

HEALTH AND COMMUNITY CARE COMMITTEE

Wednesday 12 January 2000
(Morning)

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HEALTH AND COMMUNITY CARE COMMITTEE

1st Meeting 2000 (Chamber)

CONVENER :

*Mrs Margaret Smith (Edinburgh West) (LD)

COMMITTEE MEMBERS :

*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 12 January 2000

(Morning)

[THE CONVENER *opened the meeting at 10:03*]

The Convener (Mrs Margaret Smith): Good morning, everybody, and a very happy new year to all members and to everyone in the public gallery.

Deputy Convener

The Convener: Our first item of business is to elect from our number, which means all members except me—unless you want to demote me—a deputy convener. The Parliamentary Bureau has decided that the deputy convener should be chosen from among Labour party members.

Ms Irene Oldfather (Cunninghame South) (Lab): I nominate Malcolm Chisholm.

The Convener: We have a nomination for Malcolm. Are there any others?

Does the committee now agree to affirm Malcolm Chisholm as deputy convener of the Health and Community Care Committee?

Members *indicated agreement.*

Malcolm Chisholm (Edinburgh North and Leith) (Lab): Thank you.

The Convener: Excellent. My constituency neighbours that of Malcolm Chisholm. As committee colleagues, I hope we all agree that Malcolm commands respect across parties in the Parliament and has a lot of good experience that he will bring to his position of deputy convener. I certainly look forward to working with him in his extra capacity in the coming year.

Adults with Incapacity (Scotland) Bill: Stage 2

The Convener: Item 2 on our agenda is consideration of the Adults with Incapacity (Scotland) Bill. I will explain the stage we are at and why the bill is on our agenda for today's meeting.

It became clear to me in the dying days before the recess that the situation is as follows: the Justice and Home Affairs Committee is examining two bills between now and the Easter recess and it has decided—rightly—that rather than consider both concurrently, it will consider the Adults with Incapacity (Scotland) Bill first.

To allow the Justice and Home Affairs Committee to start its work on amendments at stage 2, which is its role as lead committee, we have to decide on submitting things by a certain time. The deadline for lodging items with it is, I think, 17 January, which is two working days before it starts to consider amendments at its meeting on 19 January.

I want to ask members two things. First, as you may recall, stage 2 amendments are moved in the names of individual MSPs; we will not move any committee amendments. I felt, however, that as the health aspects of the bill are the most contentious, and as we have already done some work on the bill, considering the non-party political nature of the bill, it may be appropriate that amendments come not with a political grouping view but with the backing of the committee, perhaps in my name, as convener.

If we agree that that is how we should proceed, I think that we should examine part 1 and possibly part 4—which covers money held in care homes and in the national health service—today. I would guess that the Justice and Home Affairs Committee will not reach part 5, the main medical part of the bill, until later in its programme. That would give us the opportunity at another meeting in the coming weeks to examine part 5 with a view to preparing amendments.

Part 1 covers general principles and definitions. I thought that members might be particularly interested in section 1(2).

Mary Scanlon (Highlands and Islands) (Con): When will Jim Wallace let us have his amendments? Although we have had a general outline, I feel that we need the specific wording before we submit our own amendments. As far as I recall, he answered many of the issues that were raised in the chamber, but in a general way. I do not think that we are ready to consider specific amendments until we have his response.

Jennifer Smart (Committee Clerk): The Executive has the same deadline for lodging amendments as all members: 5.30 pm on Monday 17 January.

Mary Scanlon: So we do not know what Mr Wallace's amendments are, but we have to lodge ours, which he might already have taken care of? Would it not be more helpful to see Jim Wallace's amendments first? They may render some of our amendments unnecessary.

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): This is to do with the understanding of procedure and the fact that we all have the same timetable. There is nothing wrong with our submitting an amendment and its having to be withdrawn should the amendment of the Minister for Justice cover the same aspect.

Ben Wallace (North-East Scotland) (Con): I take Margaret Jamieson's point—and Mary Scanlon's. The problem is that we may well be repeating our work. We know that all the committees have a heavy work load. If we repeat work every time a bill is introduced, the efficiency of our procedures will not be helped. I do not know whether we should speak to the convener of the Procedures Committee to get this changed.

I have in front of me the text of what Jim Wallace said in the debate. Many of the points that he made about the various sections and his proposed amendments are what I expect us to discuss now. I hope that he will submit his amendments on the same day—17 January.

Kay Ullrich (West of Scotland) (SNP): I agree with everyone's remarks so far. It is frankly not ideal that we are all working to the same timetable; it would have been more helpful if Jim Wallace had lodged his amendments a week or 10 days before our deadline. This does seem to involve spending a lot of time going over the same thing.

During the debate, I found the way in which Jim Wallace picked up on the major issues of the bill very positive. We have reason to believe that most of the things that we will talk about this morning will be picked up by the Executive by way of amendments.

Dorothy-Grace Elder (Glasgow) (SNP): Should we speed up our own responses and set ourselves a deadline of Friday or even Thursday this week to get our views in? That would, I hope, influence Mr Wallace in making up his mind. He is working to a Monday deadline—he is probably working on it right now.

The Convener: I spoke to Jim Wallace about this yesterday. I asked him specifically about part 1 and about the areas of part 1 that I think the committee will have most concern about. Like Ben Wallace, I have read the general statement Jim

Wallace made to Parliament. It seems to me that he addressed many of the issues of concern, particularly in part 5.

The issue in part 1 is about intervention. When I spoke to the minister last night, he said that the Executive was not minded to include an amendment on that, partly because it is waiting for the Millan committee's proposals on the same point, but he is perfectly happy for other members to lodge amendments on that issue. He said that if other members lodge amendments, the Executive will look at them and decide what to do on the strength of them. It is unlikely to lodge an amendment specifically on part 1.

We are more likely to be concerned about issues relating to part 5. My suggestion for today is that if we agree that there is some merit in our submitting something with committee backing, we should consider part 1. Because the Justice and Home Affairs Committee is likely to start with part 1 on 19 January, we should get our proposals in before that date. Therefore, we should decide on them at this meeting.

By the time part 5 is considered by the Justice and Home Affairs Committee, we will have had the chance to discuss the Executive's amendments in full, unless the Justice and Home Affairs Committee goes whizzing through everything. My gut feeling is that, despite having an excellent convener and a good bunch of members, the Justice and Home Affairs Committee will not whiz through to part 5. The chances are that we will have time to consider our concerns about part 5 in the light of other amendments, including those that will have come from the Executive.

