

Finance Committee's call for evidence on the Draft Budget 2012-13 and Spending Review 2011

Summary of evidence

Introduction

1. The aim of this paper is to provide a summary of the written evidence received in response to the Finance Committee's consultation on the Spending Review 2011 and Draft Budget 2012-13. The Finance Committee has agreed that part of its scrutiny of these documents will focus on the extent to which the Scottish Government is encouraging a more preventative approach to public spending and how this approach is being implemented and shared across key agencies such as Community Planning Partnerships, NHS boards, local authorities and police forces. This scrutiny builds on the work carried out by the Session 3 Finance Committee which published a major report in 2011 on [preventative spending](#).

2. In focusing on how to move the preventative spending agenda forward the Committee has identified the following themes within the submissions:

- National Leadership;
- Prioritisation of Resources;
- Collaborative Working;
- Financial Challenges;
- National Performance Framework/Measuring Outcomes.

3. The Committee will hold two round table evidence sessions which will focus on these themes as part of its ongoing budget scrutiny. The summary of evidence has also been circulated to subject committees, the Equal Opportunities Committee and European and External Relations Committee.

4. The Committee thanks all those organisations who responded to the consultation and all submissions are published on the Committee's web pages:

www.scottish.parliament.uk/s4/committees/finance/Preventativespending-writtensubmissions.htm

National Leadership

5. A key theme raised in a number of submissions was the issue of national leadership and the role of the Scottish Government and other national bodies in ensuring the implementation of the preventative spending agenda and collaborative working at a local level.

6. For example, the Scottish Council for Voluntary Organisations (SCVO) emphasised that a factor in making the shift to preventative spend was "political will and

leadership to drive the agenda forwards and overcome opposition from vested interests.” Likewise, SAMH indicated that the role of the Scottish Government in taking toward joint working in preventative spending was “critical” not only in providing ongoing financial support but also in its role of providing “national leadership, direction and guidance”.

7. Grampian Police had a clear view on the role of central government—

“It is imperative that the Scottish Government provides clear and unambiguous leadership (and appropriate governance) to community planning boards, alongside the necessary guidance. Too often it has been a “light touch” fashion, but absolute clarity by all those involved must be present first before meaningful preventative budget work can be undertaken secure in the knowledge that it can withstand external scrutiny.”

8. Within this theme were a number of sub-themes, each of which is considered below.

Leading by example

9. A key sub-theme was the need for the Scottish Government to lead by example. There was a suggestion that while the preventative spending agenda required collaborative working by local agencies this approach was not always reflected at a national level.

10. For example, West Lothian Council suggested that there “still seems to be a silo approach to prevention at a national level.” The Council indicated that it would: “welcome more dialogue between organisations such as COSLA and ACPOS and SOLACE and the Scottish Government around expectations and outcomes.”

11. A similar point was made by Perth & Kinross CPP, which indicated that: “National policy is perceived to be developed in ‘competing’ departmental silos, often ‘micro managing’ the delivery of some outcomes, which can result in local priority conflicts.”

12. For its part, East Ayrshire CPP suggested that, although policy is becoming more integrated at Scottish Government level, there were still examples of activity where outcomes required a collaborative approach, but the policy was not jointly owned or agreed. It pointed to the example of the NHS Quality Strategy for Scotland.

13. Glasgow Community Partnership suggested that, in some policy areas, such as early intervention and prevention, partners may want to explore pooling resources more formally and this would require support from the Scottish Government to pool agency or national departmental resources, allocate them to the city on a themed basis, such as children and families, with agreed outcomes to be delivered.

14. Similarly, Inverclyde Alliance CPP pointed out that elements of budgets provided to some CPP partners from the Scottish Government were for the delivery of specific

activities and were therefore tied to a set of programme rules. To enable the pooling of budgets at a local level there would need to be change in policy.

15. Midlothian Council also felt that there should be a more explicit requirement placed on national government agencies (e.g. SNH, SEPA, Scottish Water) to engage in shared planning at the spatial level of community planning partnerships to enable further development of preventive spending approaches.

16. In a slightly different approach, NHS Education in Scotland saw a role for the Scottish Government in developing national interventions that could be implemented locally. It pointed to the Family Nurse Partnership of such an approach being highly successful.

Promoting preventative spending

17. A number of organisations pointed to the role that the Scottish Government had to play in promoting the preventative spending agenda and encouraging collaborative working.

