

HEALTH AND COMMUNITY CARE COMMITTEE

Wednesday 8 May 2002
(*Morning*)

Session 1

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HEALTH AND COMMUNITY CARE COMMITTEE

13th Meeting 2002, Session 1

CONVENER

*Mrs Margaret Smith (Edinburgh West) (LD)

DEPUTY CONVENER

*Margaret Jamieson (Kilmarnock and Loudoun) (Lab)

COMMITTEE MEMBERS

*Bill Butler (Glasgow Anniesland) (Lab)
*Dorothy-Grace Elder (Glasgow) (SNP)
*Janis Hughes (Glasgow Rutherglen) (Lab)
*Mr John McAllion (Dundee East) (Lab)
*Shona Robison (North-East Scotland) (SNP)
*Mary Scanlon (Highlands and Islands) (Con)
*Nicola Sturgeon (Glasgow) (SNP)

*attended

THE FOLLOWING ALSO ATTENDED :

Mr David Davidson (North-East Scotland) (Con)
Tommy Sheridan (Glasgow) (SSP)

WITNESSES

John Aldridge (Scottish Executive Finance and Central Services Department)
Dr Maureen Bruce (Scottish Executive Health Department)
Malcolm Chisholm (Minister for Health and Community Care)
Gillian Kynoch (Scottish Executive Health Department)
Danny Phillips (Child Poverty Action Group in Scotland)
Dr Wendy Wrieden (Child Poverty Action Group in Scotland)
Ian Young (Health Education Board for Scotland)

CLERK TO THE COMMITTEE

Jennifer Smart

SENIOR ASSISTANT CLERK

Peter McGrath

ASSISTANT CLERK

Michelle McLean

LOCATION

Committee Room 1

Scottish Parliament

Health and Community Care Committee

Wednesday 8 May 2002

(Morning)

[THE CONVENER *opened the meeting at 09:33*]

Item in Private

The Convener (Mrs Margaret Smith): Good morning, everybody. Welcome to this morning's meeting of the Health and Community Care Committee.

I suggest that we consider in private agenda item 5, which concerns a petition from Epilepsy Action Scotland and possible courses of action arising from that. Is that agreed?

Members *indicated agreement.*

Subordinate Legislation

Food (Figs, Hazelnuts and Pistachios from Turkey) (Emergency Control) (Scotland) Regulations 2002 (SSI 2002/148)

The Convener: Item 2 on the agenda is consideration of subordinate legislation. This morning we will consider five negative instruments.

This is the reason why all of us entered politics—the first instrument for consideration is the Food (Figs, Hazelnuts and Pistachios from Turkey) (Emergency Control) (Scotland) Regulations 2002 (SSI 2002/148). No comments on the instrument have been received from members. The Subordinate Legislation Committee has received from the Food Standards Agency explanations of some issues that that committee raised regarding the regulations. No motion to annul has been lodged, so the recommendation is that the committee does not wish to make any recommendation on the instrument. Is that agreed?

Members *indicated agreement.*

Food (Peanuts from China) (Emergency Control) (Scotland) Regulations 2002 (SSI 2002/149)

The Convener: The second instrument for consideration is the Food (Peanuts from China) (Emergency Control) (Scotland) Regulations 2002 (SSI 2002/149). No comments have been received from members. The Subordinate Legislation Committee has received from the Food Standards Agency explanation of some issues that it raised regarding the regulations. No motion to annul has been lodged, so the recommendation is that the committee does not wish to make any recommendation on the instrument. Is that agreed?

Members *indicated agreement.*

National Health Service (General Medical Services and Pharmaceutical Services) (Scotland) Amendment (No 2) Regulations 2002 (SSI 2002/153)

The Convener: The third instrument for consideration is the National Health Service (General Medical Services and Pharmaceutical Services) (Scotland) Amendment (No 2) Regulations 2002 (SSI 2002/153). No comments have been received from members, and the Subordinate Legislation Committee has made no comments on the instrument. No motion to annul has been lodged, so the recommendation is that

the committee does not wish to make any recommendation on the instrument. Is that agreed?

Members *indicated agreement.*

Food (Jelly Confectionery) (Emergency Control) (Scotland) Regulations 2002 (SSI 2002/179)

The Convener: The fourth instrument for consideration is the Food (Jelly Confectionery) (Emergency Control) (Scotland) Regulations 2002 (SSI 2002/179). No comments have been received from members, and the Subordinate Legislation Committee has made no comments on the instrument. No motion to annul has been lodged, so the recommendation is that the committee does not wish to make any recommendation on the instrument. Is that agreed?

Members *indicated agreement.*

Adults with Incapacity (Ethics Committee) (Scotland) Regulations 2002 (SSI 2002/190)

The Convener: The fifth instrument for consideration is the Adults with Incapacity (Ethics Committee) (Scotland) Regulations 2002 (SSI 2002/190). No comments have been received from members, and the Subordinate Legislation Committee has made no comments on the instrument. No motion to annul has been lodged, so the recommendation is that the committee does not wish to make any recommendation on the instrument. Is that agreed?

Members *indicated agreement.*

School Meals (Scotland) Bill

The Convener: Item 2 on our agenda is consideration of the School Meals (Scotland) Bill. We are the secondary committee on the bill. Our first witness is Ian Young from the Health Education Board for Scotland. Later we will hear from Gillian Kynoch, the Scottish Executive food and health co-ordinator.