I think that the Justice and Home Affairs Committee will consider part 1 on 19 January. If we want to put something together, we have two options. One is to come up with a definitive comment in today's meeting. Alternatively, committee members might indicate to me and to the deputy convener a sense of what they want the committee's comment to be, and we could put something together and have it checked out with regard to the legal process, to ensure that it stands up. We have to do that before we submit our amendment. If we do not consider part 1 today, we will have missed the boat because the Justice and Home Affairs Committee will have already examined it.

Jennifer Smart: I remind members that they may all lodge amendments up to the deadline. There is nothing to stop any member lodging an amendment for the first part of the discussion, up to 5.30 pm on Monday 17 January.

Dr Richard Simpson (Ochil) (Lab): I accept what you are saying. If we do not discuss the other parts of the bill today, will the committee still be

allowed to lodge amendments beyond Monday's deadline? If that is not the case, we will have to submit them as individuals. However, perhaps anyone who is lodging amendments at a later stage should do so with the concurrence of the entire committee.

Jennifer Smart: There will be deadlines to meet for the later stages of the bill. Prior to the next part within stage two, there would be two days in which to lodge amendments.

Dr Simpson: But the deadline for us, as individuals, for the whole bill, is 17 January.

Jennifer Smart: The danger is that if you miss the 17 January deadline and the Justice and Home Affairs Committee goes through the bill much more quickly than we imagined, because it has fewer amendments, it could do the whole of stage 2 in a short time and you would fail to get your amendments in for later parts of the bill.

10:15

Dr Simpson: Does the committee still have the right to lodge amendments beyond 17 January?

Jennifer Smart: There is no such thing as a committee amendment. Basically, you can show support for an amendment in the name of the convener.

Dr Simpson: So every amendment that we wish to lodge has to be lodged by Monday evening—

Jennifer Smart: To be absolutely certain that they reach the Justice and Home Affairs Committee in time, yes.

Dr Simpson: I understood, from the paper that we received, that amendments cannot be submitted after Monday evening. Are you saying that if the Justice and Home Affairs Committee does not reach later parts by Wednesday, we could still lodge amendments to those parts by Wednesday?

Jennifer Smart: Yes, because that would mean the Justice and Home Affairs Committee will have another day in which to consider the remaining parts. The danger arises because we cannot dictate how quickly that committee will go through stage 2.

The Convener: What I said to you about having that lag time is based on the information that I have been given by the clerk. It is all down to how quickly the Justice and Home Affairs Committee goes through the process. It is taking part 5 at the end of its deliberations after going through parts 1, 2, 3, 4, 6 and 7. It depends on the number of amendments to the other parts. The areas on which we have concentrated in our deliberations are in part 5 and, possibly, part 1. I have to confess that I am not sure how much difficulty the

Justice and Home Affairs Committee is having with respect to loopholes, possible amendments or problem areas in other parts of the bill.

Do committee members feel that there is some benefit in our lodging an amendment that is in my name, but which has been discussed by the committee and has some sort of committee backing? Or do members feel that it is better to take until Monday, either individually or in their own political groups, to come forward with amendments? This issue had to be on today's agenda in order that we could make such decisions. I am happy to hear committee members' comments on the issue.

Ms Oldfather: Convener, your suggestion is sensible—I would not have any problem with a committee amendment being put forward through you. If we had a general discussion on the principle of the amendment today, we could delegate its wording to you and Malcolm. Perhaps it could be circulated to committee members, so that we could get back to you with any changes.

I can see the Justice and Home Affairs Committee's timetable being governed by how much of the debate has been picked up in the Scottish Executive's amendments. If much of the debate has been taken into account, the Justice and Home Affairs Committee might deal with this more quickly than it would otherwise have done. However, if little of what was said in the debate is picked up, it is likely that it will take longer. To be honest, we are guessing a bit.

The Convener: As with so many aspects of this process, it is a first for the Parliament. I attended a briefing the other day about the procedure for dealing with amendments to bills. At the end, the expert who briefed us said that it is all up in the air and that it is being made up as we go along. I thought, "Well, that is us almost back to square one again."

Kay Ullrich: Because, technically, we cannot lodge amendments as a committee—they have to go in in the name of the convener—I am not convinced of the benefit of this course. It would perhaps be better left on an individual or party basis.

The Convener: Any other comments?

Mr Duncan Hamilton (Highlands and Islands) (SNP): I agree with Kay, on the ground that there is no such thing as a committee resolution. One of the interesting aspects of the debate is that it has never been a party political issue in the chamber.

The Convener: And it is not likely to be.

Mr Hamilton: There does not seem to be any great advantage, therefore, in having any form of committee resolution. Moving forward on an individual basis—which, technically, is what a

committee amendment would be anyway—would be more sensible.

Dr Simpson: I concur with that, for technical reasons. However, we should be able at least to discuss or raise our amendments here. I have given three pages of amendments to the clerk—

The Convener: You are not thinking of having the flu, are you Richard?

Dr Simpson: Some of my amendments are quite radical proposals. If the committee did not feel that they were appropriate, I would withdraw them; I would not waste the time of the Justice and Home Affairs Committee with them. Before lodging those amendments, I would appreciate the opinion of my colleagues on this committee. Although they would still be my amendments, I hope that we will have the opportunity to discuss them, because they are quite substantive.

The Convener: We have those before us today, do we? People will not have had the chance to look at them and other members will not have had the chance to put their amendments together.

Mr Hamilton: There is nothing to stop us giving Richard various points of consideration, not necessarily in committee. Presumably, Richard, you are happy to circulate your amendments to committee members and for us to give you feedback, outside the official—

The Convener: That would be preferable, Richard, simply because committee members have not had a chance to consider the amendments. If you do lodge the amendments in your own name but, as Duncan suggests, ask us for our opinions and comments, we can send those by e-mail.

Dr Simpson: I have given my amendments to Jennifer Smart—perhaps she could circulate them to members for their consideration.

The Convener: And we will get back to you by—

Malcolm Chisholm: If Richard submits amendments, can he put them in with a list of names supporting them?

Jennifer Smart: Up to four members may support any amendment.

Malcolm Chisholm: Only four?

Jennifer Smart: Yes.

Malcolm Chisholm: How interesting—I wonder why that is.

Mary Scanlon: We are a new Parliament and we do not have to accept what happens elsewhere. Given our time commitments and our work load—I am thinking of the two huge files for care in the community on my desk—I wonder why

we have to sit and write amendments when it is likely that Jim Wallace has already addressed them. It is a duplication and a waste of our time. In future, it would be helpful if we could see the Executive's amendments first. There is no doubt that Jim Wallace's speech addressed positively many of the major issues and concerns. I would find it a gross waste of time to sit and write out amendments, knowing that on Monday, Jim Wallace is likely to produce something identical to them.