18. For example, ASH Scotland emphasised that “the Government can play a valuable role in encouraging relevant partners to work in a more effective joint manner.” In a similar vein, Highland Council agreed that the Scottish Government has a key role in promoting and encouraging collaboration, and in sharing examples of good practice taking place.

19. Likewise, Orkney Islands Council advised that: “the Government’s summaries/analyses of SOA reports are always useful and enable a spotlight to be shone on particular areas of policy” and suggested that: “A future focus on collaboration in preventative spending would be one way to help share good practice in this area.”

20. Grampian Police emphasised that: “Incentives for those who embrace this thinking should be made and the sharing of good practice robustly encouraged across the country.” Children in Scotland agreed that the Government had a role in considering how it creates incentives for organisations that are performing well. It pointed out that “at the moment, there are no adverse consequences for public bodies that fail to deliver an adequate level of positive change and no real incentives to meet or exceed stated targets.”

21. Highland Council emphasised that “financial support and incentives were key to many of the preventative spending areas identified, given the many years it can take for the positive outcome and financial benefits of preventative spending to be realised.”

Providing analytical support and disseminating evidence

22. Several organisations saw a key role for the Scottish Government in providing analytical support and disseminating research evidence. Renfrewshire CPP suggested that partnerships require analytical support from the Scottish Government in order to

base preventative spend activity on robust evidence and accurate estimates of the benefit of the activity.

23. The Royal Society of Edinburgh recommended that the Scottish Government should make “available all existing evidence on preventative interventions” and should place on agencies “an obligation to gather and share evidence on new and on-going initiatives from the outset”.

24. Children in Scotland emphasised—

“Leadership in ensuring that such knowledge is well known, understood and incorporated into strategy, service planning and resource allocation would be a critical role for the Scottish Government.”

Prioritisation of resources

25. The majority of those responding to the call for evidence were wholly supportive of the preventative spending agenda. However, a number of respondents emphasised that, given the current economic restrictions, difficult decisions regarding disinvestment would need to be made if the preventative spending agenda was to be taken forward. As South Ayrshire CPP pointed out—

“One of the main barriers in the current financial climate where resources are diminishing is deciding where disinvestment should occur, i.e. what current services are no longer required, in order to achieve the resource shift towards preventative services and approaches.”

26. Respondents called on the Scottish Government to give a clear indication of the areas and targets that should be prioritised. For example, NHS Education for Scotland emphasised that—

“The Scottish Government is ideally placed to be able to provide leadership and to support a national process of decision making around investment to increase activity and just as importantly, disinvestment decisions. There have been calls throughout the country (including from practitioners themselves) for stronger guidance from the Scottish Government on how to deliver greater preventative activity, and guidance in which specific prevention and early intervention programmes local authority should invest.”

27. Likewise, the Royal College of Nursing considered that the Scottish Government must take the lead in supporting public bodies to prioritise preventative spending—

“National prioritisation of ever-more limited public funds, when public expectations and demands of services are running high, is never going to be an easy or comfortable activity for any chief executive, politician or, indeed trade union. However, if the political will is for increased preventative investment in the

current climate, the Scottish Government and the Scottish Parliament will need to be as clear in their support for disinvesting from those areas no longer prioritised, as they are in their support for investing in prevention.”

28. Children in Scotland agreed with this approach stating that “the Scottish Government should lead in the elimination of wasteful and ineffective services as well as on the adoption of best practice. This would also free up resources for increased preventive spending.”

29. South Lanarkshire CPP pointed to the likely focus of public spending should no direction be provided—

“A third issue is around statutory duties and regulations which can put up barriers to collaborative working and a preventative approach. The Scottish Government has acknowledged that it is understandable that the public sector may increasingly focus on scarce resources on meeting their statutory obligations.”

Prioritisation should be evidence-based process

30. A number of respondents emphasised that the process of prioritisation should be evidence-based and should involve a review of how previous budgets had been spent and what benefits had been delivered.

31. For example, the Royal Society of Edinburgh emphasised that—

“Moves to embed preventative spending in budgets should be a factor in a comprehensive review of how we can do things better. Policies designed in an era of steadily increasing expenditure must be reconsidered, with a clear understanding of how the additional budget available between 2005 and 2010 has been spent and precisely what benefits have accrued. This review should include the identification of policies that already deliver preventative activity, and those that run counter to the whole notion of preventative intervention.”

