(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?

- The situation we are faced with is one of increasing demand on services as a result of continuing demographic changes. I have concern that with the budget for 2017-18, they chose to focus budget scrutiny on reviewing the budget setting process for HSCPs in 2016-17 because of the truncated timescale for consideration of the Scottish Government's draft budget.
- It is difficult to comment on whether the budget reflects the Government’s stated priorities since it relates to the first full year of operation for most of the HSCPs as they begin the process of delivering a shift to new models of care. However, with 2 new models (a Lead Agency Model and an IJB Model), there is the evident clash in priorities of services and where funding is allocated. It has also been reported that there is a lack of training for recognising the identified need for service re-design.
- Furthermore, Local Authority budgets were set and agreed in December 2016 and NHS budgets set and agreed in February 2017, and of the 31 Integration Authorities (IAs), only 11 had finalised their budgets prior to the start of the financial year. In addition, 22 of the 32 IAs were expected to finalise their budget before the end of March, 4 between April and June and 5 were unable to give an expected date. Such delays and differences in timescales means that there are differences and challenges in agreeing HSCP budgets prior to the start of the financial year, and this has a profound impact on organisations such as the Association, which look to plan and negotiate Service Level Agreements (SLAs) at least 3 months prior to the end of every financial year in order to plan future service delivery properly. Such mis-alignment creates real difficulties in the commissioning of services from the Third Sector and hinders the engagement of the Third Sector in the overall process of integration of health and social care.
- £250m was provided to address Social Care. However, there is lack of clarity in the guidance on the way in which such funds were to be used.
- HSCPs have reported challenges in achieving linkage between budgets and performance framework. In reality, this is something which the Association is expected to do for all its funding and clearly list the outcomes to the objectives.

(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?

- Under the long-term budget planning, evidence was heard that allocating funding on an annual basis created limitations. This reflects exactly what...
the Association has been saying all along, especially as strategic plans are intended to have a duration of 3 years.

- Spending on Primary Care has increased by 11%, largely in terms of GP prescribing. This is where self-management has an essential role. It needs to work from bottom up by realising the importance of social prescribing at a much earlier stage in the patient's journey, rather than waiting until the list of drugs has been exhausted. More questions need to be asked and there needs to be greater accountability over the reasons why the cost-effective measures and systems involved in self-management are not being utilised to their full potential. For example, despite having a documented referral pathways and a system (SCI Gateway) to make it easier for GPs to refer patients directly to the Association (even whilst the patient is maybe waiting on a secondary care intervention), only 2 such referrals have been made via the system in the last 12 months.

- To improve efficiency, more consideration needs to be given to using the services of the Third Sector. In the case of the Association, these are properly evaluated and provide a service of demonstrable quality, often at a fraction of the cost of statutory services.

(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?

- There are 9 Health and Wellbeing outcomes and 23 care integration indicators to support the 9 outcomes. HSCPs will need to report annually how their activities have contributed towards meeting the 9 outcomes. Some related it to their strategic priorities rather than national outcomes. Some have said that it is impossible to link budgets to outcomes because the outcomes are inter-related.

- In the case of one IJB with which we have been involved through the HSCI Partnership (Perth and Kinross), it reported an overspend as at year end 31st March 2017 of £1.19m (a significant deterioration from the £303k overspend predicted previously) with an underlying £3.1m overspend against the budgets devolved by NHS Tayside. However, what should the consequences of this overspend be? Above all, it should not be about identifying ways of cutting services. What should be addressed is making changes in the way they work, in particular by looking at inefficiencies and wastage, especially when the deterioration in the overspend is due to an increased forecast overspend on GP prescribing. Simply saying there is no money is not an option for service improvement.

- Where there is a reported underspend in social care of £1.9m, why is the principle of an integrated service not implemented by allocating the funds involved to health and NHS services? Adult Mental Health and Wellbeing forecast an £80K underspend but this all revolves around temporary vacancies - surely it's about supplying services and not displaying the fact that there is not a severe need for services out there?

- A reported £2.1m as reserves to support strategic priorities is a lot when others have overspend and the £1.9m underspend against the social care budget is set to be carried forward as reserves in 2017/18.
(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?

- Budget allocations proportions vary considerably between IAs, e.g. in Lanarkshire and Dumfries & Galloway 22% of budget is allocated to social care, whilst in Orkney the proportion is 52%. How are organisations like ourselves meant to negotiate SLAs when such facts are unknown without delving into reports? More importantly, where is the continuity of care for patients when it is postcode dependent? Many patients need to be managed within a social care setting to keep them in a community setting and out of hospital - one of the 9 priorities - so how is this compatible with an allocation to social care of only 22% of the budget?

- There is a £250m social care fund allocation with 50% on expanding social care and 50% to help meet costs faced by Local Authorities in Health and Social Care service delivery and reducing budgets and living wage. As with the comments in (3) above, this doesn't really tie up. There are too many processes within the Integration implementation, and instead of being able to get the key information to the key people, those for whom services should be provided are getting lost within these systems.

- Unfortunately we still see much evidence of professional resistance to any involvement of the Third Sector, coupled with a reluctance to share power and knowledge more equally.