I support what Kay said and what has come through in the discussion. I would like to see Richard's amendments, take time over them and discuss them with the people in my group who are also in the Justice and Home Affairs Committee. We should put in amendments as individuals, rather than as a committee.

The Convener: Would it be worthwhile my writing to the Procedures Committee, making that point about the Executive's amendments? There may be a perfectly good reason behind the procedure, but it may be worth raising the point. Yet again, it illustrates the difference between a bill in which the only committee of the Parliament that is involved at stage 1 is the lead committee, and one in which a secondary, or even a tertiary, committee is involved at stage 1.

The lead committee will have sight of the Executive amendments in time for it to take them on board in its deliberations. The Justice and Home Affairs Committee will have the Executive amendments on 17 January and will start its work on 19 January. The fact that amendments are meant to come from individuals means that, technically, all members of the Parliament have the same right to examine amendments in advance, but they do not. The lead committee will examine the amendments and express its point of view. That committee therefore has an extra word on those amendments, whereas the secondary and tertiary committees, who were involved at stage 1, but have lost that involvement at stage 2, do not.

For this particular bill, the Parliamentary Bureau has made the Justice and Home Affairs Committee the lead committee, although the most contentious aspects are those that are of interest to this committee—the medical aspects. The bill is slightly odd in that respect.

The situation flags up once again the difficulties that we have come across with the timetable, which was set to suit the lead committee, but which caused problems for other committees, particularly this one, which were interested in being involved.

Malcolm Chisholm: The situation is slightly odd, but will probably arise quite a lot when

committees deal with bills. If you write to the Executive, there is another thing that is different about this bill that should be mentioned. I am used to Executive amendments, but they are usually minor and technical. The difference in this case is that the amendments that Jim Wallace announced were major changes to the bill. I cannot remember that ever happening. We should point out that amendments like that must be given in advance. Minor and technical amendments are a different matter.

The Convener: It is probably worth making the point—I hope that this is not seen as partisan—that we should all be glad that it looks as if the Executive has listened to a lot of the comments that were made about the bill. That is why major changes have been made. We want the Executive to be able to make changes once it has taken on board advice from outside Parliament. I take Malcolm's point.

Ms Oldfather: I am sympathetic to what Mary Scanlon said about the amount of time that the committee can spend on amendments. The procedure needs to be clarified. We learned this morning that the committee cannot submit amendments, which I had not realised. I do not have a problem with your suggestion, convener, of submitting amendments, with committee consensus, in your name, but it seems that the committee is not of a mind to do that, which is fair enough. However, I wonder whether we should spend too much time discussing amendments at today's meeting, if we are not going to submit committee amendments, but submit amendments in our individual names or circulate amendments that we can then all sign up to.

The Convener: I totally agree with you. The point that I take away from this discussion is that we have some concern about the procedure. On this occasion, the committee has decided to go forward as individuals and to have discussions with our party groups, but in different circumstances we may have thought differently. However, the procedural situation that we would have found ourselves in would still be the same. It is as well to use that situation to ask that the procedure be examined and whether this is the most effective way for a secondary or tertiary committee, which may have a keen interest in a bill, to proceed. The lack of time is a problem.

Ben Wallace: There is another issue that needs to be addressed. Once a bill is introduced, people will want to know the view of the Health and Community Care Committee on different aspects of it. No legislation is perfect and, inevitably, the time will come when something will have to be changed or will be fought over in the Court of Session. The views of the people we represent and of the Health and Community Care Committee

need to be seen in amendments. It is correct that we should see the Government's amendments so that we can comment on them and ensure that most of our concerns have been satisfied, but the Health and Community Care Committee's view, particularly on parts 1 and 5, will be valuable in the future.

10:30

The Convener: We are, unfortunately, bound by standing orders. That is why I say that the issue will need to go back to the Procedures Committee if we want to make our point. I concur totally with what you say, which is why I suggested a possible way forward, particularly for a non-partisan bill such as this one.

I have believed from day one that the Adults with Incapacity (Scotland) Bill should have been a joint committee bill. That has been part of the problem from the beginning. I can see why people might have thought that having a joint committee bill so early in the process might be more difficult to cope with and more messy, but I think that it might have been easier all round. We are learning all the time.

Before the next meeting, I will investigate whether there is any way in which we can examine part 5 later in the process, but I think that we are on a sticky wicket on this issue.

Dr Simpson: You have said most of what I wanted to say, convener, and I agree entirely with what you have said. The issue of involving two committees in a bill must be re-examined. I went through the Public Finance and Accountability (Scotland) Bill and some of the amendments that I proposed were taken up by the committee and moved by Mike Watson on behalf of the primary committee. There was no secondary committee, although we worked with the Audit Committee, but we were able to divide the work quite easily.

The Adults with Incapacity (Scotland) Bill cannot be divided. I find it objectionable that the Justice and Home Affairs Committee is the only committee that will be able to vote on stage 2 amendments. If this committee's view were contrary to that of the Justice and Home Affairs Committee, we would only be able to move amendments at stage 3, although we will have that opportunity.

Dorothy-Grace Elder: As we are in a new Parliament and the situation is far more informal than at Westminster, could we telephone Mr Wallace's office now? *[Laughter.]* Seriously, I am pretty sure that his amendments will have been worked out already and that he could at least give us a rough draft of them. I am sure that there is no rule prohibiting that. Otherwise we will talk and talk, without knowing what we are talking about.

The Convener: I think that there may be such a rule. In any case, I do not think that there is any way in which we could get the information today.

Dorothy-Grace Elder: We do not know that. It might just be lying there.

The Convener: As I said, I will follow the issue through to see whether there is any way in which we can get round the problem and get the chance to talk about part 5 of the bill, so that we can be part of the process and be allowed to make amendments. However, I do not think that there is.

I take on board Dorothy-Grace's point. One of the reasons that I spoke to Jim Wallace last night was to find out where he was in the process of producing amendments. I asked him—and the committee clerks tried to find out yesterday from the clerk of the Justice and Home Affairs Committee—whether a draft list of amendments was available that we could use to get a sense of what the Executive amendments are likely to be. That would have given us an idea of where our time would be most fruitfully spent. Unfortunately, such a list was not available yesterday and when I spoke to Jim Wallace last night, his feeling was that the Executive is still taking on board comments.

