



T: 0300 244 4000
E: scottish.ministers@gov.scot

Gillian Martin MSP
Convener
Health, Social Care and Sport Committee

Via Email

15 December 2022

Dear Gillian

Health, Social Care and Sport Committee: Pre-budget scrutiny 2023-24

I would like to thank the Committee for their letter of 27 October 2022 and assure you that the recommendations and comments made have been fully considered as part of the planning work undertaken in advance of the publication of the 2023-24 Scottish Budget.

The Annex to this letter sets out in detail the responses to the key points and recommendations in the Committee's report.

I look forward to providing evidence to the Committee at the budget evidence session.

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St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



Annex A – RESPONSE TO THE COMMITTEE’S RECOMMENDATIONS

Impact of ongoing cost pressures on health and social care spending

Committee Recommendation

11. The Committee wishes to highlight to the Scottish Government significant concerns within the health and social care sectors that current funding commitments fall significantly short of what is needed to address the additional cost pressures currently being faced. The Committee seeks reassurances that these concerns will be addressed directly when the Scottish budget for 2023-24 is published.

Response to Committee’s Recommendation

As the 2023-24 budget demonstrates, the Scottish Government continues to prioritise investment in health and social care, providing over £1 billion increased funding – above the indicative funding parameters set out in the Resource Spending Review and exceeding frontline consequentials.

However, it is acknowledged that the scale of the financial challenge across health and social care is unprecedented. Inflation, rising energy costs and the ongoing impacts of Covid and Brexit, along with rising demand, mean that the finite funding available is worth less in real terms but required to deliver more.

While increased funding provided in the Scottish Budget supports services in addressing these pressures, hard decisions have had to be made to ensure that the available funding is directed where it is needed most and supports our strategic aims to eradicate child poverty and to deliver net zero targets and sustainable public services.

We continue to work with stakeholders, including NHS Boards and Health and Social Care Partnerships to understand and address the significant pressures across the system. It is recognised that in addition to measures to address financial pressures in-year, innovation and reform is required for sustainable finances and to improve health outcomes.

Our Care and Wellbeing Portfolio of reform will be supported by a clear financial strategy. This work will take account of significant changes and expected cost pressures and mitigations in future years. Key considerations include inflation, Covid legacy costs, growth in demand/activity, and Programme for Government commitments including those related to the National Care Service. Alongside cost pressures, this work will factor cost reduction and reform measures, including implementation of co-ordinated local and national cost reduction programmes through our Covid Cost improvement Programme, Sustainability and Value Programme and our capital investment Programme for the Future, as well as considering the impact of committing to new priorities and redesigning services and workforce.

Covid-19 recovery

Committee Recommendation

20 & 21. The Committee highlights evidence that, although designated Covid-19 funding is due to end as part of the overall recovery strategy, there is an expectation within the health and social care sectors that certain additional costs related to the pandemic will persist into the future. Evidence submitted to the Committee also suggests the pandemic will have long-term negative impacts on physical and mental health and health inequalities which will require ongoing interventions to be addressed.

The Committee calls on the Scottish Government to clarify how it will support the health and social care sectors in meeting those ongoing additional costs as designated Covid-19 funding comes to an end.

Response to Committee's Recommendation

Despite the UK Government stepping back from Covid funding from 2022-23, the impact of Covid on health and social care resources remains significant. The Scottish Government continues to work with Health Boards and Integration Authorities to assess and address Covid related financial pressures, taking forward work to reduce these pressures through our Covid Cost Improvement Programme, whilst ensuring that services are prepared for Covid surges and supporting continuation of programmes such as Test & Protect, vaccinations and PPE.

The Covid Cost Improvement programme focusses on Covid service policy that is defined at a national level and implemented locally within Boards and Integration Authorities. Work is being undertaken across seven workstreams: Test & Protect, Vaccinations, Workforce & Capacity, Primary Care, Community and Social Care, PPE & Equipment and Miscellaneous Costs. The programme is supporting Boards and Integration Authorities to operate within the available financial envelope, whilst maintaining mitigations to protect the most vulnerable and our population as a whole.

