



The Scottish Parliament
Pàrlamaid na h-Alba

Cabinet Secretary for Finance and
the Economy
(by e-mail)

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31 March 2022

Dear Cabinet Secretary

Resource Spending Review Framework

The Constitution, Europe, External Affairs and Culture Committee welcomes the opportunity to respond to the Scottish Government's public consultation on its resource spending review framework (RSRF). We have done so in line with the recommendation of the Budget Process Review Group that the "Parliament's committees undertake a constructive dialogue with the Government, public bodies, and stakeholders once the framework document is published in order to influence the outcome of the spending review."¹

Our submission is attached at **Annexe A**. We would welcome a written response following the publication of the spending review and invite you to give oral evidence on the spending review and your response to our submission

I am copying this letter to the Cabinet Secretary for Health and Social Care, the Cabinet Secretary for the Constitution, External Affairs and Culture, the Convener of the Finance and Public Administration Committee and the Convener of the Health, Social Care and Sport Committee.

Yours Sincerely

Clare Adamson MSP, Convener of the Constitution, Europe, External Affairs and Culture Committee

¹¹ [BPRG - Final Report 30.06.17.pdf \(parliament.scot\)](#)

Annexe A

Resource Spending Review Framework

Introduction

1. The Constitution, Europe, External Affairs and Culture Committee (“the Committee”) welcomes the Scottish Government’s public consultation on its resource spending review framework (RSRF).
2. We note that this approach was a recommendation of the Session 5 Finance and Constitution Committee’s Budget Process Review Group. The Group recommended that the Scottish Government publish “a framework document setting out the economic and political context, the criteria which will govern the assessment of budgets and the process and timetable for the review.”²
3. At our meeting on 3 February the Committee agreed to carry out a short inquiry focusing on the opportunity within the RSRF to mainstream culture spend across government particularly but not exclusively in support of health and wellbeing. We agreed to take evidence from witnesses who either contributed to our pre-budget scrutiny or who have experience of the mainstreaming of culture.
4. Given the focus on culture, health and wellbeing we also held a joint evidence session with the Cabinet Secretary for Health and Social Care and the Cabinet Secretary for the Constitution, External Affairs and Culture (“the Cabinet Secretary”).
5. This report provides our submission to the consultation. It is intended to supplement the findings of our pre-budget inquiry.
6. The Committee thanks all those who provided written and oral submissions. All the evidence we received is available on the inquiry webpages.³

Background: changing demographics, increased demands on our public services and the Christie principles

7. The RSRF identifies four primary drivers of public spending over the period of the spending review including changing demographics and the demands on the health service. The RSRF states that the population aged over 65 is expected to grow by 119,000 over the next five years while the working age population aged 16 to 64 is expected to decline by 60,000 over the next 6 years.
8. The Scottish Government also published its latest medium-term financial strategy⁴ (MTFS) alongside its Budget 2022-23 in December 2021. The purpose

² [BPRG - Final Report 30.06.17.pdf \(parliament.scot\)](#)

³ [Scottish Government Resource Spending Review | Scottish Parliament Website](#)

⁴ [Scotland’s Fiscal Outlook: The Scottish Government’s Medium-Term Financial Strategy \(www.gov.scot\)](#)

of the MTFS “is to examine the medium-term sustainability of Scotland’s public finances, with a focus on the management of fiscal risk within existing constitutional and fiscal constraints.”⁵

9. The MTFS notes that the Scottish population is ageing and that “by mid-2043, it is projected that 22.9% of the population will be of pensionable age, compared to 19.0% in mid-2018.” Given at the same time, the proportion of working-age population decreases, “this means that public services and social security payments for all need to be funded on a smaller active economy.”⁶
10. The Committee notes that while people living longer is clearly very welcome it does increase pressure on public expenditure. As highlighted in the MTFS this is especially apparent in the health and social care system. The Scottish Government states that managing this demand “through public health improvement and prevention is a key element not only in improving people’s health for better outcomes but also in managing the financial risks.”
11. **The Committee welcomes the Scottish Government’s commitment to “taking an active approach to protect the long-term fiscal sustainability of public finances through diligent management of fiscal risk.” It is within this context that we focus on the contribution which culture can make to health and wellbeing as part of the management of that risk.**
12. **At the same time we also note, as discussed below, the views of the Scottish Government’s independent Advisory Group on Economic Recovery who, in the wake of COVID-19, recommended that Ministers should in relation to the creative sector seek “ways to increase public and private investment across the sector to allow it to recover and compete.”⁷**

Christie Principles

13. The RSRF identifies “efficiency, effectiveness and value for money” as being “crucial to how we review spending across the Scottish Government, and central to the robust challenge process we will undertake.” The RSRF also states that this approach is “heavily informed by the principles of the Christie commission’s report on the future of public services which was published in 2011” –
 - Empower individuals and communities
 - Integrate service provision
 - Prevent negative outcomes from arising
 - Become more efficient by reducing duplication and sharing services.
14. The Auditor General for Scotland (AGS) in a blog, *Christie 10-years on*, wrote that the Christie report “was an ambitious, visionary document. Over the last

⁵ [Scotland’s Fiscal Outlook: The Scottish Government’s Medium-Term Financial Strategy \(www.gov.scot\)](http://www.gov.scot) page 6

⁶ [Scotland’s Fiscal Outlook: The Scottish Government’s Medium-Term Financial Strategy \(www.gov.scot\)](http://www.gov.scot) paragraph 3.3.5

⁷ [Towards a robust, resilient wellbeing economy for Scotland \(www.gov.scot\)](http://www.gov.scot) paragraph 5.14

decade, we have striven to live up to that ambition but have fallen short. His clarion call cannot wait another 10 years.” He states that “audit work consistently shows a major implementation gap between policy ambitions and delivery on the ground.”

