Health and Sport Committee
Call for written evidence - Draft Budget 2012-13 and Spending Review 2011

4 October 2011

Today, the Health and Sport Committee agreed to seek views on the Scottish Government’s Draft Budget 2012-13 and Spending Review 2011.

The Health and Sport Committee’s role is to examine the Scottish Government’s Draft Budget and Spending Review and report its findings to the Parliament’s Finance Committee.

The Committee has agreed to focus its scrutiny on the Government’s spending plans for health.

- These headline themes link into specific projects such as family nurse partnerships and the keep well projects, funding areas such as the change fund, and wider issues such as child poverty, workforce planning and the integration of health and social care agenda.

- Other matters which the Committee is interested in include efficiencies and reallocation, prescription costs and eHealth.

In order to inform this scrutiny, the Committee welcomes views on the particular areas highlighted as they relate to the spending plans included in the Draft Budget and Spending Review.

- Please note that we have previously responded to a call for evidence from the Scottish Parliament Finance Committee on this subject. Our response to their specific questions is detailed below for reference.

- Please advise of any further comments in relation to the particular areas highlighted by the Health and Sport Committee.

Timeline for response:
- Responses to Pauline Donald for collation Monday 10 October 2011
- Draft response prepared & circulated to Wednesday 12 October 2011
  ET, Chair and Chair SHC)
- Further responses to Pauline Donald Friday 14 October 2011
- Final draft agreed Monday 17 October 2011

Closing date for written submission Tuesday 18 October 2011

Additional References:
The Scottish Spending Review 2011 and Draft Budget 2012-13 was published on 21 September 2011. This includes the Government’s spending proposals through to 2014-15.
Background information on the Scottish Parliament’s budget scrutiny process can be found on the Finance Committee’s webpages.
Scrutiny of the forthcoming spending review and Draft Budget 2012-13: Preventative Spending

General call for evidence

Response from Healthcare Improvement Scotland

Healthcare Improvement Scotland has considered the call for evidence in relation to the spending review and 2012-13 draft budget, and specifically preventative spending, and has prepared the following written response for consideration by the Committee.

Healthcare Improvement Scotland is one of two new scrutiny bodies set up by the Public Services Reform (Scotland) Act 2010, the other being Social Care and Social Work Improvement Scotland (SCSWIS).

Our purpose is to support healthcare providers in Scotland to deliver high quality, evidence-based, safe, effective and person-centred care; and to scrutinise those services to provide public assurance about the quality and safety of that care. We also regulate independent healthcare services.

To fulfil our purpose as described above, we have developed an 'integrated cycle of improvement', which explains how our activities are organised:

In considering the call for evidence, our approach – to provide evidence-based advice and guidance, to support innovation and improvement in the delivery of healthcare, and to provide assurance through risk-based proportionate scrutiny of services – would seem relevant to a number of the questions raised. For example, it may be beneficial to consider:

- What does UK and international evidence tell us about preventative approaches?
- What has been proven to work in terms of improvement support?
- What system of scrutiny can demonstrate that improvement?

Specific comments are provided in relation to the Committee's questions below.
1. The previous Scottish Government said that: “Preventative action is integral to the approach to government in Scotland and delivering the outcomes set out in the National Performance Framework”. What spending commitments and priorities would you like to see in the 2012-13 draft budget and spending review in order to ensure that progress is being made on preventative spending and, in particular, Early Years intervention?

We support continuing preventative action in the 2012-13 draft budget period to increase interventions in Early Years to support children to get the best possible start in life. Programmes that increase children’s sense of well being and belonging to stable family units will be particularly important.

In particular we would suggest the following priority areas:

- A focus on a truly integrated approach to the review of children’s services with all agencies as equal partners.
- Investment upstream through good parenting support during pregnancy and in the early postnatal period
- An improvement approach to maternity care and neonatal care in line with the approach being adopted in paediatrics
- A focus on addressing the key causes of perinatal and infant mortality and morbidity
- To address the issue of age appropriate equipment

Healthcare Improvement Scotland has a role in relation to preventative spending and early years intervention by providing evidence and implementation support to healthcare professionals, for example:
- with NHS Education and NHS Health Scotland, we have recently developed the Scottish Antenatal Parent Education Pack to support professionals in delivering consistent parent education
- we have previously published a SIGN guideline, now undergoing selective updating, on the prevention and management of dental decay in the pre-school child.

2. The Scottish Government has emphasised an outcomes based approach through both the National Performance Framework and Single Outcome Agreements. What, if any, additional national and local indicators would you like to see as a means of supporting the shift towards a greater focus on preventative spending?

It is important that any additional indicators can be used to support and to demonstrate improvement. The development of indicators for improvement represents a relatively new approach for Healthcare Improvement Scotland (specifically in the areas of primary care out of hours services and services for people with Hepatitis C).