32. It confirmed that the Scottish Government “must ensure that all existing evidence on particular interventions is mined and understood, and that it is easily available to those who make service-related decisions, particularly local authorities. It must also prioritise the gathering of further evidence, with all initiatives designed and funded in such a way that the delivery agency can monitor their impact from the outset.”

33. Save the Children recommended that the Scottish Government publish and widely publicise an accredited list of evidence-based family and parenting programmes to support delivery agencies to invest in programmes that have a proven track record. It went on to recommend that the Government should encourage investment in programmes from this list and therefore disinvestment in existing partnerships that do not deliver a preventative agenda.

Short- and medium-term savings

34. A number of organisations suggested that, given the restrictions of the budget process, programmes that delivered short or medium term benefits should be prioritised. For example, SCVO emphasised that “it would be prudent to decide on key priority areas where significant savings could be realised relatively quickly, which have a range of existing projects already in operation and where prevention delivers easily measurable outcomes.”

35. While West Lothian Council reaffirmed that it would “welcome more emphasis and focus from the Scottish Government on how to prioritise prevention within the medium term budget process.”

36. Midlothian CPP indicated that it would operate most effectively if it was able to focus on a small number of priorities.

37. For its part, Aberdeen City CPP sought a model of funding which bridged the gap between upstream investment and longer term cost reduction.

Need for public debate

38. It was suggested that, if difficult budgetary decisions were to be made in order to take forward the preventative spending agenda, there was a need for public debate and awareness raising.

39. For example, Dundee Partnership called for a broad public debate on the purpose of public services and their role in delivering long term sustainable changes in the lives of people in Scotland, pointing out that—

“Achieving positive outcomes while public funding is constrained may mean reducing well established and valued services to individuals and communities if new (and risk-taking) approaches to prevention are to be pursued.”

40. Renfrewshire CPP agreed that the Scottish Government had a key role in communication with service users and the general public regarding the short and long term impact of moving to a preventative spending model.

Collaborative working

Possible ‘barriers’ to effective collaboration

41. There are many references in the written submissions, particularly from the community planning partnerships, to individual projects in local areas which demonstrate effective collaboration between key partners in local areas across Scotland. However, there was perhaps less evidence of collaboration at a more strategic and higher level as it relates to the large sums of money and the pooling of budgets e.g. between local authorities and NHS boards.

An issue highlighted in the submissions was the complexity and range of key partners involved and whether this could hinder good collaboration. A point was made by both Glasgow and Inverclyde CPPs relating to the challenges arising from CPPs working across several local authority and NHS board areas which does not lend itself to coherent collaboration. Indeed, Parenting Across Scotland saw the lack of co-terminosity as an 'obstacle' which impedes good partnership working.

42. Highland Partnership however appears to have aligned budgets across the council and NHS board area and broken down 'silos'. Grampian Police, Inverclyde CPP and West Lothian Council also highlight the continuing 'silo' approach to funding and a lack of 'systems' to expedite pooling. It also suggests, in its written submission, that—

'we need more integrated management structures and more integrated joint outcomes. If we get that part right then there is a sense that the budget will follow. The Scottish Government may want to consider how it would scrutinise that joint spend on outcomes. If we achieve clarity and agreement of outcomes we want to achieve locally and understand how collaboratively we want to work together to achieve this then we can have confidence that funding will achieve the outcomes we have prioritised.'

43. On this issue, SAMH states in its written submission—

'In relation to preventative spending, it may be more valuable for different bodies and sectors to demonstrate how they are working together towards shared long term goals. A potential danger is that any outcomes may become too narrowly focused, compartmentalised or designated as the sole responsibility of a particular body or department. For example, mental health cuts across almost every policy area but is often seen as preserve of the NHS, which can come to be reflected in targets and outcomes.'

44. Outer Hebrides CPP asks whether 'protectionism' of budgets is more prevalent in the current tight spending period.

45. A point made by both East Ayrshire Council and South Ayrshire CPPs was that targets and budgets for local authorities and NHS boards were set independently leading to separate governance arrangements. This approach was inconsistent with good community planning arrangements.

46. East Renfrewshire CPP stated that—

'there can be conflicting priorities across partners as some are focussed on the Westminster agenda, others on the Scottish Government priorities and some are centred on local priorities.'

47. Glasgow CPP also made reference to the impact of UK policy decisions which have a bearing on the ability of partners to act.

