HEALTH AND COMMUNITY CARE COMMITTEE

Wednesday 22 September 1999
(*Morning*)

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5th Meeting

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*Mrs Margaret Smith (Edinburgh West) (LD)

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*Malcolm Chisholm (Edinburgh North and Leith) (Lab)
*Dorothy-Grace Elder (Glasgow) (SNP)
*Mr Duncan Hamilton (Highlands and Islands) (SNP)
*Hugh Henry (Paisley South) (Lab)
*Margaret Jamieson (Kilmarnock and Loudoun) (Lab)
*Ms Irene Oldfather (Cunninghame South) (Lab)
*Mary Scanlon (Highlands and Islands) (Con)
*Dr Richard Simpson (Ochil) (Lab)
*Kay Ullrich (West of Scotland) (SNP)
*Ben Wallace (North-East Scotland) (Con)

*attended

COMMITTEE CLERK:

Jennifer Smart

ASSISTANT CLERK:

Irene Fleming

Scottish Parliament

Health and Community Care Committee

Wednesday 22 September 1999

(*Morning*)

[THE CONVENER *opened the meeting at 11:30*]

The Convener (Mrs Margaret Smith): I now bring the Health and Community Care Committee to order. We are a bit cramped today, so apologies to members of the public who are with us. This is not the best room in which either to serve on or to attend a committee, but that is one of the constraints imposed by the building in which we are working.

There are two items on today's agenda. The first is a discussion of our general priorities, continued from our previous couple of meetings. I think that we have almost reached the end of that, at least for the time being. The second is our plans for considering the Arbuthnott report.

General Priorities

The Convener: As I said, we considered some of our priorities at our first meeting and at our meetings on 8 and 15 September. In many ways, our work load is subject to what others choose to do, but we have decided to proceed with two issues: community care and smoking. In this part of the meeting I intend us to examine the list that has been prepared for us and to identify ways in which we can take those two items forward.

When we come to discuss community care, I will refer to some of the points that members of the committee have raised about mental health issues. I hope that, as a result of what we come up with today, members of the committee can start to work on those issues, which will take some months to deal with.

Before we address our priorities, I should say that all of us are experiencing difficulties with the way in which we are expected to work. That goes for all committee members, and I think that it also goes for our staff. We are meeting weekly, it should be recalled. Like us, official report staff have a heavy work load and are under pressure to come up with the goods. There are definitely some lessons that we could learn.

As I have said previously, I am happy to take concerns that members have raised—as well as my own—to the informal conveners committee. Duncan Hamilton has some points to make about the way in which we are having to work, which impinges on our ability to deal with our priorities. In the absence of an agenda item on this issue, I am happy to listen to what he has to say.

Mr Duncan Hamilton (Highlands and Islands) (SNP): I do not think that what I have to say is particularly contentious, because I am sure that everyone is aware of the problems. I should say at the outset that this is not meant as a criticism of individual researchers and staff members of the official report—at issue are the resources that they have at their disposal.

From where I stand there is no doubt that the resources for this and—as I gather from talking to colleagues—other committees are utterly inadequate. There is no way that the research capacity is adequate—one or two people must cover several committees.

The Convener: We have a third of a person to do our research.

Mr Hamilton: Exactly. That is a frightening concept.

The amnesic shellfish poisoning briefing arrived a week after we interviewed the minister, and it would have been useful to have information in advance of this morning's meeting, because I must read a report and a press release and listen at the same time.

Mary Scanlon (Highlands and Islands) (Con): We were given information as we came in the door this morning.

The Convener: That is because there is an embargo on some of the information from the Accounts Commission that we discussed this morning.

Mr Hamilton: That is okay, but do you accept my general point?

The Convener: I do.

Mr Hamilton: The other issue that has come to the fore concerns the Sutherland report. I asked the research department to put together information on the important issue of what the Scottish Parliament will deal with and what will be dealt with at Westminster. I was told that the research department was not able to do that.

There is a serious principle at stake here—a lack of resources is impinging this and other committees' ability to deliberate and to question the Executive properly.

I know that you have taken this issue to the conveners group and that you broadly agree with me, convener, but we must find a much more forceful way of dealing with this problem. It is not enough to put our hands up and say that we are struggling. We must push this back to the corporate body or invite a representative of that

body here. I would like guidance on that.

I would like to raise an issue about the *Official Report*. I read a press report of our previous meeting the day after that meeting. It did not reflect what I remembered of that meeting. We must be able to see the verbatim account of what has been said, but in that instance it was not available. I mean no criticism of the individuals involved—the resources are not currently available to turn the *Official Report* around in that time.

Those are two big issues that must be addressed in order for this committee to work well.

The Convener: I agree. If anyone has managed to get a copy of the *Official Report* they will see that I am on record as having said that. I have raised the issue with the conveners committee and with the First Minister. I have also raised the issue in the press and other media in the past couple of weeks, as have other conveners.

We have done so not because we want to spend more money or because we are being profligate, but because every one of us—as committee members or Parliament staff—wants to ensure that we do our job properly. The circumstances in which we are expected to work militate against that.

I had a chat with Archy Kirkwood, who chairs the Social Security Committee at Westminster. We talked about the range of the job of committees in this Parliament and I asked what resources are available to him. He told me that our committees have three or four times as much work to do as a Westminster committee, but that the resources available to them are substantially greater than what is available to us.