15. The AGS cites a number of areas which need to change including –

- to rethink radically how we measure success and hold organisations to account for their performance;
- address the mismatch between the Scottish Government’s vision and how we assess public sector performance;
- too many public sector leaders still don’t feel truly empowered or sufficiently emboldened to make the changes they think are needed to deliver Christie;
- our collective appetite for risk-taking and innovation, and how we hold public sector leaders to account, also needs to shift.⁸

16. The AGS’s view is that we “all now need to work collectively to address the barriers that have hindered progress and make changes to improve outcomes.”⁹

17. The interim Chair of the Accounts Commission in a blog, *Christie – it really is now or never*, writes that Commission’s Best Value reports on councils have reported lots of progress over the past decade. In her view the “shortcomings highlighted in 2011 in how public services were delivered are still all too real in 2021.”¹⁰ Those shortcomings include –

- There is still much fragmentation and complexity in how public services are organised, resulting in duplication and confusion;
- Public services need to be delivered to fit local needs, but good practice from elsewhere is not embraced and adopted enough;
- Public services are still often delivered ‘top down’, with organisational interests coming before those of the people who receive those services;
- The focus on putting the person at the centre of public service delivery is still not the norm and it is disempowering;
- The focus on public service performance is still often on inputs rather than a clear understanding of the quality of the service and what matters to people.

⁸ [Blog: Christie 10-years on | Audit Scotland \(audit-scotland.gov.uk\)](#)

⁹ [Blog: Christie 10-years on | Audit Scotland \(audit-scotland.gov.uk\)](#)

¹⁰ [Blog: Christie - it really is now or never | Audit Scotland \(audit-scotland.gov.uk\)](#)

18. The interim Chair states that now, “more than ever, we must prioritise prevention.” All of this will require –

- strong and collaborative leadership;
- our politicians to be bold and put our citizens, particularly our most vulnerable citizens, right at the centre of decisions;
- our public service executives to be clear and precise about what is required, based on evidence and experience of those living in our communities;
- all of us to play our part in making change happen. To encourage innovation, to manage risk, to forgive mistakes and then to learn from those mistakes and quickly adapt.

19. In her view we “cannot contemplate thinking that in 10 years' time we have still not addressed Christie's recommendations. It really is now or never.”¹¹

20. Community Leisure Scotland (CLS) state that “the key principles of public sector reform identified in the Christie Commission Report from 2011 are as relevant today as they were eleven years ago.”

21. We asked both Cabinet Secretaries for their views on the progress in delivering the recommendations of the Christie Commission especially in relation to a preventative approach. The Cabinet Secretary for Health and Social Care responded that “we have made significant progress” and “our funding is geared towards the preventative.” He added that given “the scale of the challenge that we are now facing for our recovery, we have to invest in the preventative.”¹²

22. The Cabinet Secretary for the Constitution, External Affairs and Culture provided a number of examples of projects at a local level influenced by the Christie principles and suggested that a key challenge is “how we make them scalable.”¹³

23. The RSRF, in line with the Christie principles, has identified a number of ways in which the Scottish Government will be exploring how to get best value out of Scotland’s public spending, including improving cross-government collaboration and prevention and invest to save initiatives.

24. The Committee welcomes the emphasis within the RSRF on delivering the Christie principles. We believe that the spending review provides an excellent opportunity to make the necessary but challenging spending decisions to support transformational change in how public services are delivered.

¹¹ [Blog: Christie - it really is now or never | Audit Scotland \(audit-scotland.gov.uk\)](#)

¹² [Official Report \(parliament.scot\)](#) Col.26

¹³ [Official Report \(parliament.scot\)](#) Col.26

- 25. In doing so there is clearly a need as identified by the AGS and interim chair of the Accounts Commission to address why there continues to be “a major implementation gap between policy ambitions and delivery on the ground.”**
- 26. Witnesses to our pre-budget inquiry and the RSRF inquiry raised concerns regarding the delivery of the Christie principles to those identified by the AGS and the interim Chair and we discuss these in more detail below.**
- 27. At the same time the Committee recognises the ongoing severity of the impact of COVID on our public services and the need to prioritise the recovery. At the same time there are clearly positive lessons we can learn from the heroic response of our public services and key workers in delivering transformational change rapidly in response to the pandemic.**
- 28. As we discuss those lessons should be harnessed alongside the RSRF in providing a benchmark for what is possible in delivering the preventative model over the period of the Spending Review.**