Mary Scanlon: Jim Wallace made all the right sounds, but the devil is in the detail.

The Convener: Absolutely, Mary. That is the problem. It is the technicalities of any bill that will land somebody in court, not the broad brush. We all applauded some of the comments that Jim made.

Kay Ullrich: As somebody who has worked alongside the voluntary organisations that have been promoting this bill over the past couple of years—and I am sure that others here are in the same position—I am extremely disappointed that this committee was not chosen to be the lead committee on this matter. Anyone who looks at party manifestos for the elections—but who looks at party manifestos?—would find that any commitments to the Adults with Incapacity (Scotland) Bill are contained under the health sections. Most of the contentious issues are medical issues.

Ms Oldfather: I have a final point that relates to what Ben Wallace said. A Health and Community Care Committee viewpoint will be expected, in future, on the legislation. There are some procedural difficulties that we must highlight now. I would be happy to circumvent the procedure by supporting amendments in your name, convener, but that is not acceptable to the full committee. We should consider how we might overcome that, so that a committee view can be expressed.

The Convener: My nose is not put out of joint

by the fact that people have not taken that line. I simply felt that we had to put the issue on the agenda, so that we could keep ourselves apprised of the situation and know what options were available to us if we wanted to take them. I fully understand why committee members have said that they want to take action individually.

Malcolm Chisholm: I am not sure whether SNP colleagues were saying that, in principle, they did not want the committee to lodge amendments, or whether the problem was in the practicalities. If the latter is true, is there a case for compromising and saying that we will timetable scrutiny of part 5, which is the main concern of our committee, for the next meeting, and ask the Justice and Home Affairs Committee not to deal with part 5 until we have considered it?

Kay Ullrich: SNP members are more concerned about the practicalities, Malcolm, and I support what you have just proposed.

The Convener: So we will timetable part 5 of the bill for our next meeting and I shall investigate the various options that are open to us. At the same time, I shall make representations to the Procedures Committee on some of the procedural points that have been raised by the committee this morning. Is that acceptable?

Members indicated agreement.

Health Board Allocations

The Convener: Item 3 is a letter from the Scottish Executive on health board allocations for 2000-01. I ask members not to mention the A-word. Members will see from the letter that the Executive is offering to facilitate a briefing session for members on health financial allocation. I am keen to take up that offer.

As the people who are going to give us a briefing on health financial allocations for 2000-01 are probably those who also have up-to-date information on the financial state of our health boards and trusts around the country, it might be a good idea for us to ask whether—as it would probably be a private briefing session—we would be able to ask them questions about that as well. Do members have any views on that? That would add to the information that is available to the committee on the financial overspend in our health trusts. It is not in their offer, but, when we write back to accept their offer, I would like to ask whether it would be possible for us to ask questions about other information that is available to them.

Kay Ullrich: On the deficits that are faced by the trusts?

The Convener: Yes. My point is that an overspend is being experienced by the trusts. The officials who are to give us this briefing are those who will have access to that kind of information. As it will be a private briefing session, members will probably end up asking questions on that information anyway. It would be better for us to ask whether they are happy to answer such questions. If we make them aware of the fact that members will ask about that, they will be able to avail themselves of the information that we want, in advance of the meeting. Is that acceptable to the committee?

Mary Scanlon: That would be helpful and would aid our general understanding. As an economist, I know that it is always helpful to consider trends. Would it also be possible to view the figures from the past three years, to analyse the determination of priorities? I would find it useful to examine those figures, to establish the trends in health service spending.

The Convener: I apologise for the fact that I seem to make a habit of missing these meetings, for one reason or another. However, at one meeting I recall that, during the general briefing, several financial issues were raised by committee members. Obviously, people still have a lot of questions about the way in which those decisions are made and the mechanics of the process. I remember that several such questions were

asked, which were nothing to do with the current figures but with the way in which the process worked.

Margaret Jamieson: It is useful to ask about the mechanics of the process, and about the way in which the money is allocated. However, Mary is asking for information that is publicly available. There is absolutely no point in getting officials to go through that information, as we can access it anyway. Everybody has to publish their own accounts, and the figures are all available.

Mary Scanlon: We should have the right to question them on such information as the trends and priorities of the past three years.

Dr Simpson: Do members not think that that is fundamentally important? It may be boring for people in the public gallery that we are always talking about procedures. However, this is the first time that we have been responsible for the health board allocation funds. We must ensure that the information with which we are provided is adequate for us to have a rational discussion.

I support Mary Scanlon absolutely. The form in which we want to receive this information is with trends for each of the 11 columns—not just for the percentages in column 10, which are total percentages. We need to know by how much the capital charges vary, and by how much the general medical services cash varies. We need to know the trends in each of those columns. If, for example, the prescribed drugs expenditure assumption allocation figures are rising by 5 per cent—by the same figure as the general budget—that is wholly inadequate. We know, from the level 2 funding figures that were presented to the Finance Committee, that it is not that; it is nearly 8 per cent. However, if it is 8 per cent, something else is rising by less than 5 per cent.

We cannot begin to have a rational discussion unless these figures are broken down. A single sheet of paper like this one may have been good enough for Westminster, with due respect to Malcolm Chisholm, but it is not good enough for the Scottish Parliament. The Finance Committee has made it clear—and Jack McConnell has accepted—that these figures must be disaggregated at every level. If that is true for the Finance Committee at level 1 and level 2 funding, it must be true for this committee at this level; otherwise, we cannot discuss them.

The Convener: I agree with what Dr Simpson and Mary Scanlon have said. This year, this committee has no particular input into the budget bill for health and community care. However, in coming years we will have that input. I am happy to put up my hand and say, “I know that I have an awful lot to learn about health service budgeting and finance”. We must take advantage of every

opportunity. However, that means not only taking what is on this bit of paper, but trying to get the fullest picture possible, down to some of the nuts and bolts—certainly the nuts and bolts that we will be required to know, in future years, to fulfil our role as a committee in drafting the budget bill.

Committee involvement in the budget process is a new development and, from next year, we will enter a whole new ball game that nobody has played before. We should take advantage of the opportunities this year, when we do not have that formal requirement, to ensure that we get our hands on as much information as possible and ask for instruction on the way in which we will have to proceed next year.

Dr Simpson: I would, therefore, like to add a list of questions to which I would like answers in the revised documentation with which we should be presented.

The Convener: If committee members have any other issues or questions that they would like to be addressed in that context, they should e-mail them to me.

Dr Simpson: I would like to put my questions on the record.

The Convener: Okay. If anybody else has questions that they want to add to Richard's—after he has spoken—they should e-mail them to me by close of play tomorrow afternoon, when we will respond to them.