The crux of the matter is that this committee—which is involved in areas that take up something like one third of the Scottish block—must work with one third of a researcher. If we must hold the Executive to account, that is not acceptable.

I can see lots of hands, but I do not want to spend too much time on this issue. Members should contribute if they feel that they have something specific to add, rather than general points.

Duncan and I have said what everyone feels; we must now think about how to make progress. I understand that staffing, resources and research capability are already being looked into as a result of our comments. I hope that the findings of that examination will provide a way forward.

Malcolm Chisholm (Edinburgh North and Leith) (Lab): As is obvious, we have to press to get as much as we can. We should also realise that for many studies we will have to appoint at least one special adviser. Even if we had a full researcher, it is unrealistic to expect that they could spend all their time in one area, as they would have to answer health queries from more than 100 members.

I do not want to spend an hour on this but, as I might not get in for a long time, I will say that we have to get our work programme sorted out. We talked about sub-groups. Although we want researchers, the main way for this committee to operate is to talk to the experts; sub-groups are ideally equipped to do that. I propose that, for the foreseeable future, the whole committee considers the Arbuthnott report and community care, and that we form sub-groups to consider smoking and an aspect of health inequalities. The sub-groups can network with every expert they can find so that they can feed into this committee.

Dorothy-Grace Elder (Glasgow) (SNP): Because of shortages we are unable to thrust on to our agenda major emergency issues, such as the meningitis immunisation crisis. Today's *Edinburgh Evening News* carries an example of the Alzheimer's crisis—a poor man has been abandoned by the national health service and is unable to get long-term care.

The Convener: Our agenda should not always be driven by the *Edinburgh Evening News*.

Dorothy-Grace Elder: It is not just the *Edinburgh Evening News*—which has done an excellent job—that is raising this issue. We know that there is a major crisis across Scotland. Last week, we could not discuss the bed crisis in psychiatric patient care in the Lothians. What were we discussing? Spreadable fats. I did not join this Parliament, or this committee, to discuss margarine. We need to deal with some of the major crises of the day. Sub-groups, as Malcolm has said, are one possibility, but some crises must be discussed at the top of the agenda.

Hugh Henry (Paisley South) (Lab): I echo Malcolm's suggestion, but I would be concerned about a list of subjects such as the one that Dorothy has given. Frankly, if we adopt the approach of reacting to everything, this committee will not cope, no matter how many staff it has. Such an approach will undermine and undervalue this committee's work. We have to determine our strategic objectives and give weight to the important issues—that does not mean that we will not have to react to emergencies from time to time.

As Duncan suggested, we should ensure that the issue of resources is on the corporate body's agenda. It should also be on the bureau's agenda. If there is no progress through the corporate body or the bureau, the conveners should lodge a motion requesting that adequate resources be made available. Such a motion would have weight if every convener signed it.

However, if we simply demand more and more because we think that we can do everything, we will weaken our case. We must argue for more resources so that we can be effective in areas that are important to us.

11:45

Ms Irene Oldfather (Cunninghame South) (Lab): I will not reiterate the points about resources, but there is a further issue, which is timetabling. It is crucial that committee members have time to read their papers in advance, to take soundings in their areas and to make any necessary preparations. There is not adequate preparation time, particularly if one is a member of two committees and the committees are having weekly meetings.

I sometimes do not receive committee papers until Monday. That does not give me adequate time to prepare for a Wednesday morning meeting. We will run into difficulties if we do not have adequate preparation time. That is one of the problems with having weekly meetings.

The Convener: Some of the papers were made available to us literally minutes—in my case, at least—before our previous meeting. I raised that point with Murray Tosh, the convener of the Procedures Committee. Ours is not the only committee to which that has happened. We are calling for patience in other quarters, and we have been quite patient on that. Some of the things that have been going on will be due to teething problems, but we have to be clear that the matter to which Irene refers is not acceptable. As Irene says, we have to ensure that we have as much notice as possible of what will be on our agendas so that we can get the background information and ask the right questions.

I know, from members' formal questioning of Susan Deacon on amnesic shellfish poisoning and from your informal questioning of Scottish Executive officials and the Accounts Commission for Scotland this morning, that you can come up with some good questions off the tops of your heads without research, but it is still not good enough—we owe it to ourselves to ensure that we have time to prepare as well as possible.

Ms Oldfather: We are in danger of undermining our role, because we may find when we read through the papers in detail tomorrow that there were significant questions that we did not ask because we had not had time to look at all the papers in advance.

The Convener: We did not receive the Accounts Commission report until this morning at its specific request; it did not want to let the report out before today because of an embargo. We had a good, informal meeting with the Accounts Commission this morning on GP prescribing. I congratulate Robert Black on his appointment as the new Auditor General for Scotland. It was a useful meeting, but we were a little hamstrung by the fact that we did not have as much time to read the papers as we would have liked.

Kay Ullrich (West of Scotland) (SNP): As members of the committee will know, I asked for an emergency meeting on acute and intensive psychiatric beds throughout Scotland, which I saw as a real problem that is adding to bedblocking. I have accepted the fact that you—the convener—refused my request, but the e-mail that has been going back and forth has brought up a number of things. You mentioned to me that there were only two working days until today's meeting. There were, in fact, three, but that is nit-picking.