Beyond this, we continue our work with key stakeholders to ensure that funding supports the ongoing health impacts of the pandemic, as well as our vital work to reduce health inequalities. Investment provided in 2023-24 will enable innovation and support critical reform to improve population health and to reduce the significant inequalities that have been made worse by Covid-19 and the cost of living crisis. This includes £1.2 billion for mental health services, £262 million to support primary care reform and delivery and £3 million specifically for long Covid.

Committee Recommendation

22. In particular, the Committee highlights the potentially significant impact long Covid could have on available staffing as well as the particularly severe impact it could have on unpaid carers and the recipients of their care. It calls on the Scottish Government, in responding to this letter, to outline what it is doing to assess the precise level of that potential impact and what funding it will put in place during the 2023-24 budget period to mitigate it.

Response to Committee's Recommendation

We are in regular contact with NHS Boards about the impact absence, including long Covid, has on staffing levels. Staff absence is monitored by the Scottish Government using Management Information provided by NHS Scotland Boards. We are implementing a range of measures to increase staffing capacity and mitigate staff absence risks for NHS Scotland Boards.

We are making £8 million of funding available to boards to support the recruitment of up to 750 nurses, midwives and allied health professionals from overseas this winter. We are creating opportunities for an initial 250 Band 4 assistant practitioners posts across acute, primary care and mental health, using the Development and Education framework for Bands 2-4 staff to support the continued professional development of this integral part of the NHS workforce. Initial returns from NHS Boards are promising and indicate that this figure could now be in excess of 500 posts.

To support wellbeing and retention of staff, we have a range of resources available at a national level, including: the National Wellbeing Hub, a 24/7 National Wellbeing Helpline, confidential mental health treatment through the Workforce Specialist Service, Coaching for Wellbeing and funding for additional local psychological support. Additionally, we have devolved to NHS Boards the option to use local flexibilities within NHS Pension arrangements to offer 'pension recycling' alongside our national retire and return policy to enable retiring employees to continue in employment with greater flexibility.

We are also working at pace to optimise our staff banks and ensure the infrastructure has the capacity to support the service in responding to staff absence pressures.

We recognise the incredible contribution that Scotland's unpaid carers make to our communities. We know they will be under greater pressure than usual as a result of the ongoing effects of the pandemic.

We are in regular touch with carer representatives to make sure we understand carers' concerns and can act accordingly. This year's Carers Parliament run by Carers Scotland, on behalf of the Scottish Government, included a range of virtual workshops, webinars and information sessions, offering carers the chance to engage with a wide range of topics that may have an impact on their lives, such as living with long Covid.

In terms of monitoring, the Carers Census, which covers unpaid carers who are supported by local services, was published on 13 December. We also monitor levels of unpaid caring through our Scottish Government surveys. The Scottish Health Survey supplementary tables, which will include information on unpaid carers, were published on 29 November.

We will shortly publish a National Carers Strategy, with a focus on Covid-19 recovery, setting out a range of measures that will support unpaid carers, including those who may be providing care for someone with long Covid. The strategy will focus on carers and their needs, setting out how policies across the Scottish Government can work together with other public bodies to support carers as we recover from the pandemic and beyond.

We remain committed to delivering the £10 million Long Covid Support Fund, with £3 million available again in 2023-24 to provide NHS Boards and key partners with additional resource to deliver the best local models of care for assessment, diagnostic tests, and support for the treatment or management of symptoms.

Committee Recommendation

23. The Committee further calls on the Scottish Government to set out what it is doing to foster a culture of innovation in the health and social care sectors to ensure the progress made during the pandemic in terms of more efficient and effective service delivery is fully embedded and continues to be built upon as well as providing targeted support to those areas of health and social care that may otherwise struggle to innovate. The Committee would welcome information on any assessment of savings resulting from changed working practices introduced during the pandemic and how these are reflected in the 2023-24 budget.