Dr Simpson: Last year, one-off funding was allocated to every health board to ease pressures. I would like to know if that has been included in the baseline budget before the percentage increases this year.

Secondly, the chancellor has announced that any increase in tobacco funds for next year will be specifically hypothecated to health. Because the budget has not been announced, there cannot be a definite figure, but does the budget proposal include any indication that the tobacco funding will be in addition to the funding that we already have?

Thirdly, how much was carried forward this year into the current budgets, and has that been included in or excluded from the baseline figures for this year?

Fourthly, has the Executive any indication of the possible carry-forwards or deficits that are likely to accrue this year, because that is important when considering the allocations for next year?

Fifthly, what funding is being retained in the health budget centrally and not being distributed at this point?

Lastly, are the capital charges still based on a figure of 6 per cent, or has that been varied?

10:45

The Convener: That is a fairly comprehensive list. I am not sure whether anybody wants to add something to that now.

Dr Simpson: The only other thing is the Scottish Ambulance Service.

Mary Scanlon: I was going to raise that.

The Convener: I was going to raise it later in the meeting. We have a common interest at the moment, as comments that have been made on other occasions indicate that there is a feeling in the committee that at some point we should give greater consideration to the Scottish Ambulance Service. We need to go beyond funding and to explore the question of whether it was set up in the correct way.

Ms Oldfather: I am particularly interested in the prescribed drugs expenditure in column 8. Has any account been taken of the difficulties that GPs are experiencing because of licences expiring and their not being able to obtain generic drugs? That is already putting budgets under pressure.

The Convener: I notice that the Westminster Health Select Committee has recently published a report on the generic drugs issue and the fact that there appears to be some hoarding by pharmaceutical companies. I have not had a chance to read the report, but it was fairly damning. Excessive generic drug costs are adding to health service costs. It is an issue worth pursuing. Irene, could you formalise that as a question and e-mail it to me before tomorrow afternoon?

Ms Oldfather: Yes.

The Convener: Are there any other points?

Dr Simpson: Can you add that the generic prescribing licences are not the only problem with prescribing? Another issue is the patient pack plan, which was introduced under European legislation and has created costs. The first of those problems may go away, because Susan Deacon's response to Mary Scanlon's question indicated that this was a temporary issue that would be handled within budgets, but I am concerned that the problem of the patient pack plan will not go away. There has been a step increase in costs that will continue into next year. That makes Irene Oldfather's question particularly pertinent.

The Convener: Are you referring to bubble packs?

Dr Simpson: Yes.

Kay Ullrich: They are talking about a £7 increase in the cost of generic drugs. That could hardly be put down to bubble-pack wrapping.

The Convener: No. It must be very expensive wrapping.

Ben Wallace: I would like to know what statistical baseline is used. How is the Executive assessing health inflation? What is it using when it draws up statistics for increases? Does it simply use the basic rate of inflation? It is very easy to skew the statistical baseline.

Dr Simpson: When he was before the Finance Committee, Jack McConnell said that there would be a real-terms budget as well as a cash budget. A gross domestic product deflator is being used for that. I, along with other members of the Finance Committee, made the point that a general GDP deflator is appropriate at level 1, less appropriate at level 2 and inappropriate at level 3. Ben Wallace is right. We need to know, even within this budget, what inflators are being used. The pharmaceutical inflator must be considerably higher. There are others, such as training, that may be a little lower. We need to know the inflator across the various columns, not just for the health budget as a whole.

Mary Scanlon: I would like clarification on the Highlands and Islands travel scheme and distant islands allowance. In particular, I would like to know why the Highland Health Board has received £250,000 and the Western Isles Health Board has received £2.5 million. It would be helpful if we could have some idea of what criteria were used to calculate those figures.

The Convener: I may come back to those members who have made points to clarify that we have the gist of what they wanted formulated into a question.

Dorothy-Grace Elder: A couple of points are of particular concern for me. First, Greater Glasgow Health Board's £25 million budget was probably drawn up before the two recent reports on poverty, ill health and too-early death in Glasgow. I would like more clarification on that budget.

Secondly, like others, I am concerned about the Scottish Ambulance Service. Even if we accept that there will be annual increase of 3.1 per cent, which is what the Executive suggests, in a like-for-like comparison, I would like to know what is included in non-recurring funding. Does it include new computerisation, which the service very much needs? I visited the ambulance service in Glasgow at hogmanay, and the use of computers to track ambulances is absolutely invaluable. We would like it to spread to other parts of the country. The increase seems very mean even at 3.1 per cent, never mind 1.2 per cent.

The Convener: Behind these figures there are a lot of details of the sort that you have mentioned, which will come out at the meeting. However, on the big issues it is fair that we give prior warning of

what we are going to ask. When we get to the meeting, a number of people will come up with questions about the meaning of individual figures that they may not yet have thought of.

Margaret Jamieson: I advise the committee that the Audit Committee is investigating the Scottish Ambulance Service in relation to the previous National Audit Office report. There will be visits to various parts of Scotland to examine the service as it is delivered. Some of the points that Dorothy-Grace Elder has made will obviously be picked up, but I ask members of the committee to get a copy of the NAO report on the Scottish Ambulance Service because it will answer many of the questions that Dorothy has asked this morning.

I have also asked the clerk of the Audit Committee to speak to Jennifer Smart, because I think that there is a lot of dove-tailing and that a great deal of useful information has come out of the evidence that has been taken by this committee.

The Convener: That is very useful. The clerk has said that she will have all members of the committee sent a copy of the NAO report into the Ambulance Service. If members think of any other questions or issues, they should e-mail me by tomorrow. When the Executive gets our response, it may regret ever asking us whether we wanted a briefing.

Future Business

The Convener: This is a fairly broad agenda item and I wanted to raise a number of issues with committee colleagues at this point.

The first point relates to community care. I do not know whether all of you, like me, spent a large part of your Christmas and new year break reading the several hundred pages that we received in submissions to the community care review that we are about to undertake. Some of the contributions were excellent and the submissions made me realise that, no matter whether we spent the projected nine months on this issue or nine years, we would always be able to find another aspect that we should probably consider. Nevertheless, I think that we received a great deal of good information on the big issues. I also thought that it had been worth while to ask people for examples of best practice.

I found that reading some of the examples of what people were doing was illuminating. During the community care review that we are about to undertake, I want the committee to visit the places that make use of those examples and to find out more about them. We will consider that later on, with input from some of the experts who will work with us.