The fact that we do not have a vice-convener is a problem that must be addressed. Margaret was elsewhere, as I should be today—it is the party conference season. Correspondence has also raised the issue of the committee's flexibility. I agree that we should have priorities and stick to them, but I would hate us to reach the point at which we have a huge crisis in health service delivery in Scotland and we are spending our time talking about something else.

There has to be built-in flexibility. One of us might raise with you an issue—psychiatric beds, for example—that we would like the committee to discuss. You might feel that it was worth the committee spending 15 minutes deciding whether we could have a meeting on the issue between committee meetings. However, I recognise that we have an agenda and priorities that we will come to later.

I agree that we should not just react to press reports—we all know what they are like. Today's press is tomorrow's chip wrappers. The issue I wanted to raise did not come from the press.

The Convener: We could meet every day and look at those issues. I will address Kay's points four-square in a moment.

Kay Ullrich: As Duncan said, there has been some confusion about our priorities. In a response to me, convener, you said:

"I believe the issue will be best addressed by considering it as part of our long term work on Community Care."

Now, you are saying that community care is, quite rightly, one of our No 1 priorities.

The Convener: That is what I am saying. However, if you look at the *Official Report* from the previous meeting—

Kay Ullrich: We cannot look at the *Official Report*, because we do not have it.

The Convener: I said that this committee's

reports and the work that we do—the two areas that we have identified at the moment are community care and smoking—must be seen as being of best possible value. That means that we cannot have a knee-jerk response. The reports must be in-depth, which, as Malcolm said, will involve talking to a range of experts. I want to ensure that our reports are seen as being exceptionally good reports on which the Parliament will act. That is what I mean when I say "long term". I do not see how we can do a report on community care quickly.

I am absolutely of the view that the issue that Kay raised is fundamental and should be considered in our report. However, it must be done against the backdrop of ensuring that our reports will change the way in which things are done. The highlighted issue is one where change is required. The report is an ideal way to examine the issue so as to achieve something, rather than examining it as a knee-jerk reaction and simply saying, "Isn't that appalling."

Kay Ullrich: We must have some flexibility though. We could find ourselves in the middle of a huge winter crisis in accident and emergency units with bedblocking and other problems. The committee must be able to consider what is happening out there, otherwise what do we do? Would we have to raise a petition and get 50 signatures before an issue could be discussed?

The Convener: I raised that issue at our previous meeting. I require guidance from the committee on how we should react flexibly against the backdrop of the range of work load priorities that we have agreed during several meetings. We have come up with ideas of the issues that we want to consider. There is, I hope, unanimous agreement on what those issues are. How we balance that work programme and producing quality reports with reacting, from time to time, to events is one of the key problems that faces every committee.

Following your request the other day, Kay, I accepted that the provision of in-patient psychiatric beds in Lothian and other areas was a serious issue, and I did a number of things. On Thursday evening, at about 5 or 5.30 pm, you asked for an emergency meeting of the committee. Friday and Tuesday were the only days on which we could have held an emergency meeting before today, as Monday was a holiday and there were no staff here. There were, therefore, two working days on which we could have held the meeting. It was not feasible to hold it on the Friday as the request came only at 5 o'clock on Thursday.

Kay Ullrich: I accepted that.

The Convener: That left only the Tuesday. We were scheduled to meet on Wednesday—today—so I thought that that was in good enough time. If we had just had a committee meeting and were not going to have another one for a month, I would have looked at it differently.

I then did a number of other things. First, I met the Minister for Health and Community Care. I also spoke to the Deputy Minister's office to find out whether this was a local or a national issue. As you know, the distinction between local and national issues comes into the committee's framework. I also spoke, although not in person, to Richard Norris from the Scottish Association for Mental Health. I spoke to the other spokespeople on the committee as well: to Mary Scanlon and, through messages, to Malcolm Chisholm.

As a result, I felt that the best way forward was not to look at this issue as a separate agenda item, but to include it in the community care work that we will continue with, I hope, after today's meeting. Information from experts was that the problem with the number of psychiatric beds was caused partly by respite services in the community and partly by on-going problems with care in the community, and that the problem would recur from time to time.

Because of that, we ought—rather than react in a sticking plaster sort of a way—to consider the issue properly and in depth, so that we can come up with some answers in our report. I appreciate that this is a serious problem that seems to affect the whole of Scotland, so I suggest to the committee that we include it as an issue to be considered in our community care report.

Kay Ullrich: May I circulate the letter? That might be useful.

The Convener: If I have to put this issue to a vote, I will do so. However, I would prefer us to consider it as part of the wider picture.

Kay Ullrich: I am not forcing this to a vote, but I think that it might be useful for other members of the committee to see the letter, which indicates that the problem is not only in acute psychiatric beds but in intensive care beds.

The Convener: Taking into account what has been said at the conveners committee and what the head of the committee office has said about how committees have to work and set their agendas, I have said that I do not want to discuss this issue as a separate item on the agenda. In the future, I would be happy for us to discuss, as an agenda item, the way in which the committee can deal with situations that call for an immediate reaction. That would be perfectly acceptable. At the moment we cannot react—although we as a committee and I as a convener will be asked to. It would be better to have in place a way in which we could.