Response to Committee's Recommendation

There remains a requirement to balance priorities against the available financial envelope. It is recognised that innovation and reform is required for sustainable finances and to improve health outcomes – we must change the emphasis from funding being the primary driver for improvement to focus on measures that improve productivity and improve collaboration.

Our pandemic response demonstrated what could be achieved through a heightened spirit of collaboration and innovation, underpinned by brilliant science and radically different ways of working. We want to see this agility and commitment sustained, as we work to develop and implement innovative healthcare solutions that can transform outcomes and experiences for our patients, unlock the full potential of our workforce and support a modern and sustainable health service that can better face both current and future pressures.

The Chief Scientist's Office supports the NHS Regional Test Beds, to foster an environment of collaboration between partners in developing innovative solutions to the clinical needs and priorities of the NHS in Scotland. This promotes early engagement with new and innovative products, services and processes.

To further support this ambition, we have established the Accelerated National Innovation Adoption (ANIA) pathway to enable a once for Scotland approach to the identification, assessment, and accelerated deployment of innovative technology. ANIA is led by the national Centre for Sustainable Delivery (CfSD), hosted by NHS Golden Jubilee. It is a collaborative venture involving, in addition to CfSD, NHS National Services Scotland, Healthcare Improvement Scotland, Public Health Scotland, Scottish Health & Industry Partnership and NHS Education for Scotland. ANIA brings together expertise from across the NHS to support a rapid assessment of potential innovations, the development of value case propositions and once for Scotland implementation plans and will be a key additional enabler for our Sustainability and Value collaborative.

The Sustainability and Value Collaborative forms part of our structured approach to assess initiatives and planning across the NHS to achieve increased productivity, service efficiencies and financial savings to promote value for money with savings contributing to in-year and long-term financial sustainability.

The Collaborative is focused on co-ordination and implementation of the following aims at a Board and Integration Authority level:

- Being environmentally and socially sustainable (NHS Scotland Climate Change and Sustainability Strategy)
- Delivering better value care (Value Based Health and Care / Realistic Medicine)
- Making effective use of resources (Financial Improvement)
- Optimising capacity and managing demand within available resources (Operational Delivery and Performance)

Alongside this, our work to reform services is focussed across three key areas designed to implement fundamental changes to how we deliver health and social care in line with our strategy for future services and healthcare provision:

- Policy reform – focused on areas such as workforce policies or measures and access to new medicines
- Service reform – focused on reform and change in service – emphasis moving towards prevention and care nearer to communities, One Scotland provision of key clinical support and non-clinical support services, greater use of digital, investment and disinvestment in relation to infrastructure
- National Care Service – ensuring that the implementation is aligned to future strategy, is affordable and delivers on the key priorities.

This work accompanies our ongoing financial monitoring across NHS Boards and Health and Social Care partnerships and our financial planning work to set out the scale of the financial challenge and next steps to deliver sustainable finances.

NRAC Formula

Committee Recommendation

26. The Committee requests an update from the Scottish Government on progress towards agreeing an approach and work plan on a future review of the NRAC formula. In particular, the Committee would welcome insight as to how the specific circumstances of more remote and rural areas of Scotland will be factored into this review.

Response to Committee's Recommendation

Under the existing formula the additional cost of providing health services in remote and rural areas is factored within one of the key components in determining funding allocations, with the formula giving greater weights to areas where there is evidence of unavoidable excess costs of supplying healthcare services.

Work to determine how the review should be taken forward is underway, with the Technical Advisory Group on Resource Allocation (TAGRA) meeting recently to consider the next steps to determine scope and timing of the review. The group agreed that in determining the scope, consideration requires to be given to the extent to which existing components and associated weightings should be reviewed, as well as whether there are additional factors that influence healthcare utilisation that should be considered as part of the formula. There will also be consideration of data requirements, as well as which areas will have the highest impact in ensuring equitable target shares, in order to inform both scope and timetable.

