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Clare Haughey MSP  
Convener  
Health, Social Care and Sport Committee

Via Email

5<sup>th</sup> February 2024

Dear Clare

### **Health, Social Care and Sport Committee: Budget Scrutiny 2024-25**

During the evidence session on 16 January I committed to provide further information to the Committee to assist with its scrutiny of the draft 2024-25 Scottish Budget.

Please see the requested information below:

#### **Spending on Social Care**

The NHS Recovery, Health & Social Care Portfolio provides more than £2 billion investment in social care and integration. This includes the £1 billion set out within the level 4 tables for the Portfolio within the 2024-25 Budget document, and a further £1 billion of funding from the Portfolio that has been baselined to the Local Government Portfolio and NHS Boards for the purpose of social care and integration.

This £2 billion represents an increase in Scottish Government funding of over £1 billion since 2021-22, and means that we have delivered on our commitment to increase funding for social care by 25% (£840 million) over the life of the Parliament two years ahead of our original target.

Direct transfers to Local Government in respect of investment in social care and integration did not start until 2015-16 following integration legislation (Public Bodies (Joint working) (Scotland) Act 2014). There is therefore no comparable 2006-07 figure giving specific Scottish Government spending on social care. Until 2015-16, Scottish Government did not directly earmark investment in social care and integration, but this has increased in each year since then to the £2 billion provided in the 2024-25 draft Scottish Budget.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

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## **Health Service Costs**

As noted during the evidence session, detail on operating costs within NHS Scotland is published annually by Public Health Scotland within the Scottish Health Service Costs (the 'Costs Book'). The next publication is expected in February 2024 and my officials will write to the Committee to provide the link upon publication. In the meantime, I have included the link to the latest edition, covering the financial year 2021-22: [Scottish health service costs - High-level costs summary 2021 to 2022 - Scottish health service costs - Publications - Public Health Scotland](#)

We are working closely with all Health Boards to understand and address financial challenges. Part of this is consideration, in close collaboration with Boards, of fifteen key areas set out in the Annex which provides a common reference point to aid scrutiny, challenge and improvement.

## **Reinforced Autoclaved Aerated Concrete**

As reported to Parliament on 12 January 2024, 327 properties have been surveyed. This includes the 254 priority properties set out in the September 2023 publication, for which surveys were completed by November, plus properties from the second phase of the survey programme.

Of those properties, 37 were identified as having RAAC in parts of the facility: one property was vacated in September (Denburn Health Centre), one property at the Western General Hospital required remediation but the structure was considered sound and the remaining 35 currently only require additional monitoring and management.

Overall, while the properties identified with RAAC will need to be managed and monitored more closely, we do not anticipate RAAC having a significant detrimental impact on the delivery of clinical services. Disruption has been relatively minor and we do not anticipate having to replace any building as a result of RAAC.

A further update will be provided to Parliament at the conclusion of the survey programme in the Spring. NHS Scotland Assure will update their website at the end of January with the latest position, including links to Board information on survey progress.

## **Turning Point Scotland's 218 Service in Glasgow**

I have highlighted the questions raised at Committee by Mr Sweeney to the Cabinet Secretary for Justice and Home Affairs, and include information on the 218 service below. I also note that Mr Sweeney raised this issue at First Minister's Questions on 25 January.

As part of Glasgow City Council's (GCC) overall grant funding from the Scottish Government to support the provision of justice social work services, approximately £1.5m per year has been provided for a specific commissioned service, the 218 Service. This funding has been provided to GCC at that level since 2017, and was previously provided to the now-disestablished Glasgow Community Justice Authority. While funding is provided for that particular purpose, however, the oversight and management of the service is a matter for GCC, in line with the overall model for community justice.

Community justice funding is primarily based on a local model, with the Scottish Government providing funding to local authorities which then provide or commission services according to local needs. Even where aspects of that funding are targeted at more specific needs, the commissioning and management of those services - including any re-tendering exercises such as that undertaken by GCC recently - is a matter for the relevant local authority.

The Scottish Government has continued to invest around £134 million in community justice services this year, including providing around £123 million to local authorities, and has not asked local authorities to reduce any specific funding within that.

We understand that GCC is working closely with Turning Point Scotland to support those currently using the service, and the Council has also provided reassurances that other relevant services are available to support people with similar needs following the anticipated closure of the service.

I trust that this information is helpful.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Michael Matheson', enclosed in a light blue rectangular border.

**MICHAEL MATHESON**

## Annex – 15 Areas to support delivery of the 3% efficiency target and aid productivity

Innovation & Value Based Health Care	Workforce Optimisation	Service Optimisation
1. Medicines of low clinical value	6. Nurse Agency reduction	11. Theatres optimisation
2. Procedures of low clinical value	7. Medical locums reduction	12. Remote outpatient appointments
3. Diagnostics review	8. Sickness absence reduction	13. PLICS roll out
4. Polypharmacy reviews	9. Non-compliant rotas review	14. Length of stay reductions
5. Medicines switches	10. Job family reviews	15. Energy efficiency schemes