On this occasion, having studied the background to this issue, I decided that instead of reacting in a knee-jerk way, the best thing to do was to consider it as part of our report. I suggest that the letter should be circulated, but as part of the community care work that we will do.

Kay Ullrich: That is what I was asking to do.

The Convener: I am happy for us to do that, but I do not want us to have a specific discussion at this point.

The other point that Kay raised about having a vice-convener has been raised at the conveners committee but it has not yet been resolved. I believe that it will be for the bureau to resolve it, so it is a matter for all our business managers. My reason for not agreeing to hold an emergency meeting of this committee was not because I did not have a vice-convener or because I was in Harrogate for two days. I think that I have made my reasons clear. However, from time to time and for a number of reasons, we will need to have a vice-convener. We should send a clear message that we want to have a vice-convener in place sooner rather than later. That would be especially useful when, for example, we break into sub-groups to consider separate issues.

Kay Ullrich: Yes, what happened certainly highlighted a problem.

The Convener: Yes, it highlighted the fact that we need a vice-convener.

Ben Wallace (North-East Scotland) (Con): I would like to say two things. This is our fifth meeting, and I have to say that we have done the square root of nothing. We have carried out a few examinations and we have learned about amnesic shellfish, but by the end of today's meeting, can we have our priorities and our working groups sorted out? If we need a vice-convener, what is to stop us electing a vice-convener?

The Convener: Standing orders.

Ben Wallace: Beaten by the standing orders. Can we do that—can we sort things out?

12:00

The Convener: I am not letting you out of the room until we have done all those things. We need to set priorities, we need that agenda and we all need to know what we are meant to be working on. The talking stops at this meeting. We have been having the kind of meetings that we needed to have; otherwise, we would not have been able to set a forward programme. After this meeting, however, we will have done that and we can set about our work.

Mary Scanlon: I sympathise with Dorothy's point of view, but I also concur with pretty well everything that Hugh says. This week's crises in the health service concern the mentally ill, the meningitis vaccine, Alzheimer's disease and bedblocking. If we adopt a crisis management point of view every week, we will never get anywhere.

This committee cannot solve those problems. The last thing I want is a queue of people knocking at our door saying, "Put all this right." It is a basic tenet of democracy that ministers are responsible for those things, although all of us are committed to health. There should be a clear division of responsibility. I do not want people to come to you, convener, asking why you have not done anything about bedblocking.

The Convener: Neither do I.

Mary Scanlon: The people of Scotland have raised expectations and MSPs want them to be met, but it is the minister and the Executive who must take action. We can criticise, scrutinise and raise awareness, but we cannot put more resources into the service here, there and everywhere. We must realise the limits of what can be done by this committee.

Dr Richard Simpson (Ochil) (Lab): This is a difficult discussion and, because it is about process, it is not very interesting. It is nevertheless crucial that we get things right, because if we make mistakes now we will set a precedent for the rest of time.

The *Official Report* of our meetings must be produced timeously. If we cannot comment and reflect on what has been said before the next meeting it will interfere with our work. I urge you, as our convener, to press in the conveners meeting for that to be dealt with.

I do not believe that the committee is the appropriate place in which to deal with emergency issues: the Parliament should deal with them. There is a procedure for emergency oral questions and emergency motions to challenge and scrutinise the Executive on such issues. If this committee gets into the process of reacting to crises—and there will be crises over the next 12 months—we will do an extremely bad job that will be badly researched, responding to buttons that are being pushed in different areas. That would be quite wrong.

Let us look at a model of such a situation by considering intensive care psychiatric unit beds. Your approach is correct, convener. We can debate whether the crisis has arisen because there are too few beds, reflect on it, take evidence on it and examine the matter over a period of time. We should not have an emergency debate. It is for the chamber to question the minister about why the situation has arisen.

If we think that a crisis issue is important and likely to recur, let us put it into our work programme for the winter. We must not make a habit of holding emergency meetings. That is not our function. As many people have said, we will be subject to pressures from doctors and nurses and from others in the health service who want us to consider particular emergencies, but that is the Parliament's function.

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): We would be doing ourselves and those we serve a great disservice if we simply picked up on each issue as it arose. We need to improve both the structure of the committee and the way in which we deal with issues. Like Ben, I am very conscious that we have had five meetings but have not yet touched on some of the issues that affect the great majority of the people of Scotland. Would it help to move the meeting on a bit, Margaret, if we examined the priorities that we have already identified?

The Convener: That is what I was going to do as soon as you had finished speaking—you were going to be the last speaker.

Margaret Jamieson: If you do not mind, Margaret, I will move on to that point, which will save you having to come back to me.

Aspects of community care, such as winter emergency admissions, should not be discussed in isolation. While there are problems with winter emergency admissions, there are also problems that might occur in the spring or in the autumn. We need to examine how social work, the voluntary sector and the health service work together to alleviate those problems, which would bring them within the area of community care.

At a previous meeting, we talked about setting up small groups to look at particular areas. Given the work load that has been identified for this committee, our constituency work load and our work as members of other committees, the only way forward is to establish small groups; if we do otherwise, we will become burned out, as will the clerks.