We wanted to have an informal briefing session on the bill in January. Unfortunately, Sir Stewart Sutherland—who is quite important in this context—could not make it on 26 January. The briefing will, therefore, be on 2 February. I have asked the committee clerks to make available the extra papers that were not sent out with the two files that members received.

Kay Ullrich: There are more?

The Convener: Indeed there are. Members will have read some of the documents previously—they are formal documents that are published by the Executive. Members should tell the clerk if they want copies of the files to be sent to them.

A range of people will come to the briefing on 2 February. They will be able to answer questions on the social work, housing and health aspects of community care, as well as give us information from the point of view of carers. Someone will be here from the University of Glasgow's Nuffield centre, which keeps Scotland's best practice database.

At the last meeting, we said that we wanted to have two experts to assist us with the community care review. The clerks are pursuing that. Once a list of experts has been compiled, there has to be a tendering process. In the next few days, members should make suggestions about people

whom they feel should be included on the list. I want the experts to be with us as soon as possible. John Forbes, who assisted in our consideration of the Arbuthnott report, came on board only the day before we first heard evidence. I do not want us to be in that position again. We need to have guidance about how to parcel up our witnesses—for example on whether witnesses should be brought together to deal with one part of the agenda or whether we should deal with groups individually.

I would like members to comment on issues relating to community care.

Kay Ullrich: I agree that we should get out and about to examine good, bad and indifferent practice. However, we should not have the whole committee traipsing about. A reporter system would give us a wider spread.

The Convener: I have not quite finished reading the submissions, but it seems that we are getting comments from three parts of the country. We should use a reporter system and split up over those different areas. We will get better information from people that way.

Margaret Jamieson: We should not forget that the Executive has set up a group that aims for excellence in best practice. We should talk to that group, as there is no point in duplicating its work. We should also advise it of best practice that we find and that way, everyone will benefit. The letter that we received from the Executive ties in with some of the work that we will undertake.

The Convener: I should have mentioned that. We received the letter only this morning, but I had the first of a series of regular meetings with Iain Gray before the recess—the First Minister has suggested that deputy ministers should be a point of liaison between committees and the Executive. I talked to Iain about what the Executive is doing in community care and the letter sets that out well.

What we are doing in relation to community care should add value to what the Executive is doing. We should not accept that everything that the Executive does is wonderful but neither should we duplicate its work. At our next meeting, the committee clerk will present a new list of priorities that has some sort of chronological order.

Members will see from the letter that we will have work to do on the Arbuthnott report and on Stracathro hospital when we get responses to our comments. Also, we will have to deal with the learning disabilities review. The joint futures group is being asked to consider the question of charging for social work services that are delivered in people's homes. That might make up a large part of our community care review. Having read the letter, I think that it might be useful if we were to produce a report on our interim review that

would provide input to the work of the joint futures group. We cannot guarantee that we will finish our review of community care by June, but we should structure our work so that we can comment on charges for home care by then.

There is no point in continuing to do the work only to discover that we have missed the boat, or that we are duplicating the efforts of others.

I do not want to pre-empt our report, but we will come up with several pages exhorting other people to work together to improve community care. We must set an early example and show that we are happy to work in partnership with others to produce a good report.

11:00

Mr Hamilton: One thing that has become clear about community care is that there is some dispute about the division of responsibilities between Westminster and the Scottish Parliament. There is some confusion between Government agencies about the balance of responsibility. I asked the research department to produce a paper setting out the current situation, but was told that it could not be done. However, one option that I would be keen to pursue and that is open to the committee, is accessing the research budget so that we can commission the relevant research. We need to know the exact remit of the Scottish Executive and the committee.

Much of the Executive's letter is interesting and important, but we must be careful that the committee does not take on a role that is entirely reactive and in which it merely contributes to the consultation process. As we have already seen, that is sometimes a lot of work for little impact.

The Convener: I think that it had an impact, Duncan.

Mr Hamilton: I am not sure whether it was the report or its ramifications that had an impact.

Many people who have had some very creative ideas have approached us. One way in which the committees of the Scottish Parliament differ from those at Westminster is that committees can bring forward lots of new ideas. I hope that we can consider that. Perhaps members of the committee can submit proposals for bringing in outside experts and for commissioning research on best practice—not necessarily just from Scotland, but from around the world.

I sent you a note about my final point, convener.

The Convener: Can I come back to you on that later on, Duncan?

Mr Hamilton: Yes.

The Convener: I want to pick up on Duncan's

point about the demarcation lines on this issue between Westminster and Holyrood. At best they are blurred and at worst, totally impossible to follow. If members wish to leave that with me I will investigate it further. It might be that someone is already doing work on that.

The committee has a range of different budgets available to it. As this is the Parliament's first year, the research budget for bringing in outside experts has not yet been fully used. Any requests for research money go to the conveners committee, which says yes or no and then passes the request to the Scottish Parliamentary Corporate Body. So far, the health committee has spent no money, so I do not see a problem.

Kay Ullrich: Looking at the cold faces of Margaret Jamieson and Irene Oldfather, could some of the budget be spent on heating the chamber?

The Convener: I think that you have unanimous support on that, Kay.

Ms Oldfather: I would like clarification on whether there is a research budget that is assigned to the Health Committee.

The Convener: There is not. The committee has access to about one third of one full-time researcher's time. The members of the Scottish Parliament information centre can assist us. We have had some assistance from one of the other researchers on the subject of community care. Members might recall that some months ago, several conveners, including me, made it clear that we do not have enough money or research support.

In the community care responses, some people said things such as, "Your civil servants will no doubt have briefed you on X." People seem to think that we have the Scottish Executive behind us, which is not the case. The research back-up that we have—although the researchers do a very good job—is inadequate for the range of the subject.

Over and above what is available to us in terms of Parliament staff, we are able to bring in outside experts to assist with particular pieces of work, as we did with John Forbes on the Arbuthnott report and as we are discussing in relation to the community care review. A budget is also available to us for commissioning outside work that would be useful to the committee. That is an option that the Enterprise and Lifelong Learning Committee has already taken up.

Ms Oldfather: I know that on several occasions we have raised the problem of the lack of resources to support the committee and I am pleased that we are now able to access the research budget. However, it might be worth

making that an agenda item for future discussion, so that we can systematically decide the committee's priorities for accessing that money.

The sub-group on inequalities that Kay Ullrich, Malcolm Chisholm and I are on has discussed what support might be available to the group. It might be that other committee members have other areas of interest for which they will seek support. I would like the committee to discuss that systematically now that we know that the money is available.