Embedding Culture and Health and Wellbeing Across Government

29. In our pre-budget report the Committee noted that the positive impact of culture on health and wellbeing is now well recognised. We received further evidence as part of our consideration of the RSRF which supports this view.
30. For example, Arts Culture Health and Wellbeing Scotland (ACHWS) cite a 2019 scoping review by the World Health Organisation which suggests that results from over 3000 studies “identified a major role for the arts in the prevention of ill health, promotion of health, and management and treatment of illness across the lifespan.”¹⁴
31. They also cite a report by University College London (UCL) for the Department for Digital, Culture, Media and Sport on the role of arts in improving health and wellbeing. The research by the UCL found “strong ‘grade A’ evidence for the following outcomes, suggesting that this evidence can be trusted to guide policy:
- The use of music to support infant social development
 - The use of book reading to support child social development
 - The use of music or reading for speech and language development amongst infants and children
 - The use of the arts to support aspects of social cohesion
 - The use of the arts to improve wellbeing (i.e. positive psychological factors) in adults
 - The use of the arts to reduce physical decline in older age.”¹⁵

¹⁴ [WHO/Europe | Publications - What is the evidence on the role of the arts in improving health and well-being? A scoping review \(2019\)](#)

¹⁵ [DCMS report April 2020 finalx_1 .pdf \(publishing.service.gov.uk\)](#)

32. ACHWS state that building “on extensive evidence and research, we advocate that culture and the arts can provide enormous benefit to our health and wellbeing, both for specific patient populations in healthcare settings and through integrating culture into our everyday lives.”
33. COSLA’s view is that “cultural and leisure services are also important to the wellbeing of individuals and communities and have huge physical and mental health benefits.” They state that these services “play a significant role in preventing poor health outcomes and reducing demand on health services, as well as helping to enhance recovery and improve the quality of life for people with long term conditions.”
34. The RSE told us that “a huge amount of mental health issues can be avoided and wellbeing can be encouraged by people joining local arts groups and being part of voluntary arts organisations and so on.”¹⁶

Current Practice

35. Creative Scotland recently commissioned a study “to understand the scale and scope of the current involvement of professional artists in the area of health and wellbeing.” The study also aimed to explore the role that Creative Scotland “can play in supporting this activity and helping the artists who wish to develop their skills in this area.”¹⁷ While the study was limited in that it looked only at organisations in receipt of funding from Creative Scotland, its findings are relevant to the public sector funding for the creative industries more widely.
36. As part of the study, conducted by *Rocket Science*, organisations and artists were asked to share key challenges and barriers to practicing in the area of arts and health and wellbeing. Some of the key challenges identified were –
- Funding;
 - A need for increased understanding of the role arts can play in tackling health inequalities and improving health, social and cultural outcomes;
 - Finding and keeping practitioners with the required skillsets and confidence to deliver the arts and health/wellbeing agenda;
 - Integration of arts into healthcare and for the arts not to be seen as an ‘extra’;
 - Reaching disengaged people who could most benefit from services, particularly those with multiple and complex needs;

¹⁶ [Official Report \(parliament.scot\)](#) Col.26

¹⁷ [Creative-Scotland-Arts-and-Health-Mapping-Report.pdf \(creativescotland.com\)](#)

- Building partnerships between arts organisations and health care providers;
- The reporting and evaluation process.¹⁸

37. Organisations and artists were asked about their ambitions for delivering the health and wellbeing agenda. The main ambitions referenced in the study included –

- Further integration of arts into healthcare;
- Building new partnerships and networks, to strengthen the impact of existing projects;
- Fostering a better understanding of the value of work in arts and health, including its benefits, cost effectiveness and areas for improvement;
- Improving inclusion of people with a wider range of health-related challenges.¹⁹

38. Some of the main ways organisations and artists would like Creative Scotland to support them are –

- Provide long term, flexible funding, which focuses on “tried and tested” work in addition to newer initiatives;
- Improve advocacy for the importance of the arts and health/wellbeing sector, including advocacy to Government;
- Support the creation of a strategy for arts and health/wellbeing across Scotland;
- Championing and resourcing social prescribing around arts based activity;
- Improve inclusivity for artists with health conditions and disabilities.²⁰

39. Despite an increasing recognition of the established health and wellbeing benefits of culture, the Committee heard during both this inquiry and our pre-budget inquiry that this had not led to transformational change in terms of both a cross-cutting approach within Government and increased budgetary support for culture across a number of spending areas.

40. In the next section of our submission we therefore focus on the way forward and examine a number of ways in which we can embed culture across government portfolios.

¹⁸ [Creative-Scotland-Arts-and-Health-Mapping-Report.pdf \(creativescotland.com\)](#) page 3

¹⁹ [Creative-Scotland-Arts-and-Health-Mapping-Report.pdf \(creativescotland.com\)](#) page 4

²⁰ [Creative-Scotland-Arts-and-Health-Mapping-Report.pdf \(creativescotland.com\)](#) page 4

The Way Forward: Towards a Whole System Approach

41. We welcome the approach set out in the RSRF as providing an opportunity to make progress in delivering the necessary transformational change to deliver the Christie principles. Within the context of the Committee's remit the RSRF provides the basis to make progress in embedding culture and health and wellbeing across government. In particular, through developing the following approaches highlighted within the RSRF –

- Outcomes-focused;
- Collaborative;
- Preventative;
- Mainstreaming funding across government portfolios.

42. While we recognise that none of this is novel and to a large extent reiterates the findings of the Christie Commission we nevertheless welcome the opportunity that the RSRF provides to make transformational progress. We discuss this in more detail below.