Dorothy-Grace Elder: I beg leave to make a small point. People have the impression that I was suggesting that we should run with every major emergency issue. Although we cannot do that, we cannot avoid discussing some of those issues. We do not want the public to think that we are avoiding controversy. Smoking, which is a 300-year-old issue, is at the top of our agenda. We should be discussing more urgent matters.

The Convener: We have used up quite a lot of our time today. We have all given our views and I hope that everyone feels that they have got something out of the discussion. I said that I was happy for us to have an agenda item at a future meeting on how we should deal with emergency issues. I said that I took on board Kay's comments; she was perfectly reasonable in raising the subject of an emergency meeting with me and I think that we found a satisfactory conclusion. Perhaps we could come up with ideas on how to deal with emergency issues in the future. Can we agree that it is time to move on? We have considered the question of resources—

Mr Hamilton: Can we be very clear about that? Will you take from this discussion the committee's view that this committee is under-resourced in terms of both the *Official Report* and research facilities?

The Convener: Absolutely.

Mr Hamilton: I suggest that the committee adopts what Hugh said about the corporate body and the bureau. Convener, will you undertake to take our views to the corporate body—and to the bureau—and, if necessary, to raise them as a joint motion with the conveners? That would be helpful.

The Convener: I am in total agreement with everything that Hugh said, against the backdrop of the work on resources that is being done within clerking services, outside the conveners committee. The issue will probably come back to the conveners committee but, after this meeting, I will find out where we are in that process. If I do not feel that we have moved on far enough, I will take on the points that Hugh made. However, I think that the committee will come back to this issue.

On the list of priorities, I believe that we have to examine some of them in full committee meetings and others in sub-groups—or with part of the committee. Members' papers include an outline of methods for gathering information. We can carry out business as a whole committee, which we have been doing to date. Alternatively, we can use reporters. Other committees have set up systems where, for example, two members, as reporters, consider a particular issue. Sub-groups are not formally recognised, while sub-committees require the approval of Parliament on a motion of the Parliamentary Bureau. If we set up a reporter system, members of the committee would know which members were the reporters on a particular issue. We could work in a less formal structure around that framework.

The conveners committee has been examining those structures, although we do not think that we will necessarily end up implementing them. We think that having to go through the Parliamentary Bureau to set up sub-committees is a long-winded way of doing things. My suggestion is that we try to distinguish between setting up groups of two reporters, for example, who would work on an issue, and using the committee as a whole to

examine something. Committee members would be aware of who is examining what. We will be examining the Arbuthnott report, smoking, community care and, possibly, health inequalities.

I remind members that, at some point in the not-too-distant future, we will have to consider the rights of protection for adults with incapacity; the bureau will timetable that. It would probably be better to examine Arbuthnott in full committee and something else after that. We would then pick two other things for reporters to examine. I am in the hands of the committee on this.

Malcolm Chisholm: On the procedural question, I do not totally understand your distinction, convener. When you say that sub-groups are not formally recognised, I do not know what that means. Why should we limit a group to one or two people? The Equal Opportunities Committee is based on small groups; if such groups are not formally recognised, that does not mean that they cannot meet.

The semantic distinction between a reporters group and a sub-group is absurd, so I suggest that we do not get tied up with limiting a group of people examining an important issue to two.

The Convener: The standing orders state how we can constitute things.

Malcolm Chisholm: So we can have three or four people in what we call a reporters group.

What you said on the choice of subjects is similar to what I proposed earlier. It goes without saying that we have to get on with considering the Arbuthnott report; I do not think that there is a case for a sub-group on that.

I am open to persuasion on community care; I thought that the whole committee could examine that. I strongly feel that we should have sub-groups on smoking and on an aspect of health inequality. There is possibly some tension in this committee between those who want to emphasise smoking and those of us who want to emphasise health inequalities, although it does not go along party lines.

Diet might be a good subject for opening up the whole issue of health inequality. There might be advantages in having two full committee inquiries running together. When we discussed Arbuthnott, we said that we would not need to allocate every meeting until 14 November on it. I propose that we do not get into the detail of what we will do on Arbuthnott until we have the briefing next week. That way, we might get out of the room at 12.30 pm.

The Convener: That is very optimistic.

Ms Oldfather: Community care is such an important issue that I echo Malcolm's recommendation that the whole committee examine it.

I want to comment on the appendix to our work priorities document; I should perhaps have picked up on these points earlier. I hope that I am not being pedantic, but some of what it says is ambiguous. Under the heading "Smoking", for example, it is one thing for us to identify

"Ill health and the causes and effects of smoking",

but they have already been well documented—I do not see that as the committee's role. I would have thought that the committee's role was more to do with public health: prevention, education and perhaps legislation.

The Convener: That is how I see it, too.

Ms Oldfather: Similarly, under the heading, "Health Inequalities", we have a list:

"Gender
Social Class
Geography
Education
Poverty
Diet
Housing".

It is easy to identify gender inequalities, social class inequalities and geographical inequalities in health. The other factors are, in my view, either causes or effects. They are indicators, which are related to the inequalities, but not themselves inequalities. It is important to distinguish between the well-documented inequalities that are related to gender, class and geography and the other, causal factors that are related to those inequalities.