Preventative spending and the need for multi-year budgeting

Committee Recommendation

41 & 42. The Committee highlights widely expressed views it has heard during its 2023-24 pre-budget scrutiny that single year budgets are a substantial obstacle to prioritising health and social care spending on preventative policies and that this is particularly challenging in the current severely constrained budget environment.

In this context, the Committee requests the Scottish Government to provide a further update on when it expects to bring forward an updated medium-term financial framework for health and social care and how, in the absence of this framework, it plans to continue to prioritise prevention as part of its Covid recovery strategy.

Response to Committee's Recommendation

The Framework considers available resources and demands – it does not set budgets. Our budgets are informed by key policy priorities and by the National Performance Framework to ensure that commitments and linked budgets ultimately contribute to delivery of the desired outcomes, including supporting prevention to improve population health and reduce health inequalities.

Our Resource Spending Review sets out the parameters for public spending for the remainder of this parliament, prioritising investment in health and social care and providing greater clarity on the direction of Scottish Government investment, giving partners increased certainty on which to base their own financial planning ahead of allocations being confirmed in each year's Scottish Budget.

Actions and interventions that support primary prevention are understood to have the greatest impact on population health and wellbeing and on reducing inequalities. As part of our Budget considerations, we are continuing to maintain as far as possible the investments in universal and targeted services that support primary prevention.

Committee Recommendation

43. The Committee further asks the Scottish Government to address whether, in the context of other short-term demands on health and social care budgets, it would, in the first instance, consider focusing its preventative strategy towards areas of the country identified as having lower healthy life expectancy. The Committee would also welcome an update on how the Preventative and Proactive Care Programme has informed spending decisions.

Response to Committee's Recommendation

Our approach to prevention is not limited to interventions within the health and social care system, but has a whole of government approach that ensures investment in primary prevention – including early years, learning, fair work, income, and healthy places and communities. Within health, our population health policies and interventions to reduce the risks of lifestyle factors including alcohol consumption, smoking, diet and physical activity represent a further major primary prevention area of activity and are focussed on whole population interventions, supplemented by targeted approaches, given evidence that whole population activity (such as fiscal and legislative policies) are most effective at reducing inequalities, including those in healthy life expectancy. The Scottish Government annual funding to Health Boards for smoking cessation and prevention services is calculated on the basis of smoking rates and deprivation. We also provide funding via the Healthy Living Programme to help convenience stores offer healthier food options, especially in lower income areas.

The Preventative and Proactive Care Programme has informed continuing priorities, including those on supporting the maintenance of the investment in the multi-disciplinary team in communities. The Preventative and Proactive Care Programme includes focus on increasing the impact of the multidisciplinary team that is maintained and has been built up in recent years and developing the *Getting it Right for Everyone* National Practice Development Model for Scotland. *Getting it Right for Everyone* is planned to focus on preventing issues and offering proactive multi agency support to people accessing care services. The target groups include people in prison, people using addiction services, families with multiple and complex needs and people registered at deep end GP practices (serving the most deprived communities

in Scotland). Following review of GIRFE pathfinder applications in November, 11 pathfinders have been selected across 11 Health and Social Care Partnerships, representing 2.2 million people – 40% – of the population of Scotland.

Measuring the health impact of non-health spending: A “whole system” approach

Committee Recommendation

46. The Committee is of the view that the health impact of spending across all areas of the Scottish budget needs to be more systematically measured and assessed. The Committee calls on the Scottish Government to set out what it is currently doing to measure and assess the health impact of all relevant areas of the Scottish budget beyond health and social care and what it will do to further improve this situation in the future, for instance via the systematic application of health impact assessments as part of the budget process.

Response to Committee’s Recommendation

The Scottish Government has a legal duty to consider equality, human rights and socio-economic disadvantage in developing its policies and spending plans. We are legally required under the Public Sector Equality Duty to consider the likely or potential equality impacts of policy decisions. The Equalities and Fairer Scotland Budget Statement is published alongside the main budget and articulates and takes account of the decisions taken in terms of their potential equality impacts. This process should help to mitigate the inequalities in non-health areas that can often drive health inequalities.

