VOCAL is pleased to provide a submission to the Scottish Government’s Health and Sport Committee’s consultation on the health and sport draft budget for 2018/19. VOCAL draws together and articulates the broad ways in which culture and leisure contributes to quality of life across Scotland and its members believe that the current culture and sport spend has greater potential to achieve impact for people in the greatest need and getting the most out of culture and sport spend is a preventative investment proposition. VOCAL’s vision is to have major funding decisions for culture and sport considered as a return on investment where expenditure, when used as early intervention, can reduce demand on other core services, as described so clearly in the Christie Commission report. Members are concerned that the impact of disinvestment – annual budget savings - in culture and sport will be felt immediately, but there are also longer-term negative impacts such as missing the opportunity to use culture and sport services as part of a local and national government preventative strategy. VOCAL contends that an investment approach is not about just asking for more funds to maintain the status quo, or protecting existing services, but creating new opportunities for change.

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?**

There is clear evidence that sports and physical activity can support a range of health and wellbeing outcomes. However, it should also be noted that most local sports services are funded or commissioned not on the basis of outcomes but on the basis of outputs and services, many of which are defined by physical assets: the maintenance and operation of sports centres and facilities for example. Local Authorities are not generally directly delivering (or commissioning from ALEOs) sports services on the basis of public health outcomes for example. Moreover, there is a fundamental disconnect between health boards tasked with a statutory obligation in regards to public health, and those services who undoubtedly have a massive impact on public health (sport and culture), but are not directly funded and / or commissioned or otherwise tasked with addressing it. Precious few examples exist of significant investment by IJBs or health and social care partnerships in local sports services, programmes or projects. As a consequence outcomes for local authority sports services (whether delivered directly or through ALEOs ) tend to be measured in terms of increases in participation, usage and engagement, not by whom and to what ends. Clearly increases in the former are important and valuable in their own right, but the pressing challenges of public health – whether issues with child health, or the looming challenge with an aging population - risk remaining unaddressed in a focussed way by the full range of services and possible preventative interventions.

Sport and physical activity connects to many of the priority outcomes and performance measures such as Education and Skills, Communities and Equalities, Culture, Tourism, Economy, Employment and Justice. Whilst it is acknowledged that a greater sell of benefits is still required, and this is a priority for VOCAL, a greater
understanding of how sport and culture can impact at early and late stages of life is essential when considering allocation of resources.

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?**

Evidence suggests that people who undertake moderate regular exercise are:

- Up to 30% lower risk of depression and dementia
- Up to 30% lower risk of early death
- Up to 35% lower risk of coronary heart disease and stroke
- Up to 50% lower risk of colon cancer and 20% lower risk of breast cancer
- Up to 50% lower risk of type 2 diabetes
- Up to 83% lower risk of osteoarthritis

Re-allocation of health resources to preventative and recovery programmes would therefore provide increased capacity and a longer term strategic approach to tackling a range of ailments, conditions and disease.

Sport and physical activity can play a significant role in addressing physical and mental health as a preventative measure, at the early stages of diagnosis and as an improvement to quality of life as part of rehabilitation programme or terminal cases. Increases in preventative spend clearly offer the most attractive potential impacts, not only in terms of efficacy with regards to public health, but also consequent savings in remedial action through health and social care services ‘downstream’. This should deliver a number of efficiencies. Signposting to sport and physical activity providers is still in its infancy but can greatly benefit the individual as well as having a positive benefit on resources required.

Community Planning has also too often worked with a very narrowly defined set of community groups – most often voluntary organisations, not volunteering organisations; and ones that replicate local and national government commissioned and procured programmes (i.e. children, welfare, older people). As a consequence a notable feature of most CPPs has been the absence of sports and culture organisations, whether the leisure trusts responsible for the direct delivery of services, or the liaison between community sports clubs, or more particularly the sports clubs themselves, many of whom have a day-to-day direct and materially important relationship with those whom we need to reach. Structured volunteering programmes with older people in sports for example, offer a potential double benefit. Typically volunteering programmes have been viewed as a way of complementing scarce resources. However, they can help older people remain active for longer; avoid social isolation; and continue to play a valued and valuable role in their communities. They may also contribute further to sports’ role in helping bridge the gap between formal and informal education and development for many young people.