I want public health to be moved further up the agenda—at the moment, it is second bottom. It is this committee's responsibility to analyse information and improve the lives of people in Scotland, and public health is an area in which we can make a difference. I would prefer that aim to be given a higher priority in the medium and longer term.

12:15

The Convener: The committee's work load priorities were not placed in any order of rank.

Kay Ullrich: I support what Malcolm said. Discussion of community care should involve the whole committee. We all know, from our mailbags, that there are concerns about community care and its resourcing. Winter emergency admissions will hit us in the face fairly soon, and we must also address the major problem of bedblocking. As sure as God made little green apples, there will be a crisis in accident and emergency wards this winter. Those areas dovetail.

The Convener: They come under community care as well.

Kay Ullrich: The issue of smoking can be dovetailed with health inequalities. Smoking concerns health inequalities. We know that people in deprived areas smoke more; they also have a less healthy diet. Rather than examining smoking on its own, could we not consider emergency admissions in the context of community care and smoking in the context of health inequalities? That would make sense to me.

The Convener: Without the *Official Report* in front of me, I find it difficult to remember exactly how this issue was to be dealt with.

Kay Ullrich: It is difficult for all of us.

The Convener: We agreed that smoking was an issue in itself.

Ben Wallace: We did not.

The Convener: Did we not? I thought that we did.

Ben Wallace: We agreed that it was a topic, but not that it was a priority. We did not agree how to proceed on other issues, such as winter emergency admissions. We talked about smoking in relation to addiction.

Mr Hamilton: There was also confusion over the fact that addiction issues and private finance initiatives were cross-committee subjects.

The Convener: We said that drugs and PFI were two examples of areas in which this committee would cross-reference with others.

Mr Hamilton: A report was going to be brought back to the committee, after the conveners meeting, on how we could best proceed with that cross-referencing. Have we received that report yet?

The Convener: No. The conveners meeting has been delayed by a week; it will meet next Tuesday.

I am happy to stand corrected on this, if that is the view of the committee. Ben, was that your point?

Ben Wallace: I would like to make clear what I think are our priorities. Community care and health inequalities are important matters that I would like to discuss in this committee. Smoking should be included in the latter. In view of the fact that "Working Together for a Healthier Scotland" is being put into effect, public health—people's well-being—deserves to be treated as a higher priority. We can monitor the effects of the white paper and decide how far we are progressing.

Hugh Henry: There has been consensus that the committee should examine the Arbuthnott report. If we start to go down the road that we are now discussing, that would contradict what Malcolm suggested. If the whole committee considered every aspect of community care, it would have to meet permanently for the next few months.

Many different strands of community care need to be given attention. There is probably some consensus on many of them already. We need evidence and some suggestions about the way forward. I would not feel precious if someone else made suggestions on winter emergency admissions or on the problems of integration with local authorities. The important thing is that the suggestion is brought back to the whole committee to be endorsed. Sub-groups, or small numbers of people working together as joint or co-rapporteurs, do not have the committee's power to make recommendations. The matter has to come back to the committee.

The benefit of splitting up the work load is that we will get more work done. When the rapporteurs come back with recommendations, we may not need another discussion. If the recommendations are clear enough and if we have consensus, we do not need another debate.

I would caution that, if the whole committee tackled community care, the discussion would be never-ending, because everyone would feel obliged to put their view on record. We will achieve nothing in this committee; we have already witnessed, over four or five meetings, what happens when we have general discussions on big topics.

Dr Simpson: We are moving quite quickly towards an agreement. We have to deal with Arbuthnott in full committee. Malcolm's suggestion—that we do not set the precise agenda for that until we have had our briefing—is absolutely correct. I do not want to return to our previous discussion except to use the presentation of the report on GP prescribing as an example. It is an excellent report, but it is impossible for us to be presented with it this morning and to try to deal with it immediately.

We seem to have agreed that smoking, although it may not be the top priority, could easily be dealt with by rapporteurs. We should get on with that and deal with it as a public health issue.

Community care is a massive issue but winter emergencies must be addressed immediately. We have to take evidence on that very soon, in parallel with, or just behind, our consideration of Arbuthnott. By 14 November, which is our date for Arbuthnott, the opportunity might be gone. I would like us to ask the Minister for Health and Community Care to come and say what plans she has for dealing with winter emergencies this

winter. If we know what is coming up, or can ask her whether a statement will be made—

The Convener: The minister is coming in November, which might be a bit late. She is coming on 6 October about Arbuthnott and on 17 November for a range of questions on a number of issues. You might want to raise the issue of winter emergencies at that meeting, Richard. The clerks will be e-mailing everyone to ask what questions they want to ask the minister.

Mr Hamilton: Do we have to advise the minister of our questions in advance?

The Convener: That will enable her to give us answers on the day, instead of having to refer to her officials.

Dr Simpson: She will have to prepare, because we will be quizzing her on a specific topic, rather than having a general question-and-answer session.

Mr Hamilton: So we have to advise the topics that we want to cover, rather than individual questions?

Dr Simpson: Topics or areas, yes.

