psychological therapies and specialist Child and Adolescent Mental Health Services with no one waiting longer than 18 weeks from referral to treatment from December 2014	<i>Access Support</i> – a total of £32.4m in 2014-15 and £32.4m in 2015-16 – and Funding through <i>Mental Health Improvement and Service Delivery</i> – a total of £22.3m in 2014-15 and £23.7m in 2015-16
Quality Efficiency Support	
Continue to support NHS Boards to deliver efficiency savings while improving quality through the Efficiency and Productivity Framework	<i>Funding through Quality Efficiency Support</i> – a total of £18.9m in 2014-15 and £18.9m in 2015-16
Clean Hospitals / MRSA Screening Programme	
Support HAI Task Force Groups to deliver the outcomes specified in the HAI Delivery Plan 2011 Onwards	Funding through <i>Clean Hospitals / MRSA Screening Programme</i> – in total £18.5m in 2014-15 and £18.5m in 2015-16
support NHS Boards to achieve revised HAI HEAT targets and ensure integration of HAI Task Force work with Scottish Patient Safety Partnership-led	Funding through <i>Clean Hospitals / MRSA Screening Programme</i> – in total £18.5m in 2014-15 and £18.5m in 2015-16
Ensure successful implementation of the new Staff Governance Standard that sets out NHS employers' commitment to develop and effectively manage their staff, and to ensure that all staff have a positive employee experience	£2m for Quality and Governance funded through Clean Hospitals / MRSA Screening Programme
Miscellaneous Other Services	
Continue to drive forward work through the Early Years Collaborative to achieve the vision and priorities of the Early Years Taskforce	£10m for 2015-16 for early years GIRFEC through <i>Miscellaneous Other Services</i>
Other commitments not aligned to a specific line	
Respond to the recommendations of the Vale of Leven Hospital Inquiry once published	Awaiting recommendations



SPICe

The Information Centre

RELATED BRIEFINGS

Financial Scrutiny Unit (2013) [‘Draft Budget 2014-15’](#)

Scottish Parliament Information Centre (SPICe) Briefings are compiled for the benefit of the Members of the Parliament and their personal staff. Authors are available to discuss the contents of these papers with MSPs and their staff who should contact Jude Payne on extension 85364 or email <mailto:jude.payne@scottish.parliament.uk>. Members of the public or external organisations may comment on this briefing by emailing us at spice@scottish.parliament.uk. However, researchers are unable to enter into personal discussion in relation to SPICe Briefing Papers. If you have any general questions about the work of the Parliament you can email the Parliament’s Public Information Service at sp.info@scottish.parliament.uk.

Every effort is made to ensure that the information contained in SPICe briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

www.scottish.parliament.uk