Outcomes-Focused

43. In our pre-budget report²¹ we recommended that the resource spending review should be an outcome-based process. We therefore welcome the emphasis in the resource spending review on an outcomes-focused approach and that in examining “the effectiveness of spend across portfolios” the Scottish Government “will maintain a longer-term outcomes focus to inform decisions.”²²

44. The national outcome for culture within the National Performance Framework is that we “are creative and our vibrant and diverse cultures are expressed and enjoyed widely.” The national indicators for this outcome are –

- Attendance at cultural events or places of culture;
- Participation in a cultural activity;
- Growth in the cultural economy;
- People working in arts and culture.

45. The latest available data for participation in a cultural activity shows that –

“overall participation in cultural activities was higher among women, those with degrees or professional qualifications, those with no long-term physical or mental health conditions (when comparing those with no reported long-term physical or mental health conditions and those with any reported long-term physical or mental health conditions), those living in less deprived areas, and those with a higher household income.”²³

²¹ [pre-budget-scrutiny-report.pdf \(parliament.scot\)](#)

²² [Investing in Scotland's Future: Resource Spending Review Framework \(www.gov.scot\)](#) page 25

²³ [National Indicator Performance | National Performance Framework](#)

46. As we noted in our pre-budget report, the Scottish Government published *A Culture Strategy for Scotland* in February 2020 detailing their vision, ambitions, and guiding principles for the culture sector. The strategy refers to the National Outcome, alongside specific outcomes identified in the strategy.
47. COSLA's view is that the "health and wellbeing benefits of cultural participation could be further recognised and enabled through the National Performance Framework."
48. CLS state that the Culture Strategy needs "to have a clear connect to the National Performance Framework, with clarity for organisations in the culture sector on the outcomes they should be reporting against, and how these interrelate." In their view, this "will make it easier to fund work and organisations in the culture sector, with evidence of outcomes against both the NPF and the Culture Strategy."
49. Community Leisure UK told us that we "must take a long-term view of culture and outcomes, and consider where we want to get to and a bit of a road map of how to get there; otherwise, we are at risk of losing assets and services, as well as skills and expertise."²⁴
50. In their view there "are perhaps opportunities for closer alignments, particularly in how the culture strategy at a national level is adopted and embedded at local authority level and in how local authority approaches to provision feed into a national strategy."²⁵
51. The Committee discussed with some of our witnesses whether a national strategy for the arts and health and wellbeing should be considered by the Scottish Government. ACHWS responded that we "need to find a balance where health boards want to do it because they can see the benefits to their communities." In their view it is "about designing a strategy over a three to five-year period and trying to engage with all the health boards across Scotland so that they buy into the strategy and agree to look at how their cultural strategies can be implemented."²⁶
52. Both ACHWS and the RSE emphasised that it is important that we are not too prescriptive. The RSE pointed out that "there is a lot out there already that just needs to be harnessed in the right direction" while ACHWS suggest if "you were to map the cultural organisations and activity in each health board, you would find a lot of resources that the health board could draw on." In their view if "there was a way that we could work with health boards to design a strategy that draws on that resource, that would be really positive."²⁷ The Committee notes that the Culture Strategy committed the Government to "work with Creative Scotland to map local authority support for culture and to explore future models of collaboration between national and local bodies."²⁸

²⁴ [Official Report \(parliament.scot\)](#) Col.8

²⁵ [Official Report \(parliament.scot\)](#) Col.4

²⁶ [Official Report \(parliament.scot\)](#) col.35

²⁷ [Official Report \(parliament.scot\)](#) col.35

²⁸ [A Culture Strategy for Scotland - gov.scot \(www.gov.scot\)](#) page 43

53. ACHWS told us it would be positive “to have a national strategy to get health and culture working together” based on the work that is happening on the ground.²⁹ In their view there is a “huge spectrum of creative collaboration across Scotland, but what is missing is some strategic business plan or action plan to identify a vision and aims and objectives.”³⁰
54. The Cabinet Secretary told us that the RSRF “gives us the opportunity to be discussing joint approaches at a strategic level, given the positive potential of culture to contribute to health and wellbeing outcomes.”³¹
- 55. The Committee recommends that the NPF and the Scottish Government’s culture strategy should more explicitly recognise the positive impact which access to cultural activities can have on health and wellbeing. This could include, for example, the inclusion of data related to cultural prescribing within the national indicator which measures participation in cultural activity.**
- 56. The Committee also recommends that the Spending Review sets out how spending decisions have been informed by the available data for participation in cultural activity within the National Performance Framework. In particular, the lower participation levels among those with reported long-term physical or mental health problems, those living in more deprived areas, and those with a lower household income.**
- 57. The Committee also recommends that consideration should be given to how Creative Scotland could work with NHS Boards, COSLA and the third sector in developing a national strategy for culture and health and wellbeing.**
- 58. The Committee would welcome an update on how work is progressing on mapping local authority support for culture and supporting better collaboration between national and local agencies. The Committee recommends that the Scottish Government consider how the roles of NHS Boards could be captured in this work.**

Collaborative

59. The RSRF identifies a number of ways of getting best value from Scotland’s public spending including through improving cross-government collaboration. The RSRF states that the Scottish Government “will identify where there may be shared interest, duplication or overlap in intended policy outcomes over multiple portfolios” and in those areas “will look to develop a more effective and efficient cross-government solution.”³²