A very important health inequality issue—the question of access—has been omitted from our priorities list. Scotland is about to follow the UK in terms of putting money into NHS Direct. I do not know the details of how that is going to happen, but it concerns access to medical services. I would like to hear about that fairly soon. Access and diet are the two important health inequalities; they could be dealt with initially by rapporteurs and then by the full committee. That is a good work programme. The other subjects are multi-committee issues that Margaret will be taking up with the other conveners.

Kay Ullrich: Community care should take a high priority and be dealt with by the full committee. We highlighted the fact that we must consider the Sutherland report and we will want evidence on that. We may want to break into sub-committees on some aspects of community care, but the whole committee should be involved in considering the important Sutherland report and what the Parliament can do to implement it.

Mary Scanlon: I am not sure whether I misunderstood, Richard, but I hope that community care is top of the agenda. It is not only about winter admissions, but about care of the elderly, about waiting lists, about bedblocking and about patients who are sitting in their homes waiting for treatment because there is not a bed for them. It is a huge area, and I hope that it is No 1 on our agenda.

The Convener: I think that community care is an issue for the full committee, because it is so serious and because members of the committee who were not members of any sub-group or group of reporters would feel that they had missed out on the chance. We all want to be involved in it. However, we will have to be specific about the issues that we consider and tighter in the way in which we deal with things in full committee.

The standing orders provide for reporters but not for sub-groups. I do not care what we call them; I just want the job done. The creation of sub-committees requires a decision by the bureau. We can decide that we want to set up sub-committees, but we have to take that decision to the bureau. However, we can decide that we want to set up groups of reporters, and call ourselves reporters, and that will be all right in terms of the standing orders. That might seem a bit silly but we want to get the job done.

Two health inequality issues have been highlighted—diet and access. Smoking could be a third, if we want to put it on the agenda, although I will ask the committee to clarify that. Richard spoke about access in terms of NHS Direct and one-stop shops. Although we must take on board the fact that some members feel that community care could be looked at more effectively in a smaller group, if we can agree that Arbuthnott and community care should be considered in full committee, we are left with the question of what should be considered by smaller sub-groups.

Dr Simpson: Rapporteurs.

The Convener: Rapporteurs groups, I mean. I should have a swear box; if I make a mistake with names, I should have to put some money in it.

Is the committee happy that we should set up a group of reporters to look into diet, access and smoking? Do we want to split those issues up?

Dr Simpson: I think that we should have three separate reports.

Hugh Henry: Yes, they are three separate areas, so there should be three separate reports.

Dr Simpson: I propose that Hugh Henry and one other should be the rapporteurs on smoking.

The Convener: Are you happy with that, Hugh?

Hugh Henry: Yes.

The Convener: Does anybody else want to do that?

Dorothy-Grace Elder: What if I do it?

The Convener: Ben has been suggested. All right, Hugh and Ben are our reporters on smoking.

Mr Hamilton: May I join the smoking group?

The Convener: Yes, if you want to do smoking, you can do smoking.

Mr Hamilton: Well, doing smoking would be a bad example, but I would like to join the group.

The Convener: Fine. Hugh, Ben and Duncan will be our smoking reporters.

Dorothy-Grace Elder: But their views are already strongly declared.

Hugh Henry: No, they are not. And my views on smoking are different from Duncan's.

Dorothy-Grace Elder: But we have no balance in the group.

Mr Hamilton: Yes, we have.

Dorothy-Grace Elder: Where is the balance?

Malcolm Chisholm: If you want to join the group, I am sure that you can.

Mr Hamilton: Yes, exactly.

12:30

The Convener: There are definitely different views in the smoking group. I think that, although the group has some political balance, the views that have been expressed to me also have a balance. Everything comes back to the committee. As convener, I am happy with that.

Dorothy-Grace Elder: I was not talking about party political balance.

The Convener: I think that we are okay on that.

What about the issue of diet?

Ms Oldfather: I can see why Richard has identified the issue of access, because it seems to differ from the other factors. For example, there is the problem of accessing services in rural areas. However, that problem is different and more difficult in urban areas because a combination of factors is involved. I am not sure that we can examine diet in isolation. I can understand how we can isolate access by considering issues such as service delivery, because that has an impact on health inequalities. However, diet is interlinked with areas such as poverty and housing.

The Convener: With respect, diet was mentioned by three committee members in our discussion. I am obviously a creature of the committee. It is up to members to tell me what the important issues are so that we can decide what to do about them. However, if members say one thing and change their minds during the discussion, it is difficult to get a good steer on what they think.

Malcolm Chisholm: Obviously I do not mean diet in any narrow sense. I am confronted by this enormous mountain called health inequalities. We can address the nutritional aspects of diet, but the subject opens up other issues such as poverty—people are unable to have healthy diets because of their incomes, for example—where people live or public transport practices. I am also aware that we could quickly take evidence from the many groups involved in this work. I suggested diet because it is the key that opens up the whole issue of health and poverty.

The Convener: Diet is a public health issue and organisations such as Barry Grub in Malcolm's area are doing good work on it. It is good to get that on public record as an example of best practice.

Kay Ullrich: I take Malcolm's comments on board, but any topic on the list could be a key that opens up the other issues. I agree with Irene—we should zero in on access.

The Convener: Can I get a steer from the committee? Should we go for access and diet or for one or the other?

