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 budget for 2017-18 provides an overview of how funding has been allocated to Boards, Services and Departmental Allocations. This is supplemented with specific statements on priority areas and areas where additional funding is being allocated in support of this. However the budget does not present how the totality of these budgets support the delivery of the priorities outlined above.

This reflects the funding arrangements in place and recognises that it is for Boards, Services and Departments to decide how they will deliver on outcomes, enabling local flexibility to deliver in the best way for their local communities.

It is not easy to link budgets to specific priorities and outcomes and attempts to do this can result in arbitrary allocations especially where funds deliver on a number of key priorities. It is recommended that the focus of reporting should be on the outcomes the funding achieves or is intended to achieve. The Annual Performance Reports produced by Health and Social Care Partnerships are a good example of how this can be delivered offering tangible examples which support budget allocations.

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?

Additional resources would be most effectively deployed to community based, preventative services and transformational investment to support the national commitment of shifting the balance of care and delivering person centred care in a community setting.

Health and Social Care Partnerships are in a strong position to deliver on these outcomes with clear responsibility for the strategic commissioning of services which will deliver the national outcomes as well as meet the needs of the local community.

Although additional funding has been directed to Health and Social Care Partnerships, to date, this has been linked to new strategic priorities with associated additional cost pressures such as living wage. As a result there has been limited funds available to support increases in community based, preventative services or support the transformation required to deliver a shift in the balance of care.

Health and Social Care Partnerships are also facing unprecedented increased demands in services linked to demographics, economy and health factors. Within
North Ayrshire it is estimated that the Health and Social Care Partnership would need an additional £30m (14%) over the next two financial years to meet current cost and demand pressures. The Partnership has developed a medium term financial plan with a transformation programme to support this. However with the financial resources at our disposal it is unlikely that transformation alone will bridge the gap, and service reductions within community based, preventative services will be required, which is in direct opposition to what it is the Partnership is seeking to achieve.

Additional funding to support the transformation of services to deliver the shift in the balance of care, is essential if the Scottish Government is to secure its national commitment to deliver the majority of the health budget being spent in the community by 2021.

North Ayrshire Health and Social Care Partnership, working in partnership with North Ayrshire Council has established a Challenge Fund which can be accessed by the Partnership to undertake transformation projects. It is being used to pilot new models for delivery which will seek to deliver innovative services for the local community, within a community setting, whilst delivering a service which is financially sustainable moving forward.

This Challenge Fund has the potential to secure funding in the longer term for these new models of delivery and also deliver a net saving of £2.5m back to the Partnership. Without the availability of the fund to support this transformation, none of these projects would have been able to be moved forward. The targeting of additional resources from Scottish Government in this type of activity within a community setting could be a catalyst for service redesign which will reshape services for the future whilst delivering on the targeted priorities.

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?**

Information linked to performance and how the budget is used to deliver the stated priorities is key to ensuring budgeted resources are targeted at the priorities of the Scottish Government. This would give assurance that budgeted resources are being directed as intended.

The Annual Performance Reports produced by Health and Social Care Partnerships would provide the Committee with a good source of information to support this scrutiny process. Care should be however be taken in respect of comparisons of information, either over time, or between different bodies due to the different remits of individual Health and Social Care Partnerships and the different needs of local communities.

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?**

North Ayrshire Health and Social Care Partnership is ambitious about what it wants to achieve for the residents of North Ayrshire and there is already evidence of how
an integrated system can work for the benefit of the local community whilst achieving the Scottish Governments desired outcomes.

There are many examples of success which can be seen in the Annual Performance Report due to be published at the end of July. Some examples of our early success include:-

- Care Home Reablement Service which provides people with intensive support from occupational therapists and reablement care at home assistants for up to 12 weeks. This intensive support helps people to regain skills and independence after an illness or spell in hospital. Reablement is not suitable for everyone but for those that did receive this service, 45.5% either needed no further support or had a greatly reduced care package. In 2016-17, 80% of the people who received the reablement service rated it as “excellent”.

- A pilot project has operated in Irvine in an effort to assist people to remain in their own homes for as long as possible. The pilot involved our Community Alarm Team working alongside the Scottish Ambulance Service in responding to 999 calls. From December 2015 to December 2016, 74.56% of people who called an ambulance via telecare remained in their own home with the support of Community Alarm Carers and saved 7,670 bed days in acute hospitals.

- A Multi Agency Assessment and Screening Hub was created in August 2016. Before this team was established too many children were being reported to the Children’s Reporter. This pilot has been successful in delivering a 46% reduction in referrals to the Reporter.

The financial landscape for 2018-19 and 2019-20 is challenging for Health and Social Care Partnerships with significant reductions in funding expected from partner bodies. This will impact on the Partnerships ability to support the transformation required to deliver a shift in the balance of care but is also likely to see significant reductions in services commissioned by the Partnership which will directly impact on the health and wellbeing of our local communities.