²⁹ [Official Report \(parliament.scot\)](#) Col.32

³⁰ [Official Report \(parliament.scot\)](#) Col.24

³¹ [Official Report \(parliament.scot\)](#) Col.22

³² [Investing in Scotland’s Future: Resource Spending Review Framework \(www.gov.scot\)](#) page 26

60. A *Culture Strategy for Scotland* details the Scottish Government's vision, ambitions, and guiding principles for the culture sector. This included identifying culture as a central consideration across all policy areas including: health and wellbeing, economy, education, reducing inequality and realising a greener and more innovative future.
61. A focus was placed on collaboration to realise the transformational power of culture in achieving a broad range of policy outcomes including the development of cross-government policy compacts embedding culture at the centre of policy-making.
62. ACHWS suggest that it "is important to try to get that collaborative working going across departments to see if there are ways to break down the traditional models of working." But they also told us that "the wider public also need to get a better understanding of how art, culture and health collaborations have a positive impact on people's lives, particularly for people in hospital or people with mental health issues."³³
63. Social Enterprise Network Scotland (SENS) state in their written evidence that "the opportunity to connect the financial resources of the culture sector and other policy areas, such as health and wellbeing, employability, tourism etc are currently lacking." In their view a "cross departmental approach to policy development and implementation should be explored to ensure a broader understanding and cross fertilisation of knowledge and best practice."
64. The Cabinet Secretary stated in his response to our pre-budget report that he is starting a series of conversations with fellow Cabinet Secretaries "so that we can identify areas of joint collaboration and action to inform our portfolios' part in the multi-year Resource Spending Review."³⁴ The Committee asked the Cabinet Secretary at our meeting on 20 January 2022 for an update on those conversations.
65. The Cabinet Secretary responded that all ministerial portfolios have to contribute towards the culture strategy for Scotland. The strategy states that culture "plays a key role in maintaining good mental health and wellbeing and it has been shown to reduce levels of social isolation, strengthen social networks and increase self-confidence and resilience. It can support good health and wellbeing for all ages."³⁵

Collaborative learning from managing the response to COVID

66. We noted in our pre-budget report that it is essential that the Scottish Government, in developing its cultural recovery plan, works with the culture sector in learning from the innovative response to COVID. We recommended that this should include –

³³ [Official Report \(parliament.scot\)](#) Col.22

³⁴ [Response to CEEAC Pre Budget Scrutiny Report | Scottish Parliament Website](#)

³⁵ [A Culture Strategy for Scotland \(www.gov.scot\)](#) page 35

- national and local agencies working with the sector to build upon the more collaborative approach developed in response to the pandemic and with a shared focus on achieving outcomes; and
- working with the sector to build upon the innovative use of digital platforms and how this approach can continue to be developed and supported alongside a return to the reopening of venues.

67. The AGS has noted that the response to COVID has proven that “the public sector can deliver transformational change of the kind that Christie envisaged” and that “we’ve seen public bodies disobeying organisational boundaries and delivering ‘Christie’ at scale and pace.”³⁶

68. The interim chair of the Accounts Commission has highlighted that Councils and their local partners in responding to the COVID crisis “have explored innovative ways of working, and dispensed with organisational barriers. They put Christie’s four pillars right at the heart of their pandemic response.”³⁷

69. In our pre-budget report we noted how the COVID pandemic saw a shift to more consumption of, and participation in, culture from the home on digital platforms and that this has potentially opened up audiences or participation in terms of geography and cost.

70. The RSE state in their written submission that “supporting the sector develop its digital provision can successfully address well-known problems related to the accessibility of cultural activities for disabled people, people suffering from mental health issues, as well as for people who are economically disadvantaged.”

71. In our pre-budget report the Committee noted that we have been talking about cross-portfolio working for a long time including the Christie Commission report. Despite an increasing recognition of the established health and wellbeing benefits of culture, the Committee heard during our pre-budget inquiry from a number of witnesses that this had not led to transformational change in terms of both a cross-cutting approach within Government and increased budgetary support for culture across a number of spending areas.

72. The Committee’s view is that progress in developing cross-government collaboration on culture and health and wellbeing is dependent on the benefits of this approach been more deeply embedded within the NPF and the culture strategy as discussed above.

73. In our view this approach should empower public sector leaders to make the changes needed to deliver a more collaborative approach and rethink how performance is measured in delivering these outcomes.

74. But at the same time we also strongly believe that the collaborative learning from managing the response to COVID should be harnessed and built upon

³⁶ [Blog: Christie 10-years on | Audit Scotland \(audit-scotland.gov.uk\)](#)

³⁷ [Blog: Christie - it really is now or never | Audit Scotland \(audit-scotland.gov.uk\)](#)

as we emerge from the pandemic. For example, in exploring how innovative ways of working such as the shift to digital platforms can enhance the accessibility of cultural activities while at the same time improving health and wellbeing.