Almost all Local Authorities have some form of a Leisure or Cultural Trust through the establishment of arms-length external organisations which are set up as a Charity. One of the benefits of such an arrangement is a saving on non-domestic rates for the premises managed by the Trust. Invariably these savings contributed to reducing deficits within the Local Authority and seldom were re-invested into the sector or to
create new opportunities to develop services with more meaningful contributions to health and prevention and recovery. An examination of rates savings related to the establishment of Trusts may realise additional resource to be used at a local level.

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 on actual allocation of budget would have been beneficial. More work and information on spend for Sport, physical activity and its links to health prevention and treatment is crucial if better and wider impact is to be realised. The role sport and physical activity plays is still greatly understated.

Investment is needed in assessing the most effective preventative interventions (especially given the long-term nature of such interventions and the relationship between investment and benefit); measuring impact to facilitate smarter commissioning by national and local government, national agencies, and other funders. In sports, where the creation of ALEOs has often left Local Authorities weak in terms of the client-side expertise, more clearly defined and agreed indicators are needed to replace the flawed LGBF, and to support the often competing needs of scrutiny and accountability; measuring services’ levels of participation, engagement and satisfaction; and gauging the health, vibrancy and resilience of communities.

The sports sector’s main reporting and data sets are still output based, rather than outcome based. (In some cases it should be stressed that outputs are very important as they speak to local community needs and priorities, for example in the continued operation of centres or programmes.) This also highlights a need for a balanced approach between national strategy and budget-setting on the one hand, and local devolution and accountability on the other (where pressing local issues around health, education or infrastructure could impact on sports services – the challenge around an aging sports estate being a case in point).

Resource allocation to local areas through sportscotland is predominantly through the Active Schools and Community Sport Hub programmes which doesn’t take into account the range of benefits of physical activity, performance sport, outdoor activities or the potential positive impact on people beyond school age. Even the impact of the Active Schools service on young people could be enhanced if the service was to contribute to physical activity opportunities during curriculum time.

Whilst there is a place for community involvement in strategic development in many cases community led proposals are being funded and progressed without proper consideration for the wider strategic impact on areas.

An understanding of the impact of local factors in varying outcomes for populations needs to be understood:

- Population demographics (e.g. inequalities in health, education or wealth)
- Geography (size, rural v urban etc)
- The asset base (sports facilities, their condition, type and location)
- Local Political and Community priorities
• Economies of scale, and the differing histories of regions’ budgets, resourcing and efficiencies

Every local authority area should have a physical activity strategy which sets out the plans and targets for improved health outcomes and the ways in which they will contribute to health and well-being at regional and national levels. They require to have a clearly defined resource plan allowing for greater scrutiny of return on investment.

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?

There is little or no experience within the culture and sport sector of budgets being adequately or efficiently deployed in pursuit of prevention by partnership working between Health and Social Care partners and others working on prevention in physical health (sports services) or mental health (sports, culture and leisure more widely). In other words, where more efficient, effective or impressive returns could be found by moving spend ‘upstream’ into preventative programmes, health and social care partners are choosing to do this by investing in their own preventative programmes (in some cases developing these anew despite already existing provision being available locally), rather than collaborating with existing services and/or investing in them at scale. Budgets, their control and deployment are all too often reflecting the little progress we have made in implementing the fundamental recommendations of the Christie Report with regards to collaboration and cross-sector working. Where understanding and real commitment to these exists there have been some notable programmes, but they are often in spite of the fact that the money has not followed the efforts at collaborative working.

Whilst there is a desire to impact on community health and well-being, there is still a clear divide between allocated sport resources and those allocated to health and well-being indicating that sport still isn’t recognised as a significant contributor to health, justice and education despite growing evidence. An integration of targeted resources for preventative and developmental initiatives is still required within the public services if a greater impact is to be realised.