

## STAGE 1 DEBATE: BUDGET (SCOTLAND) (NO.5) BILL

### Background

At a time when budgets and resources are stretched, and ever increasing demands are being placed upon Scotland's health care services, it is imperative that funding decisions are taken in a wholly transparent manner, and that their success can be scrutinised in a meaningful way.

Over a number of years the RCN has raised concerns that the presentation of the Scottish budget has not allowed us to assess how investment decisions relate to national policy or outcome priorities.

If we continue to deliver care in the same way we do now, we know the demands on our health care services will outstrip our ability to pay for them. Tough decisions on what to invest in or disinvest from will need to be made, in partnership with the public, with staff and across all political parties.

### Clear, consistent and transparent set of funding criteria

In our manifesto for the Scottish Parliament elections 2016 *Nursing Scotland's Future – Professional voices: practical solutions*, we ask that 'decisions are made to shape health and care for generations to come, rather than focussing on short-term goals'.

In order to achieve this shift, with its emphasis on the long-term, our manifesto calls on the next set of MSPs to support the creation of a set of clear, consistent and transparent criteria to be used when they or government take any decision on health care funding.

The new Scottish Government should hold a public consultation to decide these principles, with the Parliament agreeing them before the first Budget is debated. Having a shared set of principles on which to base funding decisions will support MSPs to make difficult but necessary choices, and allow for rigorous scrutiny.

We hope that this year's Budget and subsequent negotiations will set the tone ahead of the new criteria being discussed and decided.

### Mid-year allocations

We are conscious that major national decisions on funding new schemes – like investing in new health programmes or facilities – are regularly made outside the annual Budget process and are therefore subject to less Parliamentary scrutiny.

Although they fall outside the formal annual Budget considerations, mid-year allocation decision can have a profound impact on the prioritisation of resources, the delivery of policies and outcomes, and the ongoing sustainability of the health and care service in Scotland.

They are also a helpful indication of the general approach of government to investment. The Scottish Government's £200m funding for six new elective treatment centres is, for example, a major investment when boards are clearly struggling to find adequate resources to meet demand and rising costs.

To put this £200m hospital funding into context, it is more than the combined sum earmarked for all health improvement and health inequalities (£89.9m); mental health improvement and service delivery (£38.2m); and the Primary Care Fund (£45m).

This is just one example which we have chosen to highlight. The elective treatment investment decision may well be designed to support key government priorities, but the rationale and the consequences attached to this major decision on committing funds in the current climate have not been made clear to us.

### Are current Budget priorities the right ones?

In June 2015, the RCN and the Academy of Medical Royal Colleges issued a [joint statement on the future of the NHS in Scotland](#). This was spurred by a shared sense, across health professions, of the urgency required to take concerted action to put the health service on a more sustainable footing.

Boards are under huge pressure to meet core HEAT targets and standards, but despite cross-party commitments to invest in prevention and shift the balance of care to community settings, the most high profile HEAT targets continue to focus attention on hospital services.

HEAT targets are just one of the confusing myriad of often competing measures the NHS has to achieve. If our health care services are to be sustainable, it needs to be simple for health boards and other service providers to report on how they are performing and easy for the public and politicians to assess whether services are doing what we want them to do – and doing it well.

That is why [\*Nursing Scotland's Future – Professional voices: practical solutions\*](#), calls for a new approach to health care targets by the end of 2016. This new approach must help our health care services to be sustainable in the long term and improve outcomes for all.

### **Shifting the balance of care**

Whilst we welcome the Scottish Government's ongoing work around primary care models based on multidisciplinary teams working together to meet the needs of Scotland's communities, the £45m Primary Care Fund, for improvements to primary and community care, is a drop in the ocean within an overall Budget of £13bn.

The fact that we are not seeing real change in investment in community based services is a concern. The Auditor General reported that the Government has not made sufficient progress in implementing the 2020 vision to shift care to the community.

The latest figures on Scottish health service costs published by the Information Services Division also showed that the balance of spending between acute hospitals and health services provided in our communities has essentially not changed, despite the Government's long-standing commitment for patients to be primarily cared for at home or in a homely setting. Without a decisive shift in finances from the acute sector to the community, we cannot change how and where services are delivered.

If the Government is serious about moving care out to the community, then we need to see investment in all community based services and teams, like district nursing, to ensure that these teams have the right resources to do their job.

The Chief Nursing Officer's review of district nursing is underway in Scotland. As part of that we must gain an understanding of why some health boards are spending proportionately so much less on this service than others and how this affects patient outcomes.

Whilst funding alone will not deliver the fundamental reforms that our health service needs, such a small shift in the emphasis of the Budget cannot be expected to deliver a major shift in the balance of care.

### **Further information sources**

The policy briefing for Nursing Scotland's Future – Professional voices: practical solutions can be found [here](#).

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