Preventative

75. The Scottish Government's culture strategy highlights the role of the newly established Public Health Scotland (PHS) as part of the "drive to carry out public health reform with a focus on prevention and early intervention". It states that PHS "will provide strong public health leadership and be Scotland's lead national agency for improving and protecting health and wellbeing" and we will work with them "to create opportunities for realising shared health and wellbeing outcomes through culture."³⁸
76. As noted above COSLA's view is that cultural and leisure services "play a significant role in preventing poor health outcomes and reducing demand on health services, as well as helping to enhance recovery and improve the quality of life for people with long term conditions."
77. Community Leisure UK told us that "there must be much more of a shift towards prevention" and we "have the evidence base of the contribution that culture can make" if it "was properly scaled and resourced."³⁹ However, in their view, "at the moment, there is not the resource or funding to roll it out in a meaningful way."⁴⁰
78. SENScot sought views from their members on progress made in delivering the preventative agenda. They state that whilst "members recognise there are projects that are delivering high quality and essential services, there was an overwhelming negative response to this issue." The responses they received include –
- "Progress towards greater prevention is extremely limited, a patchwork of actions here and there around the country and not driven nationally by a timed framework of designated steps"
 - "There are lots of examples of local developments but the move to have preventative approaches built into how Scotland develops and provides public services has not happened."
 - "In an operational sense, social enterprises continue to do great work in this space. In a strategic sense, there is little evidence of a shift to preventative spending."
 - "Despite after a decade of the Christie Commission, we are not shifting resources upstream, there are token efforts but is it really in statutory

³⁸ [A Culture Strategy for Scotland \(www.gov.scot\)](http://www.gov.scot) page 35

³⁹ [Official Report \(parliament.scot\)](http://parliament.scot) Col.7-8

⁴⁰ [Official Report \(parliament.scot\)](http://parliament.scot) Col.8

services own interests to shift the resources and power to the communities when they have been operating in a controlling manner to date?”

- “In health, where a preventative approach would have huge benefits for individual people and communities as well as making the health service more effective and making better use of available resources, the decisions taken by SG and NHS services around implementation are undermining the limited policies that were intended to move towards prevention”

79. SENScot’s view is that we “need to start to think, act and spend differently, and see prevention within an ‘investment paradigm’ - invest now and a flow of benefits will be realised over time.” Their members “suggested that systemic change is required if the preventative agenda is to be delivered.”

Cultural Prescribing

80. The Programme for Government 2021-22 states that by 2026 “every GP Practice will have access to a mental health and wellbeing service, funding 1,000 additional dedicated staff who can help grow community mental health resilience and direct social prescribing.”⁴¹ The Cabinet Secretary for Health and Social Care explained that this “will help to grow community mental health resilience and direct social prescribing at a grass-roots level.”⁴²

81. He also highlighted the communities mental health and wellbeing fund for adults, which has launched in October 2021 and now been increased to £21 million. He told us that “we certainly expect that grass-roots cultural activities that contribute to community wellbeing will benefit from that fund.”⁴³

82. COSLA’s view is that there “needs to be more upstream investment in preventative approaches such as social prescribing and working with physical activity, sport and cultural organisations locally.”

83. CLS state that cultural prescribing “has well-evidenced impact on health and wellbeing, with potential for this to be delivered at a far greater scale than at present, if there was adequate funding and capacity.” In their view, there “also needs to be clear pathways from cultural prescribing to ensure the benefits are embedded in the long-term. All funding needs to be long-term and flexible, to ensure that the culture sector is able to plan and to offer long-term projects.”

84. Glasgow Life’s view is that social prescribing is “expensive, and it is difficult to divert scarce resources to do that while maintaining existing services to other citizens.” While they “believe strongly that the benefits of doing that are enormous” in their view it “has to be prioritised and funded to make it truly effective.”⁴⁴

⁴¹ [fairer-greener-scotland-programme-government-2021-22 \(3\).pdf](#)

⁴² [Official Report \(parliament.scot\)](#) Col.21

⁴³ [Official Report \(parliament.scot\)](#) Col.21

⁴⁴ [Official Report \(parliament.scot\)](#) Col.9

85. Community Leisure UK told us that a “wealth of work is going on across our members in relation to social prescribing and wellbeing and prevention.” However, in their view there is a “need to scale that up much more across Scotland” and “see it as prevention and put in investment to make sure that people are not prejudiced by where they live in relation to what they can access.”⁴⁵
86. ACHWS told us that social prescribing is such a new area and they “do not think that there is a wider public understanding about the role of culture and creative collaborations and how they can be very beneficial for mental health.” ACHWS suggest that “although sport referral is quite established in general practitioner practices and healthcare settings, cultural referral still has a long way to go to reach that stage.”⁴⁶
87. ACHWS point out that a lot of “social prescribing work is happening in Scotland with the development of the new community link workers” who are “looking at the cultural activity that is happening in the local community and trying to get people who are hard to reach, housebound or not really engaging in their wider community to access that cultural activity.”⁴⁷
88. ACHWS told us that “England has built up quite a strong social prescribing model, which has had quite a lot of resources put into it” and “involves referrals from primary healthcare to cultural activity of people who come to the surgery or see a healthcare professional.” In their view we need to address “how we integrate social prescribing more strategically into healthcare in Scotland.”⁴⁸
89. The Committee asked the Cabinet Secretary for Health and Social Care for his views on whether there is a need for a paradigm shift with regards to social prescribing. He responded that he agrees and that the paradigm shift “will come from the community link workers plus the additional mental health and wellbeing workers whom we have committed to providing.”⁴⁹
90. The Cabinet Secretary for Health and Social Care told us that his approach to “using culture and the arts as a very important social prescribing tool has been largely through grant funding local initiatives, and it is working very well.” He recognises though is that part of the learning “is how we do it in a more systemic way.”⁵⁰
- 91. The Committee welcomes the investment in the community link workers who will provide connections to various community initiatives, cultural programmes, art programmes and art therapies. However, while this will be invaluable on the demand side there is also a question with regards the**

