The Scottish Directors of Public Health welcome the opportunity to comment on the Health and Sport Committee’s call for views on the Scottish Government’s Draft Budget for 2018-19.

1. Do you consider that the Scottish Government’s health and sport budget for 2017-18 reflects its stated priorities (as set out in the National Performance Framework, the LDP standards and the National health and wellbeing outcomes)? If not, how could the budget be adjusted to better reflect priorities?

Generally the 2017-18 budget set out actions that reflected its stated priorities. The necessary detail of how the high level priorities set out in the draft budget was clarified in the Health and Social Care Delivery Plan. This was also consistent with its stated priorities.

Within this it was welcome to see commitments to:

- “Help address health inequalities and improve the health of the population”; and
- “Prioritise investment which focuses on prevention and early intervention, to ensure the realisation of our 2020 Vision”.

2. For the health and sport budget for 2018-19 where do you suggest any additional resources could be most effectively deployed and where could any further savings be found? What evidence supports your views?

We would encourage the Scottish Government to maintain its focus on prevention and address health inequalities. We consider that it is important that the advice of the Government’s independent advisor on poverty and inequalities in her most recent report on the life chances of young people is reflected in the new 2018-19 draft budget.

Whilst the budget needs to align closely to help ensure that support is offered to those who need it most, as population health practitioners we also recognise that this should not be at the expense of effective population level interventions. Prevention and early intervention can often be more effective when taken forward on a universal basis, with additional effort being taken to target persisting inequalities that give rise to a loss of health and wellbeing.

In this regard we would note that this applies to areas of the Draft Budget beyond the specific elements relating to Health and Sport. There will be occasions when the best investments for reducing health inequalities will be in relation to those social,
economic, and environmental factors that determine health experiences and feed health inequalities.

It is our experience that, in many respects, taking bold action on prevention and inequality reduction has broad public support in many respects. We would welcome the opportunity to help the Scottish Government to take the sort of ambitious action to meet the ambition set out in the national priorities and show that the policy intention has led to effective action.

In requesting views on the effective use of resources, we would simply echo the statement of Benjamin Franklin that “an ounce of prevention is worth a pound of cure”. Whilst this is accepted broadly, achieving the appropriate rebalancing of the Draft Budget between prevention and health and social care delivery remains a challenge. Progress is being made, but perhaps clearer guidance on what proportion of financial efficiencies should be invested in work to address health inequalities may be a useful tool. Such efficiencies are possible. For example, cutting oversupply in care services and removing unnecessary duplication of services can allow rationalisation in, for instance acute hospital services. The new NHS landscape for regional planning will help here, but only if there is an inclusive process toward decision-making concerning ways in which reinvestment can support wider health and social care priorities in general, and preventative interventions in particular.

3. Is sufficient information available to support scrutiny of the Scottish Government’s health and sport budget? If not, what additional information would help support budget scrutiny?

We would suggest that until we understand how best to interpret effectively the existing information to evaluate effective use of budgets, the question of what extra information is needed may be premature. In this regard we are also aware of the work being undertaken by Professor Sir Harry Burns, the former Chief Medical Officer, as independent chair of the national review of targets and indicators for health and social care may well have a bearing on understanding health and social care effectiveness. Directors would be keen to contribute to further work to develop his proposals.

4. What impact has the integration of health and social care budgets had on ensuring resources are directed at achieving the Scottish Government’s desired outcomes?

At present, we consider that it is simply too early in the development of the Integrated Joint Boards for health and social care to understand the impact of the integration on achieving the Scottish Government’s desired outcomes. We would however note that in the context of prevention and early identification of health problems across the life course and of preventing inequalities and addressing existing health inequalities, health and social care activity is not the only source of resources which are important. In particular resources dedicated across the broad remits of the newly reformed Community Planning Partnerships is also a key concern for meeting the needs of Scotland’s people.