We are pleased to see an increase in investment in the early years. Investing in the early years can result in significant savings later on by preventing children from developing health problems as adults. Therefore, further increasing the proportion of the budget spent on the early years is likely to benefit many of the national indicators, even those that do not specifically related to children e.g. reducing crime, reducing number of people with problem drug use.

In the proposed budget for 2018/2019, there is a reduction in spend on ‘health improvement and protection’, even when adding on the figure (mentioned in footnote) of £53.8 million received for the ADPs. We think reducing the spend on health improvement is counterproductive in achieving the national indicators.

1. **Do you consider that the Scottish Government’s health and sport budget for 2018-19 reflects its stated priorities? How could the budget be adjusted to better reflect priorities?**

Based on the priorities highlighted below, we suggest the Committee should prioritise its budget on preventing the most vulnerable people in our society from becoming ill. The changing landscape of health and social care provision has resulted in increasing recognition of the part that physical activity plays in providing the best start for children, preventing and treating a vast range of long-term health conditions and in improving outcomes for local people living with the greatest inequalities.

The six areas for development are:
- Leadership for physical activity
- Physical activity pathway
- Education and workforce
- Workplace physical activity.
- Physical Activity Partnerships
- Activating the health and social care estate

- Physical activity should be a core component in planning structures in population health improvement.
- Consider all partners and how we jointly deliver physical activity – e.g. Transport and Leisure, Social Enterprise Network, Private Sector and Public Sector, Third Sector.
- Consider a physical activity discretionary budget targeted to increase action to the 20% least active in the population.
- Active Workforce/Active Travel: improve our active infrastructure - people and place.
- Communicate more effective physical activity messages/awareness within health improvement and training for health and care sector staff.

**National health and wellbeing outcomes**

Outcome 1:
People are able to look after and improve their own health and wellbeing and live in good health for longer.
National Performance Framework

- We live longer, healthier lives
- We live in well-designed, sustainable places where we are able to access the amenities and services we need
- We value and enjoy our built and natural environment and protect it and enhance it for future generations
- Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it.

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?

The seven best investments that work for promoting physical activity:

1. Whole of school programmes
2. Transport policies and systems that prioritise walking, cycling and public transport
3. Urban design that provides for equitable and safe access for recreational physical activity
4. Physical activity and NCD prevention integrated into primary healthcare systems
5. Public education, including mass media to raise awareness and change social norms on physical activity
6. Community-wide programmes that mobilise and integrate community engagement and resources
7. Sports systems and programmes that promote ‘sport for all’ and encourage participation across the life span

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?

No response

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?

Very little in terms of promoting physical activity and reducing sedentary behaviour. The diversity of available funding makes it difficult to access, and the NHS is required to ‘match fund’ with partners. The NHS generally has no allocation to match despite this being a priority and despite the evidence. This is a missed opportunity in the health and social care sector.

We hope this is helpful. I am particularly grateful to my colleagues Mary, Tamasin and Lesley for their help with this.