⁴⁵ [Official Report \(parliament.scot\)](#) Col.16

⁴⁶ [Official Report \(parliament.scot\)](#) Col.27

⁴⁷ [Official Report \(parliament.scot\)](#) Col.26

⁴⁸ [Official Report \(parliament.scot\)](#) Col.27

⁴⁹ [Official Report \(parliament.scot\)](#) Col.25

⁵⁰ [Official Report \(parliament.scot\)](#) Col.28

supply side. Specifically, the level of availability of initiatives, programme and therapies to meet the increased demand.

92. The Committee therefore also welcomes the aim within the RSRF to redirect funding towards demonstrable preventative approaches. The Committee believes that this should include consideration of a more systemic approach to multi-year funding of scalable culture projects supporting health and wellbeing.

93. The Committee would also welcome an indication of Scottish Government's intended timescales for delivering the required upscaling of culture projects supporting health and wellbeing and the redirection of funding towards demonstrable preventative approaches.

94. The Committee considers that better understanding of what works well, for whom and when would be a key driver for supporting greater use of cultural services in supporting health outcomes. The Committee recommends that the Scottish Government provides an update on its research in this area including how relevant findings are used locally and nationally to inform service design.

Mainstreaming funding across government portfolios

95. The Scottish Government intends to publish multi-year spending plans from 2023-24 to 2026-27 in May 2022. The aim is to provide "delivery partners and businesses, communities and individuals across Scotland with some certainty on which to base their own forward planning."⁵¹

96. The RSE recommend in their written submission that there are "several potential avenues that Scottish Government could consider to reinforce" the mainstreaming of culture funding including –

- encouraging third sector and public sector organisations to include a culture/creative industries professional on their boards;
- create a dedicated incentive fund to support collaboration that enable organisations to provide shared services and address common problems.

97. ACHWS suggest that "related to the ambition for an outcomes-focused approach to public spending, there are opportunities to take a cross-portfolio approach to funding cultural services with investment linked to health and wellbeing outcomes." Given the outcomes-focused approach options they propose include –

- Providing some level of core funding to cultural organisations from budgets outside of the culture portfolio;

⁵¹ [Investing in Scotland's Future: Resource Spending Review Framework \(www.gov.scot\)](https://www.gov.scot/publications/investing-in-scotland/srfr/2022-05-01/pages/51-52.aspx) page 5

- A project funding approach could allow organisations to build capacity to support cultural prescribing or other wellbeing approaches, including expanding projects already proven to deliver strong health and wellbeing outcomes.

98. ACHWS told us that the “more radical intervention is to look at funding: not just Creative Scotland having resources to fund organisations, but funding from broader portfolios, including the health portfolio, to support organisations.”⁵² A further option they suggest is “an additional fund that looks at social prescribing across Scotland and funds organisations to deliver social prescribing.”⁵³

99. ACHWS told us that “the radical idea is that the contribution that culture makes to the outcomes of the national performance framework could be recognised by providing fixed-term funding to organisations that work across the health and cultural fields.”⁵⁴

100. The Committee asked some of our witnesses whether there was an issue in relation to funding for cultural services given that it is not statutory. Audit Scotland point out that from local government benchmarking framework data over the past 10 years “the only services that have had a net increase in budget expenditure are social care and education.” They told us that “of the other services, culture and leisure services have taken the biggest cut” of almost 30 per cent over the past 10 years.”⁵⁵

101. They highlighted their recent local government financial overview which states that “although there has been a 7 per cent real terms increase in funding over the past seven years, if we take out the one-off Covid funding,⁵⁶ there has been a 4.2 per cent decrease in funding for councils overall.”

102. Audit Scotland suggest that there is a need “for different thinking about what we consider to be health funding, because health is much broader than the national health service.” They point out that investment “in many council services that are about wellbeing and community connectedness, including community and culture services, can reduce demand on other core health services.”⁵⁷

103. Glasgow Life told us that the real terms reduction in budgets over the past ten years “has happened alongside a substantial growth in the use of our services.”⁵⁸ They added that “we are now at a stage at which we seriously risk the loss of professional skills and infrastructure capacity to sustain services in the longer term” and this is “particularly problematic given the substantial impact that

⁵² [Official Report \(parliament.scot\)](#) col. 25

⁵³ [Official Report \(parliament.scot\)](#) col.25

⁵⁴ [Official Report \(parliament.scot\)](#) col.37

⁵⁵ [Official Report \(parliament.scot\)](#) col.5

⁵⁶ [Official Report \(parliament.scot\)](#) Col.5

⁵⁷ [Official Report \(parliament.scot\)](#) Col.6

⁵⁸ [Official Report \(parliament.scot\)](#) Col.8

services have on health and wellbeing.”⁵⁹ They also told us that after “10 years of steady reductions in funding, services are now hanging on by their fingernails and not in a position to be able to respond effectively to the demands that might be placed on them.”⁶⁰

104. CLS state that their members recognise that they can make “a meaningful contribution to supporting health outcomes, such as improving mental and social health and wellbeing, and reducing social isolation and loneliness.” But in their view “there needs to be long-term and consistent investment to enable this work to grow with time to embed outcomes, which will not necessarily be achieved in the short-term.”