Ms Oldfather: We all agree that access is important and that someone should work on that area. Another group could examine the other issues. I think that Malcolm agrees with me; he has widened his view to incorporate issues such as poverty and education.

The Convener: We will set up a second group to investigate access. Can I have three people who are interested in that area?

Oh come on.

Dorothy-Grace Elder: Give us your definition of access, convener. Access to what?

The Convener: Access to services.

Dorothy-Grace Elder: Of all kinds?

The Convener: People also need to have access to the ability to eat well. They need to have access to all sorts of things.

Dorothy-Grace Elder: Housing?

The Convener: Yes. We have to give a general steer to the sub-groups. When those groups have examined the initial work on their subjects, they will have a better idea of the key issues that they want to investigate. We have to build flexibility into this system. Every committee member will have a different definition of access, which might not be the case with diet. That was one of the good things about including diet on the list, because everyone knows exactly what is meant by that, even though, as Malcolm said, the matter impinges on other areas. Are members happy about examining the issue of access to services?

Ms Oldfather: I am happy if access means health service delivery and how people access it, but that is a separate issue from diet.

The Convener: It is a separate issue. I have

separated it from diet and we are now considering access.

Dorothy-Grace Elder: Another small point of confusion is that those of us who have a special interest in poverty, or housing, are afraid to lock ourselves out of those issues by saying that we will serve on the access group.

Hugh Henry: We have discussed smoking, access and diet. To get this committee moving and to give people experience of working in smaller groups as rapporteurs, might it not be possible to concentrate for the next month or two—outwith the full committee—on those three issues? Every member, apart from the convener, should be attached to one of those three groups.

The Convener: Part of the benefit of having three groups is that every member of the committee can be on one of them.

Malcolm Chisholm: If I called diet "poverty"—as was implicit in what I said—would that help? If we talk about access, we are not getting beyond the health service, but we must bring in health and poverty.

The Convener: The groups will be on smoking, access and poverty. Who would like to examine access and who would like to examine poverty?

Kay Ullrich: I will go on poverty.

Malcolm Chisholm: I will go on poverty.

Ms Oldfather: I will go on poverty.

The Convener: Kay, Malcolm and Irene are on poverty.

Mary Scanlon: I was going to put my hand up for the diet group, which has now changed to poverty.

The Convener: I am trying to achieve a balance. I know that at some point we will lose that balance, as there are only two Conservatives on the committee and I am the only Liberal Democrat.

Mary Scanlon: I want to discuss a healthy diet. If that is under the heading of poverty, so be it.

The Convener: Are you happy with that, Irene? That keeps the poverty group balanced.

Ms Oldfather: I do not want to be on the access group, as I think that the subject is more appropriate for people in rural areas.

Margaret Jamieson: I disagree, as some people in cities have to travel a considerable distance. Access is a problem for everybody, whether in cities or rural areas.

The Convener: Access to services is an issue for everyone.

Mary Scanlon: I will go on the access group.

Margaret Jamieson: I will go on it, as well.

The Convener: Irene, do you want to be on poverty?

Ms Oldfather: Yes.

The Convener: Richard is on access. Have I missed anybody?

Dorothy-Grace Elder: I want to be on poverty. Will the poverty group cover housing or will access cover housing?

The Convener: Housing is more likely to come under poverty. Margaret is on access.

Mary Scanlon: Diet is called poverty and access seems to be housing.

Kay Ullrich: Would Dorothy not be better on access?

The Convener: I would be better on a shot of whisky at this point. Have I missed anybody out?

Dorothy-Grace Elder: I definitely want to be on poverty.

The Convener: Dorothy is on poverty.

Dorothy-Grace Elder: What is access now covering, Kay? What is this big pudding that is covering access?

The Convener: To throw another spanner in the works, I suggest that I should be on all three, ex officio, to keep an eye on what is going on. I would not intend to get involved.

Hugh Henry: If we are working on the rapporteur system, you cannot be ex officio.

The Convener: You know what I mean, Hugh. I will just keep an eye on what members are doing.

Hugh Henry: The rapporteur system does not work on that basis. It gives responsibility to individuals to do some work and report back to the committee.

The Convener: I am not going to be on any of those groups, but I will be interested in how they are making progress. I will keep an eye on them, so that I know what members are examining and when they will be able to report back to the committee. I am not intending to be on any of the three groups, for the reason that Hugh stated.

Are we happy that we have a way forward? Can I say that we are not going to change this?

Dorothy-Grace Elder: Can I make a time-saving point?

The Convener: Good, please do.

Dorothy-Grace Elder: On diet, in particular, a large number of members will know what the problems are. We do not need much more new evidence. Little new evidence has emerged in the

past few years. It will be more efficient to consider the practical health education that is required.

The Convener: We have established where we are. In one or two cycles' time, I will ask for a report from members who have been put into sub-groups on their initial thoughts about what they will be able to prepare and what their time scales are. There is no point in the committee imposing a time scale, because the work load of the three groups will be different, so it is up to the sub-groups—or the reporters—to say how much time they need.

Arbuthnott Report

The Convener: Is everybody happy with the report as it stands on Arbuthnott?

Members: Yes.

The Convener: Great. The meeting is closed.

Meeting closed at 12:41.

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