Dorothy-Grace Elder: We do not have too much time to discuss the future. I suggest that some of the money should be put aside for research into the current winter flu crisis, so that such a crisis can be averted in future. We need an independent view on that.

The Convener: As I said, I intend to make a suggestion to the committee about that.

Mr Hamilton: I agree with Irene Oldfather's point. It might be useful if the clerk came back with a full document that laid out the various options that are open to the committee.

The Royal Commission on Long Term Care for the Elderly is a good example. We already know what the Government thinks that it can do but we also know, for example, that Age Concern thinks that the Government can do something entirely different. Before we begin the process, it is important to know what we can get out of it.

Kay Ullrich: There must be a base line; we need to know what the Parliament can do in terms of implementing the Sutherland report.

The Convener: That was a theme—people said that they were unsure about what they could do in Scotland. That is a grey area that affects many people and I think that it would be beneficial to put that on the agenda at some point—it would focus our minds on the issue.

Mary Scanlon: My point follows on from Margaret Jamieson's excellent question. I am slightly confused about the organisation that is being set up.

I am sorry. My teeth are chattering because it is so cold.

The letter that is before us today refers to a Scottish independent commission for the regulation of care and says that that group has been formed. However, the response from the Scottish Executive health department to the Justice and Home Affairs Committee says that

"a Scottish Commission for the Regulation of Care will . . . be established by April 2001 but is not expected to become operational until September 2001."

Do both documents refer to the same commission

for the regulation of care?

The Convener: Yes.

Mary Scanlon: Has it already been formed?

The Convener: No. A group has been formed to assist in the formation of the group.

Mary Scanlon: They have formed a group in order to form another group?

The Convener: The aiming for excellence reference group has been formed.

Margaret Jamieson: That group sets the standards. The group that Mary Scanlon is talking about is the one that will monitor matters.

Mary Scanlon: The group that will be formed in 2001?

The Convener: Yes. The independent commission for the regulation of care is the group that will conduct on-going monitoring and licensing of care homes across the board.

Mary Scanlon: Who are the members of the aiming for excellence group?

The Convener: I cannot tell you off the top of my head who the members are. We can probably find out that information through the clerk.

11:15

Ben Wallace: Is the chamber kept at such a low temperature to encourage us to keep our meetings short?

The Convener: It could be an attempt to give us all the flu. Are there any comments on the community care review?

Mary Scanlon: Could we have a short break for coffee? It is terribly cold.

The Convener: I want to say something about flu. After that, Duncan wants to talk about private finance initiatives. That will bring us to the end of the meeting.

Margaret Jamieson: Neither of those items is on the agenda.

The Convener: We are discussing future business; that allows us to discuss those matters.

Ben Wallace: On a point of order. If the agenda item is entitled future business, we should not use it to go into the past. Although I sympathise with the flu issue, items of current interest have been stopped at previous meetings because they were not on the agenda. The procedures set out in the standing orders must pertain in such situations. I do not think that it is competent for the committee to use the future business item to discuss the flu.

The Convener: Under the heading of future business, I put on record my view that, at the next

meeting, the committee should consider winter pressures. Early in the committee's history, Richard Simpson raised the wider issue of winter pressures. Rather than looking back, perhaps the committee could cast more light, rather than heat, on the situation by addressing winter pressures.

I think that people expect the Health and Community Care Committee to comment not only on the present situation but on the fact that the problem recurs annually. Often there are different circumstances and different levels, but I hope that the committee will agree that we should discuss the matter at the next meeting.

Kay Ullrich: I agree that everybody is concerned about the current situation. I would have raised the matter but for the fact that it would not have been competent, given the committee's previous decisions. We will certainly have an opportunity to voice our opinions this afternoon when Susan Deacon makes a statement on the flu crisis. It would be worth while to include the subject on a future agenda. Unfortunately, the committee's stranglehold has meant that we cannot discuss business as it arises; it has to be on the agenda.

The Convener: I was simply suggesting that we consider it in the future, rather than today. There may be a ministerial statement in the chamber on the white-hot issue of the day, with the opportunity for members to ask questions, but the committee could ask other people for their input on the wider issue. We had mentioned the whole question of winter pressures, and it would be useful to discuss that.

Dr Simpson: I refute the use of the word crisis. There is significant pressure, but I do not think that there is a crisis.

Kay Ullrich: Crisis? What crisis?

Dr Simpson: Crisis? What crisis? The NHS work force is doing an incredible job at the moment.

Kay Ullrich: Absolutely.

Dr Simpson: However, I want to make a positive suggestion. I would be happy to write a brief paper on the differences between Scotland and England in managing flu immunisation.

The Convener: That would be helpful.

Dr Simpson: I may need some support from the researchers, whoever they are. I will need some information to complete the paper.

The Convener: That is the kind of thing that I had in mind. We read about differences, but we do not know what the real situation is or whether it will have a bearing in future years.

Dorothy-Grace Elder: It would be sensible for

the committee to meet in September every year to discuss winter plans, winter always being foreseeable. By the time of that meeting, we should have a skeleton outline from the Scottish Executive, although we will not know precise details about flu strains.

Without going into detail at the moment, we know that the current epidemic is potentially life threatening in parts of the country. We could call it a crisis or a mess, but we cannot let it happen again.

The Convener: Whatever we call it, we must deal with the issue.

Dorothy-Grace Elder: We should call it life threatening.

The Convener: Flu recurs annually in different forms and at different levels. We have problems every winter.

Margaret Jamieson: I recall, right at the very beginning, that the committee said that it would not have its programme of work dictated by the newspapers.

Dorothy-Grace Elder: It is being dictated by the undertakers.

Margaret Jamieson: I resent that. That is an absolutely appalling thing to say; it is scaremongering. Various strains of flu affect individuals and groups of different ages in different ways. For us to say to the people of Scotland what Dorothy is saying is unacceptable. There is a difficulty and we must discuss how such difficulties are to be managed in the future.

The Convener: Indeed.

Margaret Jamieson: We said that we would not be dictated to by the *Daily Record*, *The Scotsman*, *The Herald* or any other newspaper. We must not get sucked into that.

The minister will make a statement today. I agree with Kay Ullrich. We met briefly yesterday to look at the agenda and see whether there was an opportunity to discuss the flu. We both agreed that there was no item on the agenda under which we could discuss it.

Kay Ullrich: I was disappointed that you chose to raise the matter, convener.

The Convener: I raised it simply because it is a public concern. I agree with much of what Margaret Jamieson said. I want to put the flu on the agenda to discuss in the future and to consider suggestions such as Dorothy's. Perhaps we could ask every year for a report on what the impending winter is likely to bring in terms of health service pressures. It seems reasonable to me that we should try to do that.