The development of indicators should be evidence-based and it is also important that there is user input into any additional measures or indicators by the relevant communities and service users, rather than be ‘top down’ measures only.

In order to reduce the burden of scrutiny, the use of existing data collection should be used where possible rather than introducing the need for new data collection.

With regard to specific indicators, an outcome indicator to describe children’s readiness for learning and education would be one means of supporting the shift on preventative spending.
A measure to demonstrate how children feel safe and secure and not threatened by violence and aggression would be another possible indicator to demonstrate wise preventative spending.

3. The Scottish Government’s response to the Committee’s Report on preventative spending stated that: “The Spending Review that will follow the Scottish elections in May will provide another opportunity for the Scottish Government to support delivery agencies in their efforts to increase the proportion of their budget dedicated to preventative activity.” What support should the Scottish Government provide in its spending review to support delivery agencies in increasing preventative activity?

As well as developing indicators of well being and safety and security for children, support to ensure community planning partnerships have shared goals and outcomes for children and families would be an important support mechanism.

4. What long term planning is carried out to fully deliver on preventative spending strategies and how do you plan for this within short term budget periods?

Our organisation provides support for capacity and capability building for healthcare improvement in local health systems. We can cooperate with other national scrutiny bodies to ensure we are all working towards common aims with community planning partnerships.

5. What baseline evidence is used to measure preventative outcomes?

We rely on national statistics from the Information Services Division of NHS National Services Scotland and from GRO data to tell us what is happening in local systems and use this to target our activity. It may not provide the degree of granularity necessary to fine tune support to local systems. We are building relationships with local health boards so that we can place reliance on locally collected data for the future. This could be applied across community planning partnerships.

6. In oral evidence to the Committee, COSLA stated that: "we want budgets to be thought of more as being part of the public purse than as belonging to the council or NHS". To what extent are you able to pool your budget, or even reallocate budgets to other agencies, and make joint spending decisions through initiatives such as the Integrated Resource Framework?

A duty of co-operation is placed on Healthcare Improvement Scotland and Social Care and Social Work Improvement Scotland (SCSWIS) by the Public Services Reform (Scotland) Act 2010 to work together and with other improvement and scrutiny bodies, including HMIE and Audit Scotland. We are working collaboratively with other scrutiny bodies to develop our approach to healthcare scrutiny and are signed up to the Draft Code of Practice for the Joint Inspection of Services1 which for the first time sets out arrangements for co-operation between scrutiny bodies, our commitment to collaborative working and the principles that underpin our work. Inspection of services for older people and of services for children are key areas of multi-agency activity in the coming year. While we do not make joint spending decisions it is essential that we work closely with SCSWIS to identify and agree such priorities for joint working.

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1 Other bodies to whom this applies are: Her Majesty’s Chief Inspector of Constabulary, Her Majesty’s Chief Inspector of Prisons for Scotland, Her Majesty’s Chief Inspector of Prosecution in Scotland, Her Majesty’s Inspector of Education, Mental Welfare Commission for Scotland, Social Care and Social Work Improvement Scotland, and any special health board.
The concept of “the public purse” raises important questions, not just about issues like pooled budgets and joint decision making, but also about what influence the public has in terms of that decision making. Decisions taken by the Scottish Government and by public bodies, particularly local authorities and NHS Boards, will have a major impact on those who receive public services. As the Christie Report recognised: “It is vital that communities are able to engage effectively with public services in setting priorities and designing services”. Service users and communities must have a say in discussions regarding budget priorities.

The impact of changing budget priorities at local level may have implications for the national scrutiny bodies; particularly those of us charged with supporting service delivery organisations improve the quality of their services. This needs to be factored into spending proposals.

As it is clear that public bodies may face some tough choices in terms of spending priorities, assessing the equality impact of spending proposals, and listening to public concerns, will help to ensure that those decisions are properly informed in terms of likely implications for communities and groups who have particular needs. The importance of equality impact assessment in terms of financial decision making is highlighted in guidance published by the Equality and Human Rights Commission and also in the Scottish Government’s own guidance.

7. The Committee will be writing separately to individual Community Planning Partnerships but would welcome views from other interested organisations on what elements should be in the spending review and the 2012-13 draft budget to support more effective collaborative working in moving towards a more preventative approach to public spending?

One suggestion is for the outcomes across community planning partnerships to be harmonised so that all agencies are working to common goals and the same set of outcomes.

8. How can good examples of collaboration be encouraged and shared nationally across key agencies and what is the role for the Scottish Government here?

Developing more opportunities for national organisations to find out about good local activity so that we can also play a part on sharing examples of good local practice and publicising what they achieve.

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2 Commission on the Future Delivery of Public Services, Dr Campbell Christie, June 2011