We are working closely with Public Health Scotland (PHS), to explore better ways to embed the consideration of health issues into decision-making at national and local level. This includes coordination, governance and promotion of a Health In All Policies approaches; with clear evidence of impact to support implementation and appropriate monitoring and evaluation tools. Recently, PHS undertook a Health Impact Assessment (HIA) on the population health impacts of the rising cost of living. The assessment has made several informative suggestions for actions stakeholders, including national and local government, can take to help mitigate the impacts resulting from this current crisis. The HIA will be published on the PHS website next month. The Scottish Government will continue to advocate for the use of HIAs and a ‘Health In All Policies’ approach to policy teams across government, public bodies and wider stakeholders.

Data and measuring outcomes

Committee Recommendation

56 & 57. Notwithstanding the update provided by the Scottish Government in response to the Committee's 2022-23 pre-budget scrutiny letter, evidence submitted to the Committee this year has highlighted persistent significant gaps in available data related to workforce, GP demand and activity, community care, primary care and social care. Those contributing evidence to the Committee's 2023-24 pre-budget scrutiny have argued this is impeding budget tracking and the assessment of spending against defined outcomes or may mean certain outcomes are simply not being measured at all.

The Committee calls on the Scottish Government to explain why progress towards addressing these issues has been apparently so slow and to set out what it intends to do to accelerate progress towards remedying this situation so that the effectiveness of budget allocations can be systematically measured against defined outcomes across the health and social care sectors.

Response to Committee's Recommendation

Work continues to improve the availability of data to inform decision making and to support evidence-based intervention and assessment of outcomes.

The Health and Social Care National Workforce Strategy jointly published with COSLA in March 2022 contains a series of actions relating to data, this includes:

- Analyse and do a needs assessment of available workforce data and sources building recommendations for workforce data collection design, quantity and quality.
- Identify options for working collaboratively with stakeholders to review the Social Care workforce data landscape as part of a whole system approach.
- Identify options for obtaining accurate data on the unregistered workforce ensuring we consider our whole workforce when planning
- Improve workforce equalities data by including demographics questions in national staff surveys to ensure that we capture the breadth and experience of people from all backgrounds.
- Improve parity of data collection design and data quality across the Health and Social Care workforce and integration of workforce data with service delivery plans across multiple services and organisations. (Medium Term)

- Actively share National Workforce Data and Intelligence for use in planning across all aspects of Health and Social Care in order to enable flexible service delivery, and more agile ways of working (Long term)

To ensure advances in primary care data collection and reporting are maintained and further developed, we have established a Primary Care Data and Intelligence oversight group, chaired by Sir Lewis Ritchie. In particular, work has progressed at pace to develop ways to appropriately measure activity within general practice, which allows us to better understand workload pressures and help clinicians in the care of their patients. We commissioned an exploratory data extract of activity data from GP systems, which is being used to develop a programme of work which will seek to improve consistency and robustness of data held within General Practice. Initial analysis from this data extract will be published as experimental statistics on 6 December 2022. In addition, we have rolled out a refreshed General Practice workforce data collection and Public Health Scotland will publish results on 29 November 2022. An Out of Hours General Practice Workforce data collection is also underway and will be published in early 2023.

We continue to build the evidence base in relation to the impact of primary care multi-disciplinary team (MDT) work, including both the outputs and the outcomes for patients, staff and the healthcare system. We have well-established reporting arrangements in place at the national level to monitor progress of Health and Social Care Partnerships against their Primary Care Improvement Plans (PCIPs). These reporting arrangements allow us to gain both quantitative and qualitative information on implementation progress against six priority services and support our annual statistical publication on MDT workforce and practices' access to services.

We are continuing to develop these reporting arrangements to help us to better understand and evaluate the impact of MDTs across a wider range of measures and outcomes, linked to the longer term primary care outcomes. In particular, this year, we are piloting the collection of data on activity and capacity for each of the MoU services, recognising the need for more granular detail on service delivery at the national level. In parallel, we are working with Public Health Scotland and local evaluators to understand the current evaluation taking place at the local level, the gaps and to agree, prioritise and coordinate approaches to future monitoring and evaluation. In addition, we are also working with Healthcare Improvement Scotland to take forward an economic analysis of MDT working.