Sharing good practice

48. The issue of disseminating good practice/experiences information across Scotland was raised, for example by Inverclyde Alliance CPP. Views were expressed on the need for the Scottish Government to 'lead on elimination of wasteful and ineffective services as well as adoption of best practice' (Children in Scotland). NHS Education in Scotland felt that stronger guidance was needed on how to deliver a preventative strategy and national interventions locally while the Royal College of Nursing believes that the Scottish Government must give a clear direction to local public bodies on how to deliver step change to preventative spend.

49. The WAVE Trust felt that there needed to be national leadership to inspire local agencies to work preventively. The written submissions indicate that CPPs and others are looking to the Scottish Government for 'leadership' on taking a preventative spend approach forward. The Aberlour Childcare Trust highlights a 'reluctance' to fully embrace collaborative approach particularly in the current climate and that the Scottish Government needs to lead on this.

50. The SCVO highlights real difficulties in rolling out successful projects from a local authority across 32 local authorities, 14 NHS boards and 40 CPPs. Consumer Focus suggested that *Scotland Performs* might be developed to address this issue of sharing good practice.

51. Highland Council states in its submission—

'Scottish Government has a key role in promoting and encouraging collaboration, and in sharing examples of good practice taking place. As highlighted at Q3 and General Comments, financial support and incentives are however key to many of the preventative spending areas identified, given the many years it can take for the positive outcome and financial benefits of preventative spending to be realised. However it should be noted that even with good collaboration, there is a gap in governance for accountability of partnership performance. Each CPP partner is accountable to its own board or in the case of local authorities to its Council. Outcomes can rarely be achieved by one organisation so accountability for partnership performance is important. Although the current SOA approach has improved the direction for CPPs performance accountability is still lacking. A review of the arrangements for CPP accountability should be undertaken by the Government which could include potentially strengthening the facilitation role of local authorities.'

Role of the voluntary sector

52. Several submissions highlight the input of the third sector. Inverclyde Alliance CPP wondered what encouragement is given to involve the voluntary sector in delivering services and how negative impressions of this sector which exist might be removed. There were references, for example by Outer Hebrides CPP, to the third sector being keen to be more involved in the collaborative delivery of public services but

that short-term budget planning may be a barrier to this. NESTA made the point that the conditions need to exist in which investment in new approaches to preventative spending can happen. This would involve exploring ways to commission more effectively from the third sector.

53. The SCVO has highlighted the need for a 'shift in power' with third sector operating on 'parity of esteem' and involved in commissioning services from the outset and at the highest level. It also highlights 'resistance' and the barriers in place to this from those 'who stand to lose out from doing things differently'. A further point made by it is that: "there is an incomplete picture of all the services being provided by third sector which could be central to shift to preventative services".

Financial challenges

Paying to move to a more preventative approach

54. Several submissions highlight the issue of properly funding and supporting a shift towards a more preventative spend approach across key partners particularly given the current fiscal environment. West Dunbartonshire CPP for example considers a comprehensive shift to be 'currently unaffordable' and that 'significant' new money is required which is a view shared by others in written evidence.

55. For example, Angus CPP wondered whether any 'bridging' funding would be made available to accommodate a big shift to preventative spend. Support for an extension of the Change Fund to facilitate a transition to preventative action in relation to services for children and young people was highlighted in the submissions from Angus CPP, Children in Scotland, Ownership Options, SCVO and West Lothian Council.

56. More generally, North Ayrshire CPP stated that there should be a review of current funding arrangements while Highland Council supports a review to improve the accountability of CPPs performance. West Lothian Council stated that a 'fundamental review of budget allocation measures across the whole public sector' is needed.

57. The written submissions are clear in the challenges which will need to be addressed in moving to a more preventative approach. Aberdeenshire, Fife, Inverclyde, Orkney and South Lanarkshire CPPs all make the point about the challenge/difficulty in moving to a preventative spending approach and diverting resources from demand led commitments, particularly when these are statutorily required. South Ayrshire CPP asks 'what services would no longer be required' if moving to a preventative spend approach.

58. The submission from the Auditor General for Scotland states that—

the constraints on public spending that are likely to be with us for several years will make it all the more difficult to move resources into services and activities that could contribute to preventative spend. Finding ways of doing this, in my opinion, is one of the major challenges facing the Scottish Parliament and the Scottish Government.

59. East Lothian CPP considers there is a 'massive risk' in shifting resources in this way. Other evidence, for example from Inverclyde Alliance and North Ayrshire CPPs, recognises the short term positive impacts which can be achieved but there is perhaps a 'worry' about the time involved in achieving positive medium and long term impacts.

