Draft Budget 2018-19
NHS Lothian Public Health and Health Policy

This is a response from NHS Lothian Public Health and Health Policy which focuses primarily on commitments related to 'Improving the Health of the Population'.

The Committee is seeking answers to the following questions:

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?

We welcome the Scottish Government’s health and sport budget for 2017-18 ‘focus on prevention and early intervention ... to help address health inequalities and improve the health of the population.’ However, some of the funding decisions in the draft 2017-18 budget do not deliver on this commitment. The combined Health Improvement and Health Protection and ADP draft budgets for 2017-18 total £99.9 million, which is a drop from £103.4 million in the 2016-17 draft budget -- and the only reduction in the spending section of the draft budget. These are budgets that directly address prevention and inequalities (given the excess mortality in Scotland attributable to alcohol and drugs misuse and a population alcohol consumption rate much higher than the rest of the UK) and they should be increased.

The budget’s population health section refers to ‘alcohol, reducing tobacco-related harm by significantly reducing smoking rates, and in increasing levels of physical activity, including through sport, and improving oral health.’ The draft budget also focuses on food standards and sport. While many of these topics are relevant for health improvement, the interventions proposed have only limited impact on inequalities. (1) The phrase ‘lifestyle drift’ has been used to describe efforts at reducing inequalities that focus on behavioural messages (more exercise, less smoking, eating and drinking) rather than addressing the fundamental determinants of inequalities such as adverse childhood experience, educational outcomes, low income, poor housing and unemployment. (2-4) There is evidence that previous Scottish government initiatives to address inequalities have started with a commitment to focus on determinants but reverted to behavioural interventions. (5) In order to achieve significant reductions in inequalities and a focus on preventive work, the Committee should consider the importance of the social determinants of health and how it might develop a health in all policies approach to improving population health in Scotland.

Although the Committee does not have financial resources to address all of these determinants directly, it could make a clearer statement about its own role in working across government to pursue a health in all policies approach. Work on reducing alcohol consumption is described in the draft budget as a ‘package of measures’ which have to be implemented across government. There is scope for the Health
and Sport Committee to develop similar health in all policy approaches that focus on transport, housing, place, education and employment. Some of the building blocks for these partnerships exist already (Place Standard, Joint Housing Policy and Delivery Group) but there should be clear health in all policies objectives within the Health and Sport Committee remit. Furthermore, the Committee should consider how it might require Integration Joint Boards and Health and Social Care Partnerships to engage more actively with Community Planning Partnerships. Integration Joint Boards should be influencing strategic decisions about health determinants but will need to devote resources (people and money) to do this.

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?*

As stated above, the role of Integration Joint Boards and NHS Boards within Community Planning Partnerships would help focus on upstream determinants of health. As an example, the provision of good quality, affordable housing is of prime importance to NHS Boards and Integration Joint Boards as well as local authorities. There is a well established evidence base about the health impacts of housing. (6-9) Supporting people to self manage at home and reducing delayed discharges are reliant on an adequate supply of homes that are adapted to the needs of a multimorbid population that holds an increasing number of single person households. Crucially, affordable homes are also required for the health and social care workforce. Although Integration Joint Boards have a series of housing responsibilities, many of which are listed in Housing Contribution Statements, there needs to be closer working with housing and planning departments so that Integration Joint Boards and NHS Boards are, ultimately, co-producers of Local Housing Strategies. Over the long term, it should be conceivable that NHS and Integration Joint Board executives might consider house building as preventive spend. Similar partnership approaches should be developed to transport, planning, criminal justice and a number of other key topics.

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 comments.

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?

It is too early to tell. With overall funding falling rather than rising at a time of austerity, a significant proportion of diverted funds have been used to replace shortfalls in existing provision elsewhere, rather than for investing in improvement. There are significant questions about the sustainability of the current model of social care, a requirement to scale up investment in education, training, research and development and in new models of delivery that draw on the best international evidence.

References