We are in the process of commissioning a qualitative evaluation of the experience of practice managers within primary care, which will provide insight into the perceived benefits and unintended consequences of the MDT implementation, in addition to building our understanding of the operational variation present across general practice.

Since August 2021 Health and Social Care Partnerships have been submitting management information on the total number of individuals waiting for an assessment for social care services. Information is also provided on the number of people waiting for a package of care at home and the number of hours of care that are being waited for. This is the first time we have had any nationally collected information which gives a sense of the demand and activity on adult social care. We are working with partnerships to improve both the consistency of the information being collected and the intelligence this provides on the state of social care services. It is hoped this data will be published monthly.

Committee Recommendation

58. The Committee further calls on the Scottish Government to address the suggestion that the usefulness of available data could be further enhanced by anonymising it and making it more widely available to practitioners across the health and social care sectors.

Response to Committee's Recommendation

Several data sets are already anonymised for example data shared with housing, planning.

Scottish Government is developing the first Data Strategy for Health and Care. The purpose is to improve the use of data in health and care in support of better services for the people of Scotland. It is the first step to meeting a greater ambition to improve the sharing of the sharing and interoperability of data across health and social care and then beyond into other relevant sectors such as housing and education. The Strategy will address the first set of challenges needed to be resolved before it can then begin to address challenges at a more granular level.

The Strategy acknowledges that there are complex and sensitive challenges to explore when it comes to data and the levels of maturity in health and care organisations. Improving practitioners' ability to share data is a primary ambition of the Strategy and will be reflected in the published document. Whether anonymising data improves access and usefulness depends on the data set. There are a number of ways in which privacy can be protected in the use of data, anonymisation being just one approach. The ethical principles and deliverables will be published as part of the Data Strategy to provide support to improving use of health and care data by practitioners.

Committee Recommendation

59. The Committee continues to call for improved data on spending on mental health and alcohol and drug services, and would welcome an update on progress in monitoring spending in these areas.

Response to Committee's Recommendation

Under this Government, mental health spending has almost doubled in cash terms. With this substantial investment, we have record numbers of staff providing more varied support and services to a larger number of people than ever before.

Information around spend for Mental Health comes from the Scottish Health Service Costs (often referred to as the 'Cost Book') which are published annually in arrears by Public Health Scotland. The most recent information published covers 2020-21. Publication of the 2021-22 cost book, is currently scheduled for February 2023.

The Costs Book is the only source of published costs information for NHSScotland, and provides a detailed analysis of where its resources are spent. The information contained within this report is used in many applications – for example, to allow benchmarking comparisons between health care providers. This information allows the Scottish Government to be able to review mental health spending across a number of areas and also develop future spending plans.

We are also working closely with Integration Authorities on monitoring spend via in-year finance returns, covering in-year allocations.

We published the first National Mission on Drugs Annual Report on 21st November. The report covers progress and spend from Jan 2021 – March 2022, across public and third sector organisations. The annual report demonstrates how the funding from Scottish government has been used to deliver the first year of the national mission, and responds to calls for improved transparency in the drugs budget.

In addition, we have increased our levels of monitoring with stakeholders. We are monitoring ADP finances through the return of annual and 6-monthly financial reports. ADPs are required to provide financial data on actuals, forecasting and the utilisation of reserves. We are also streamlining the reporting mechanisms to be used by our grantees including core funded organisations.

Sustainability

Committee Recommendation

70. The Committee calls on the Scottish Government to set out what financial support it will provide as part of the 2023-24 budget and future budgets to enable the NHS estate to make a positive contribution towards meeting NHS Scotland’s stated ambition “to become a service which is both environmentally and socially sustainable”.