Governance

60. The issue of governance in respect of budgets is a point which features in several submissions. For example, Angus CPP 'believes that there is a need to look more broadly at the resources available through all our public sector organisations' while East Dunbartonshire CPP has called for a 'mapping' exercise to track the money from national, regional and local sectors and to assess what comes out at the end.

61. Glasgow CPP makes the point about the 'sovereignty' of decision taking around budgets. Governance was also highlighted in relation to one of the key issues which has emerged from the written evidence: the scope, capacity, ability etc to pool budgets across key partners. For example, North Ayrshire CPP makes the point about the difficulties around the complexity and duplication of pooled budgets in relation to governance and accounting for the money.

62. A further challenge highlighted is whether there is a political desire and commitment to proceed to a more preventative spend approach. SCVO, Fife CPP and the WAVE Trust refer to a 'limiting factor' being a lack of political will and local leadership. Further to this are the 'cultural challenges' within key partners which is touched on by, for example, Glasgow, Inverclyde Alliance and Outer Hebrides CPPs and West Lothian Council in their submissions.

Pooling budgets and funding arrangements

63. A key point made relates to whether the existing funding arrangement and forward budget planning properly support the shift to a preventative/outcomes approach and whether it is possible/simple to pool budgets when there is a desire to do so by key partners. Several submissions highlight that longer term budget planning is required (five years suggested by Angus and Glasgow CPPs and West Lothian Council) and that a proper long term commitment to preventative spending is not supported by a one-year budget settlement. Glasgow, Inverclyde Alliance, Midlothian and Renfrewshire CPPs and West Lothian Council all touch on this issue. West Lothian Council states in its written submission that: "Continuing to set short-term budgets is the biggest constraint we have towards progressing in terms of preventative spending."

64. The general challenge/barriers to budget pooling/sharing across CPP partners are clearly highlighted in the evidence. For example, Outer Hebrides CPP draws attention to funding which is allocated through different channels; the different budget timetables which key partners work to; that budgets are set in different ways; and the different procurement processes involved.

65. The Royal Society of Edinburgh in its submission states that CPPs: “allow budget holders to sit around the table but to date there has been very little actual pooling of budgets.”

Ring-fencing

66. The continued ring-fencing of funding, particularly in the health budget, is raised in written submissions (e.g. Inverclyde Alliance and Angus CPPs) and the impact of this in encouraging an effective shift to preventative spend. The removal of ring-fencing supported by CPPs such as Perth & Kinross although the WAVE Trust states that specific ring-fenced funding specifically for preventative work would be ‘a boon’

67. Outer Hebrides CPP states that some budgets from the Scottish Government are tied to delivery of specific services and that this policy would need to change to enable an effective pooling of budgets.

68. On a related note to the availability of funding SCVO does ask what scope there is for other funding sources to assist in shift to preventative spend e.g. social finance.

National Performance Framework/Measuring Outcomes

69. The Committee asked respondents to consider the SG’s outcomes based approach and asked what additional indicators should be included in the National Performance Framework and Single Outcome Agreements as a means of supporting the shift towards preventative spending. A number of core issues emerged in response to this question.

Driving the Decision-Making Process

70. Some of the submissions questioned the extent to which the NPF drives the decision-making process within the Scottish Government. For example, the RSE state that: “it is not clear how these very high level aims will be able to drive decision making and assist with difficult choices at a time of spending reduction” and ask “Are we confident that detailed performance indicators are feeding through to action for improvement?” NHSGGC recommend that outcomes indicators relating to child poverty and vulnerable children need “to have much higher prominence and pressure to ensure that they drive change across all agencies.” There are also issues as to the extent to which annual budgetary decisions are framed within a longer-term prevention strategy. The Wave Trust recommends the development of an “overall long-term prevention strategy for Scotland with the goal to transform the quality of early childhood and, in particular, the period from onset of pregnancy to age 2.” West Lothian Council suggest that it may be more productive to have prevention as an overarching theme within the NPF and SOAs rather than develop new indicators.

Measuring Outcomes rather than Inputs and Process

71. A number of submissions also emphasise the need to focus on measuring outcomes rather than inputs and process. Angus CPP state that: “It will be important for the Scottish Government to review its focus on purely input targets that they wish to

achieve through local government and through the wider public sector that are resource intensive.” The Inverclyde Alliance CPP recommends a “holistic approach to performance measures at a national level” and “moving away from an inputs approach to an outcomes approach.” Barnardo’s Scotland state that while they welcome Scotland Performs “there is still a huge lack of robust outcomes measurements at a service level.”