I did not wish to indulge in a long discussion about the matter, but I wanted to flag it up as something that the committee ought to consider in the coming weeks. We ought to have input from other people, rather than having a minister say what has happened this year. We should look forward and consider how it fits in with the committee's role. Rather than saying after the fact what people should have done, surely we have to take responsibility for keeping an overview on a number of issues.

Ben Wallace: We have discussed the matter and decided that we may put it on the agenda for our next meeting.

The Convener: Not next time—in a few weeks.

Ben Wallace: Do we really need any further discussion? We have gone on for about 10 minutes each. We will have a discussion this afternoon for all that.

The Convener: Duncan Hamilton e-mailed me about the private finance initiative. I will leave him to explain his point.

Mr Hamilton: I detect a collective sag of shoulders as I move into this issue.

At one of our early meetings, during which we set our priorities, there were two issues—PFI and drugs—on which we did not know which committee would take the lead. It was agreed that the conveners committee would decide which aspects of those issues would be examined by which committee, and that that decision would be reported back to the committee. I want to know what has happened about that, as I do not want those issues to fall off the agenda.

The Convener: That probably highlights an oversight on my part. As far as I am aware, the Social Inclusion, Housing and Voluntary Sector Committee is undertaking work on drugs. The Finance Committee and the Audit Committee told me that they did not intend to do anything about PFI.

Duncan Hamilton is right about how we left both of those cross-cutting issues. If the committee is happy with my suggestion, I will find out formally how other committees have progressed on those issues and report back to members. Is that okay?

Mr Hamilton: That is all right.

Margaret Jamieson: The Audit Committee has considered the M74 PFI project. It examined a specific project rather than the whole gamut of PFI projects.

Mr Hamilton: We agreed early on—I think that it was in our third meeting—that we would not consider the whole concept of PFI, because that is not a matter for us. I agree with that view, but the implications of PFI for the delivery of health

services are very important for this committee. It will be useful to consider PFI in a focused way.

The Convener: We will return to the matter when we get clarification from the committee clerks of the three committees that are involved.

Dr Simpson: When I raised the question of drugs, I asked whether it would be possible to have a cross-cutting committee on the subject. Has the Social Inclusion, Housing and Voluntary Sector Committee been appointed as lead committee on it? Frankly, I think that there should be a separate committee on drugs, but I have held off taking any action, such as lodging a motion, because I have been waiting for the response from the conveners committee about whether there would be a cross-cutting committee. Will you clarify the situation, as I have a draft motion ready to be lodged?

The Convener: I understand that the Social Inclusion, Housing and Voluntary Sector Committee has not started work on drugs, but intends to do so, but I will have to seek clarification on that. There is also a cross-party working group.

Dr Simpson: There is an all-party group, which Keith Raffan is organising until it is formalised. It has met three times.

The Convener: There will be a debate on drugs next week.

Ms Oldfather: We might need an update on the work programme that we scheduled in our second or third meeting. Duncan Hamilton proposed work on PFI, I suggested health promotion, and drugs and tobacco were mentioned. Many issues are affected by changes in what other committees are doing. Rather than just reviewing drugs and tobacco, could we have a general update on the issues that we identified initially?

The Convener: When we discussed community care, I mentioned in passing what I am about to say. I will ask the clerk to present a revised work programme—at our next meeting, if possible—which will take into account what Duncan Hamilton and Irene Oldfather have said, some of the points that the Executive raised in its letter and other work that is being done on the timetable. Now that we have more information, we will be able to pull together a chronological timetable. We have been asking for some of that information—certainly from the Executive—for months, because we thought that it would be useful for our work programme. I thank the Executive for providing a full response that will be very useful, particularly for the community care review.

11:30

Malcolm Chisholm: I do not want to create an extra meeting for the committee, but it would be

sensible to meet next on 19 January instead of 26 January. In view of what we agreed about part 5 of the Adults with Incapacity (Scotland) Bill, that change in date would keep us in step with the Justice and Home Affairs Committee.

The Convener: We are scheduled to meet on both 19 January and 26 January.

Kay Ullrich: Nice try, Malcolm.

The Convener: Yesterday Jennifer Smart and I discussed the volume of business—there will be some statutory instruments and a couple of petitions—and thought that we could cover everything on one day. That would allow us to hold the financial briefing, which I think should take place sooner rather than later, on the other day. The financial briefing does not need to be a committee meeting, but it requires committee time, so it would be better if members left both those dates in their diaries, while we seek a response from the Executive about the briefing.

Ms Oldfather: It would be helpful to have a fortnightly committee cycle, so that briefings could be held in the alternate weeks. That would allow people to plan their diaries better. I am conscious that there are three years to go. We want to fit in visits to see best practice, for example. Some of us are on two committees, and there are sub-groups on the go. If we start to plan weekly meetings, we will find it very tight to prepare and to do justice to the issues.

The Convener: I could not agree more. I would love to be able to say that we will never meet weekly, but I suspect that we will have to on occasions. I will try to put back the start times of meetings as much as possible, and to keep to fortnightly meetings, but we have to be aware of the work load that we will face and be as sensible as possible.

I take on board what Irene said about visits. In the community care review we will probably adopt a reporter-type system; visits by reporters can be made in committee time, so that we can cover three or four parts of the country on the same day. We have to make best use of the time that we have available. I will contact members about the dates of the next two meetings.

Margaret Jamieson: Can we ask about the venue for our meetings? We are all frozen, and it is obvious that the heating has been switched off. I do not know whether notice about meetings in the chamber is given to facilities management. I want a thermometer in here. Members of the public, too, are affected. There is health and safety legislation about this. It is getting colder in here by the minute. It is unacceptable.

The Convener: Absolutely. I offer our apologies to members of the public in the public gallery. I will

paraphrase my colleague by saying that at least the hot air that we expend rises towards them, but I am sure that that has not taken away the chill factor up there—I am not sure whether that chill factor entitles people to any special payments. The health and safety point is well made, and we will raise the matter of facilities in the chamber again with the corporate body. We have had the same problem with heating every time that we have met in the chamber, but this is probably the worst yet.

Dorothy-Grace Elder: Nobody will have a grain of sympathy with us. One or two schools in Glasgow have refused to continue because classrooms are too cold and kids have had to be sent home. Who will bother about politicians?

Kay Ullrich: There are regulations. I hope that they are enforced.

The Convener: I will bring the meeting to a close.

Meeting closed at 11:35.

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