105. Community Leisure UK told us that we have evidence about some of the pilots that have taken place and the role that culture could have in supporting health and wellbeing “if it was properly scaled and resourced.” However, in their view “there is not the resource or funding to roll it out in a meaningful way. It could do much more to support health and wellbeing in communities, but it is absolutely stretched now.”⁶¹ They added that as “well as looking at innovative funding, we should be mindful of the need to ensure that we do not continue on a trajectory of cuts and reductions.”⁶²

106. Glasgow Life told us that the “potential to support health and wellbeing and to work with other services is enormous.” However, in their view “if we continue to attempt to deliver from within cultural funding, which is in essence what we have been doing for a substantial period, progress will be painfully slow.”⁶³ Given the existing approach will not have a population-level impact they would support a cross-portfolio funding model or a project funding model.

107. COSLA’s view is that “simply putting more resource into health is not the answer. The Spending Review should recognise that health and wellbeing are interrelated and that investment is needed in the ‘whole system’ – that improving these outcomes depend on the building blocks being in place.”

108. COSLA state that there “needs to be fair funding to Local Government to enable ongoing and sustainable investment in culture and leisure services” and this “must be a critical part of ‘whole system’ thinking, and about addressing the social determinants of health.”

109. The RSE told us that “the thing that is holding people back is the funding issue and knowing whether they have consistent funding or not” and that if “you have consistency of funding, you can then draw in other funding sources from trusts, foundations, businesses and so on.”⁶⁴

⁵⁹ [Official Report \(parliament.scot\)](#) Col.8

⁶⁰ [Official Report \(parliament.scot\)](#) Col.9

⁶¹ [Official Report \(parliament.scot\)](#) Col.8

⁶² [Official Report \(parliament.scot\)](#) Col.18

⁶³ [Official Report \(parliament.scot\)](#) Col.18

⁶⁴ [Official Report \(parliament.scot\)](#) col. 23

110. The RSE also pointed out that it is “quite hard to measure the preventative value or outcome—what are you preventing happening?” In their view “if you can put a financial value on the cost savings to the health service” from a preventative approach “it makes sense to the people who make the decisions about where the money goes in the health service and elsewhere.” They suggest that one “of the ways of doing it is to do some impact assessments.”⁶⁵
111. As part of our scrutiny of Budget 2022-23 the Committee asked the Cabinet Secretary whether he has been able to advance the argument with other Ministers that, in the longer term, spending on culture saves in many other areas? He responded that there is agreement among his cabinet secretary colleagues that “culture, in its broadest sense, can have a transformative impact in different parts of the work of Government.”⁶⁶ This includes social prescribing for mental health.
112. The Committee asked the Cabinet Secretary for his views on how to pin down funding for mainstreaming the work that cultural organisations do to support health and wellbeing in long-term core budgets so that it does not necessarily need to come from discretionary spend. He responded that “when people see that such services represent best practice and that they fit within budgets, they will realise the value of them.”⁶⁷ He also told us that social prescribing “will involve recommendations for people to take part in services that are provided by voluntary organisations” at a community level.
113. The Cabinet Secretary also stated that he does not know how long adoption of such services as pathways to treatment will take but the government want to be able to give social prescribers “maximum assurance and reassurance that the services that they refer people to will have the beneficial advantages that we think they will have.”⁶⁸
114. The Cabinet Secretary for Health and Social Care told us that he is “keen to explore the benefits of broader health and wellbeing activities, including the role that culture can play, as part of our work on social prescribing.”⁶⁹
- 115. The Scottish Government’s independent Advisory Group on Economic Recovery in the wake of COVID-19 recommended that Ministers should in relation to the creative sector seek “ways to increase public and private investment across the sector to allow it to recover and compete.”⁷⁰ The Committee recommends that this should include consideration of investment from budget lines beyond the culture portfolio and in particular from the health budget.**

⁶⁵ [Official Report \(parliament.scot\)](#)

⁶⁶ [Official Report \(parliament.scot\)](#) Col.5

⁶⁷ [Official Report \(parliament.scot\)](#) Col.10

⁶⁸ [Official Report \(parliament.scot\)](#) Col.9

⁶⁹ [Official Report \(parliament.scot\)](#) Col.20

⁷⁰ [Towards a robust, resilient wellbeing economy for Scotland \(www.gov.scot\)](#) paragraph 5.14

116. **The Committee recommends that within the spending review there needs to be reappraisal of what is considered as health spending. Specifically, there needs to be consideration of the contribution which preventative spend in areas like the arts and other cultural activities makes towards health and wellbeing.**
117. **The Committee agrees with COSLA that a ‘whole system’ approach is essential to the spending review and that this is consistent with an outcomes-focused and collaborative approach as discussed above. Our view is that it is only through such an approach that the necessary funding can be freed up to ensure that sufficient cultural services are available to meet the increased demand arising from cultural prescribing. In turn this should allow successful projects to be scaled up and we can begin to turn Christie’s vision into reality.**