About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. It brings together almost 2,000 members, including a large network of national and local third sector organisations, associates in the statutory and private sectors and individuals.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE welcomes the opportunity to respond to the Health and Sport Committee’s call for views on the Draft Budget 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?

A key message from the third sector over recent years has been the divergence between a strong political drive for radical shifts in policy and investment and the experience at a local level. The consistent message, reflected in the Christie agenda and stated frequently by Scottish Ministers, is the need to shift power and resources to communities, re-direct efforts and budgets towards prevention and focus on outcomes.

However, power largely continues to lie with statutory agencies, the bulk of investment continues to be made ‘downstream’ in traditional services and the potential contribution of the third sector remains significantly larger than its influence and resourcing allow it to make. In order to increase the pace of preventative activity, we believe a greater emphasis needs to be placed upon:

- Clearly positioning the finance proposition as investment in outcomes rather than funding services.
- Developing longer term funding models.
- Investing in creating the enabling environment and being realistic about how long it will take for this investment to bear fruit in some contexts.
• Requiring investment in leadership and change management capacity across all sectors, or provision of this centrally.

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 believe that the 2018-19 Budget should consider further investment in social care services in order to support the development of community based services that would quicken a shift in the balance of care. Earlier this year we published the findings of our research project on people’s experiences of Self-directed Support (SDS) across Scotland, which highlighted a very low uptake of SDS and mixed experiences of its implementation, despite a statutory duty to offer it. Alongside the increasing financial challenges faced by providers of social care, we would like to see further emphasis placed on the important role that social care has in achieving the Scottish Government’s aims with appropriate funding attached.

We would also like to reiterate to the Committee that the third sector can make a significant contribution to the health and wellbeing of Scotland’s people and communities through innovative approaches.

The Self Management Fund\(^1\), administered by the ALLIANCE, is one example of the impact that can be achieved by investing directly into the sector, supporting organisations and individuals to lead innovation and develop effective, high value for money, asset-based approaches, often in partnership with statutory sector health and social care. The fund was recently cited by Sir John Elvidge’s Carnegie UK Enabling State programme as a leading example of how to deliver the vision described by the Christie Commission.

Additionally, the draft budget for 2017-18\(^2\) includes the commitment to recruit 250 Community Link Workers during the lifetime of the Parliament to work in GP practices, with at least 40 being recruited by September 2017.

In 2013 the ALLIANCE developed the Scottish Government funded National Links Worker Programme. We have been operating in 7 ‘Deep End’ GP Practices in Glasgow, alongside 8 further ‘comparison practices’. The final report of an independent evaluation study undertaken to help understand the impact of the Programme was published in July 2017 by NHS Health Scotland\(^3\). The study was carried out by a team from the University of Glasgow’s Institute of Health and Wellbeing.


Some key findings from the study include a greater likelihood among staff in participating practices to engage in activities aimed at promoting team wellbeing and that staff in practices who had fully integrated with the programme, by the time of the evaluation data collection period, were less likely to report feeling like they wanted to give up patient care within the next five years. In the context of well documented pressures on general practice and the current drive to enhance recruitment and retention of GPs to ensure future needs are met, this could be a vital aspect of the programme.

In terms of the people the programme is reaching, over 80 per cent of programme participants live in the most deprived quintile of Scotland’s population and had complex problems spanning physical, mental health and social issues.

At the nine month follow-up stage at which this study was able to assess participants at, improvements were recorded in anxiety and depressive symptoms, as well as self-reported exercise levels. These improvements were significantly better in those who saw a Community Links Practitioner (CLP) twice or more and in those who engaged with a suggested community resource via the CLP. This resonates with previous research undertaken on the programme that found that community resources in neighbourhoods where the programme is active experienced not just an increase in referrals from general practices, but that these referrals were more relevant and appropriate for the work they do.

The significant investment in this external research, along with the publication of significant learning materials has identified a number of critical success factors that should be accounted for as these posts are implemented across Scotland. This includes the importance of clinical leadership, allowing GP teams to embed the proven approach locally, and strong third sector leadership and responsibility for delivery. Much of the success of the programme, including the person-focused role of the CLP and additional success in embedding a ‘social prescribing’ approach amongst the GP teams, has been credited with the programme being co-designed and delivered from the third sector.

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?

Audit Scotland’s ‘NHS in Scotland 2016’ report⁴ made a recommendation for the Scottish Government to develop a “clear and detailed plan for change”, which would set out “what the future of the NHS looks like, what it’ll cost to deliver and what kind of workforce is needed to make it reality”.

The Scottish Government’s Health and Social Care Delivery Plan, published in December 2016 stated that a financial plan would be developed to support the delivery plan. We believe that consideration of this financial plan could form an important aspect of the Committee’s approach to scrutinising the draft budget.

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?

A suite of key indicators against which the annual performance reports of each integration authority must be developed, were established in the underlying guidance for health and social care integration. These outline what the Scottish Government considers to be the indicators of success for each of the nine existing Health and Wellbeing Outcomes.

We particularly welcome the Scottish Government’s continued commitment to shifting the balance of care, as outlined in Outcome 2, “People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community” and repeated in the Cabinet Secretary’s recent letter to the Committee. The extent to which this is reflected locally, however, remains limited, with Audit Scotland’s ‘NHS in Scotland 2016’ report concluding that “the balance of care, in terms of spending, is still not changing.”

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7 [http://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/IntegrationAuthorities_Budget_SG.pdf](http://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/IntegrationAuthorities_Budget_SG.pdf)