72. The Dundee Partnership recommends “improved national indicators which measure the impact of prevention.” West Lothian Council argue for a “fundamental and permanent move away from input measures set at a national level” and suggest that all public spending should be planned “in terms of the outcomes that are being sought and evaluated in terms of the outcomes that are being delivered.” Both East Dunbartonshire Council and Perth and Kinross CPP suggest that the statutory duties of Best Value and Community Planning should be extended to all public service providers.

A Joined-Up Approach

73. There is also some concern in relation to a lack of consistency in the indicators which are agreed by various public bodies. Glasgow CPP state that: “more coherent performance arrangements across partners would also be beneficial. Some existing performance indicators are contradictory and incoherent.” In particular, there is a need for a joined up approach between the NPF, NHS Heat targets and Local Authority SOAs. For example, East Ayrshire CPP state that: “Targets and budgets are set independently for the NHS and the Local Authority and this is reflected in very separate and different governance arrangements. Such an approach is not consistent with enhanced Community Planning arrangements.” North Ayrshire CPP recommend: “A longer term approach to health improvement with outcomes and indicators which reflect this approach and that all partners are accountable to deliver.”

74. In their response to a Scottish Government consultation on NHS HEAT targets the RCN stated: “We understand that the National Performance Framework is also under review. As this is an accountability system intended to apply to the whole of the Scottish public sector, commenting on HEAT proposals outwith this wider context seems to us to be an artificial and unhelpful split in practice. They recommend that the Scottish Government introduce an integrated performance management system. Likewise Perth and Kinross CPP recommend that: “A common framework for accountability would reduce conflicting performance management and scrutiny expectations across the public sector.”

Early Years Indicators

75. A number of submissions suggest that there is a need for a greater emphasis on the Early Years within outcome indicators across public bodies. Alan Sinclair suggests that only 4 out of 45 indicators “at a stretch could be construed as being about early years and parenting” and that “Early Years ought to be taken seriously.” He recommends that: “Reflecting Early Years in the main measures for government, local authorities and the health boards and GP spend would make a big start.” Likewise *Children in Scotland* point out that there is “little in the way of useful nationally

aggregated data on the health and well-being of pre-school children.” They also note that of the 33 datasets proposed to underpin the Early Years Framework only 3 “both refer specifically to pre-school children and are currently collected nationally” and only one of these, low birth weight, is a child well-being measure.

76. A number of additional indicators are also proposed. NHSGGC suggest developmental measures (including language) as identified at the 30 month assessment and readiness for school as assessed at school entry. Similarly, Healthcare Improvement Scotland suggest the need for an indicator on school readiness as well as a indicator which demonstrates how safe and secure children feel while the Royal College of Speech and Language Therapists recommend the need for an indicator on language development.

77. More generally there are also a number of submissions which recommend the need to prioritise the eradication of poverty and child poverty in particular and that the NPF should reflect this priority. The Child Poverty Action Group in Scotland (CPAG) state that: “explicit child poverty indicators should be included in the national performance framework and in all SOAs” while Save the Children argue for the inclusion of a specific indicator within the NPF relating to child poverty and that delivering the child poverty strategy should be a key priority within the forthcoming spending review.

Other Indicators

78. A number of other additional indicators have also been suggested by respondents. These include ASH who argue for the inclusion of a national indicator to reduce the prevalence of smoking in the most deprived groups. Scottish Women’s Aid point out that there are “currently no national outcomes or indicators that relate to violence against women.” Age Scotland emphasise the need for a “specific and defined national target relating to older people and their housing.”

Emphasis on Well-being

79. The Committee received a joint submission from Friends of the Earth, Oxfam and WWF recommending removing the reference to “increasing sustainable economic growth” from the SG’s Purpose within the National Performance Framework. They suggest that the Purpose Targets are revised to focus on factors which influence our collective wellbeing and that much more emphasis is placed on inequality and environmental factors within the NPF. This a view also supported by the Poverty Alliance which argues that: “addressing poverty and inequality should be at the heart of our understanding of the need for a greater emphasis on preventative spending” and Barnardo’s Scotland which argues that: “we would like to see the NPF move towards a greater focus on promoting wellbeing and tackling inequality.”