Key Points

Key point 1: Evidence and modern, innovative practice demonstrates AHPs have a key role in the achievement of National Outcomes and NHS Priorities.

In Health and Social Care
- Primary Care - tackling health inequalities and preventing unscheduled care.
- Improving the approach to provision for people who have long term conditions
- Improving the health of the population through work in early years, reducing health inequalities and enabling access to preventative measures on alcohol, tobacco and physical activity.
- Integrating Health and Social Care - driving the shift towards prevention and enabling people to live fulfilling lives at home or in homely settings
- Improving the way we deliver unscheduled and emergency care - reducing the number of people who present at A&E and improving the flow of patients out of A&E.
- People-powered health and care services – enabling people to have a voice and self-manage so they can better maintain their health and manage periods of ill health.

AHPS are also contributing to priorities in employability, learning and skills - in early years and beyond enabling all children to be safe, healthy, achieving, nurtured, responsible, respected and included; enabling 16 to 19 year olds not in education, employment or training to access opportunities and justice - enabling young people at risk of offending or already in the justice system to enjoy equal access to rights and routes out of offending.

Key point 2: Scotland's demography is creating growing demand for AHP services with increasing numbers of children with complex needs, people living with long term conditions and older people.

Key point 3: National outcomes, priorities and demographics all mean Scotland needs to optimise the impact of the nations AHP resource.

Key point 5: The budget can enable the AHP service users needs and AHP capability and capacity to be better understood and reflected in distribution of funds at national and local levels.

- Where there is an established or emerging evidence base of positive impact make AHP involvement (along with service users, carers and other health, social care, education etc. colleagues) a necessary condition of access to relevant national funding pots - providing more central direction on effective integration of AHP services to achievement of priorities locally.
• Support and strengthen AHP leadership so it can better make the case for AHP services (with service users) nationally and locally by reconsidering cutting the NMAHP education budget.

Key point 6: The budget can drive the focus of expenditure towards prevention, health inequalities, self management and independent living with long term conditions – ensuring a more balanced distribution of resource between services which can deliver on these priorities and services which provide for acute illness. Specific AHPFS suggestions are;

• Better incentivise Boards to invest in LTC and prevention services through the performance framework
• Enable longer term budget cycles – with a longer term view on impacts and outcomes
• More robust exit commitments for nationally funded projects - so that longer term funding is better secured for successful short term projects
• Allow Boards to carry over savings and under spend to subsequent years with both directed to LTC and prevention services
• Encourage and enable consideration of budgets across national government departments and community planning partners e.g. health including primary care, social care, education and justice

Committee Questions:

1. What are the pressures on health spending and how do we mitigate them?

Pressures:
• Demography, the health profile and subsequent needs of Scotland population and our national objectives and priorities.

Reduce demand on the system:
• Drive focus of expenditure towards prevention, health inequalities, self management and independent living with long term conditions

Optimise use of current capability and capacity to meet demand:
• establishing a widespread and comprehensive view of the whole workforce’s capability, capacity and potential to deliver on outcomes and priorities;
• reducing waste in use of capabilities and capacity
• increasing efficiency

2. Are we spending wisely?

Yes – although could do better in ensuring distribution of funds at national and local level acts to reduce demand on the system and optimise use of current capability and capacity.

AHPFS believes the budget could do this by reflecting key points (5) and (6) above.
3. How are we ensuring that services are efficient?
AHPs are doing everything within their current power and capacity to make services efficient.

AHPFS believes services could become more efficient if the budget reflected key points (5) and (6) above.

4. Are the Scottish Government's targets for health, as set out in the National Performance Framework, appropriate and is progress acceptable?
AHPFS believes services could become more efficient if the budget reflected key points (5) and (6) above.

5. What are we doing to ensure that the quality of service regarding outcomes for patients is protected?
The Minister for Public Health launched Quality Service Values at the AHP National (Scotland) Conference on 2nd October 2013. This needs to be built on and AHPFS believe a budget which reflects key points (5) and (6) above would do this.

6. How are we planning for change (particularly with regard to the integration of health and social care)?
AHPFS refer the committee to our evidence around the Public Bodies (Joint Working) Bill the headline of which is “AHPFS call for statutory representation of allied health professionals on integration joint boards, local authority committees, health boards or joint integration monitoring committees – either on the face of the Bill or in subsequent early regulation”.

7. What will be the impact of this budget, in a health context, on (i) equality groups and (ii) climate change policy?

The budget has a significant impact on the lived experience of people with long term conditions and other “hard to reach” or excluded groups who are the target beneficiaries of prevention and health inequality initiatives etc.

The budget can optimise benefit for AHP actual and potential service users among these groups by reflecting key points (5) and (6) above.

AHPFS has no comment on climate change.