Response to Committee’s Recommendation

The Scottish Government is committed to supporting NHS Scotland become a net-zero health service by 2040, with targeted financial support available through a number of cross-government initiatives.

The Scottish Central Government Energy Efficiency Grant scheme offers capital grant funding support to enable the delivery of heat decarbonisation and energy efficiency projects across the public sector. The budget for this scheme is included within the net-zero portfolio. The scheme operates on an open funding call basis. To date in financial year 2022-23, Health Boards have successfully applied for over £7.1 million in capital funding and over £320,000 in resource funding to support the development of energy projects. Further funds will be available in 2023-24 for Health Boards to submit further project applications.

In addition, the Scottish Government is funding Health Boards to prepare net-zero route maps which will be used to inform work to transition the NHS estate to renewable energy. These route-maps will be used to allow a high-level programme to be developed along with capital and revenue funding estimates.

Transport Scotland operates the Switched on Fleets fund to support the public sector to switch to zero tailpipe emissions vehicles. In 2022-23, Transport Scotland agreed to provide £7 million of funding to Health Boards. Transport Scotland has also commissioned a review of the entire Scottish public sector fleet to assist the development of future funding strategies and the identification of opportunities for improved collaboration and coordination including in areas such as aggregating demand for hydrogen and electric vehicle charging.

The Places for Everyone Fund is operated by Sustrans on behalf of Transport Scotland and provides support for permanent active travel infrastructure. The Energy Savings Trust also operates an eBike Grant Fund on behalf of Transport Scotland which offers up to £200,000 per application towards large-scale fleets of pool bikes or public bikeshare/hire schemes. Health Boards are eligible to apply for both of these funds.

Committee Recommendation

71. The Committee further calls on the Scottish Government to set out what support it will provide to public sector organisations to enable a properly coordinated, cross-sector approach towards achieving Scotland's net zero ambitions and to disseminate best practice throughout health and social care aimed at maximising the sustainability benefits of changes to service delivery introduced during the course of the pandemic.

Response to Committee's Recommendation

Examples of co-ordinated cross-sector support from the Scottish Government to help the public sector deliver on net zero include: Green Growth Accelerators; Local Heat and Energy Efficiency Strategies; Scottish Green Public Sector Estate Decarbonisation Scheme; public sector fleet decarbonisation; EV charging places; public sector procurement; and support for Sustainable Scotland Network.

The £200 million Green Growth Accelerator (GGA) Programme is being delivered by collaboration between Scottish Government, COSLA, individual local authorities and Scottish Futures Trust and will speed up delivery of low carbon infrastructure projects across Scotland and provide additional resources and technical support to local authorities to get projects off the ground more quickly.

The Scottish Green Public Sector Estate Decarbonisation Scheme acts as the main government-led capital funding mechanism to support the installation of energy efficiency measures and the decarbonisation of Scotland's public sector estate. The scheme is making available a minimum of £200 million between 2021 and 2026 in public sector energy efficiency and decarbonisation improvements. Funding to date has included £35 million to 90 projects.

Transport Scotland are currently working with the Scottish Futures Trust to explore alternative approaches to funding, financing and operating public sector fleets. Collaboration across the public and private sectors will be essential to attract the required private sector investment to support the transition of the public sector fleet. To identify opportunities and enable collaboration and cross-sectoral working we have commissioned a detailed analysis of the whole public sector fleet. This analysis will help inform our future approach to supporting decarbonisation of the various elements of the public sector fleet and identify where there is potential for sharing of infrastructure or fleets with other public and/or private sector bodies. Transport Scotland are currently funding three pathfinder projects which are exploring the sharing of infrastructure, alternative delivery models, opportunities for collaboration and demand aggregation with other public bodies and private fleets, including exploring supporting alternative approaches to finance/funding and operation of public sector fleets.

In late 2019, we established the cross-sectoral [Climate and Procurement Forum](#). The Forum enables us to work collaboratively with colleagues from across the public sector – local government, central government, health and HE/FE sectors – to provide leadership and direction to address climate through procurement.