Dr Maureen Bruce (Scottish Executive Health Department): My name is Maureen Bruce and I am here to support Ian Young and Gillian Kynoch.

The Convener: We will put the same questions first to Ian Young from HEBS and then to Gillian Kynoch.

Mary Scanlon (Highlands and Islands) (Con): Do you believe that the provision of free school meals to all Scottish school children would have a measurable impact on health? If so, how great would that impact be? Are you aware of any research that has been evaluated regarding the effect of school meal provision on health outcomes?

Ian Young (Health Education Board for Scotland): Good morning, ladies and gentlemen.

I accept the basic premise that the inequities in our society are the biggest contributor to ill health and the health problems that exist in Scotland. There are significant problems with the food that our young people eat, both in and out of school. For that reason, the bill is to be welcomed.

The quality of school meals has become even more important for young people because of other changes in our society. We accept some of the fundamental premises that are set out in the policy memorandum that is attached to the bill.

Mary Scanlon asked whether there was evidence of the impact of school meals on health status. There is plenty of evidence relating to nutrition generally and its impact on young people's health in their growing years. The policy memorandum refers to that evidence, which is sound. We also know that how young people eat has an impact on their later lives, because they establish dietary behaviours for the future. As we all know, a person's eating patterns today are not unrelated to what the person ate when he or she was younger. That is something to reflect on. It is certainly true for me and I suspect that it is true for many people. The fact that you still like a piece of jam relates to your earlier upbringing and to what was available to fill you up when you were young. Young people are not unique in that respect.

The arguments relating to the stigma that is attached to free school meals are less robust. If members read the original research that is quoted,

they will find that it does not come to the conclusion that is stated in the policy memorandum. The original research paper says that stigma is an issue, but it does not suggest that stigma is the major cause of lack of uptake of free school meals. Although the research refers to parents' fears that their children might be marked out, it states that the "overwhelming" reason for poor uptake is:

"the quality of the meal offered and a lack of information about how the free meals system works."

People still do not know whether they are entitled to free school meals. The English research shows that schools have a low percentage of students taking free meals because parents do not hear through the grapevine that they are entitled to such benefits. The issue about people not receiving the information on what they are entitled to is at least as important as stigma.

Mary Scanlon: I want to stick to the health issues. The paper that you have provided us with today states that

"There is no evidence that the universal provision of free school meals will have any benefits to health".

Are you saying that such a policy would have no benefit on people's health? Will you also confirm that there is no research that has evaluated the effect of free school meals on health outcomes? I would like a clear answer to those two questions.

Ian Young: You must have quoted from Gillian Kynoch's paper, not mine.

Mary Scanlon: It is from your department.

Ian Young: No, it is not from my department. I work with HEBS.

Mary Scanlon: Do you disagree with Gillian Kynoch's statement then?

Ian Young: Sorry, will you repeat the statement?

Mary Scanlon: The statement says:

"There is no evidence that the universal provision of free school meals will have any benefit to health in addition to policies currently being pursued by the Scottish Executive."

Ian Young: The statement may be correct in that there may be no evidence. However, that does not mean that what is behind that statement is true.

Mary Scanlon: That is what I am trying to get at. Do free school meals have a measurable impact on health? Has any research been done to prove that free school meals will be beneficial to the health of children and adults? Will you give me a clear answer?

Ian Young: We do not know the answer.

Mary Scanlon: You do not know the answer?

Ian Young: No, we do not know the answer. There are many things for which we do not know the answer and for which we do not necessarily possess the absolute evidence from a study.

As I said, people are not taking up what they are entitled to. A major piece of UK research that came out 10 years ago was the report of the committee on medical aspects of food and nutrition policy—the COMA report. That report provided clear evidence that children are less likely to get a nutritious meal if they go out of school than they are if they stay within the school. We know that and can state it categorically. If there is low uptake of school meals—free or otherwise—the chances of children getting a nutritious meal are lower.

Mary Scanlon: I am not getting far with that line of questioning, so I will try another.

We all agree that a nutritional meal is beneficial to health, well-being and growth for children and adults—you mentioned a jeely piece a minute ago. Is free school meals the answer to the problem?

Ian Young: I return to the basic point: we want better nutrition for all our young people. We have evidence that suggests that the young people for whom better nutrition is most important are those who are currently entitled to free school meals. That is the case because of a complex range of things. If we want better nutrition, we need better uptake of free school meals in our schools. I defend the basic premise that we need more young people to take a nutritious school meal—free or otherwise.

Mary Scanlon: Are you saying that a free school meal would have added nutritional benefit? Are you in favour of free school meals?

Ian Young: You are asking me whether there is research that shows a clear benefit; I am saying that there is not. If, however, you were to ask me whether I believe that free school meals would benefit young people, the answer would be yes.

Mary Scanlon: You think that free school meals would benefit, but the paper we have from Gillian Kynoch says that there is no evidence that universal provision has any benefit. Is yours a personal view?

Ian Young: No. Either I am not making myself clear or you do not understand what I am saying.

Mary Scanlon: It is a bit of both, I think.

Ian Young: There are two separate issues. I have not read Gillian Kynoch's paper, but I know that it mentions evidence. I agree with her that evidence does not exist. There is plenty of associated knowledge and understanding that has not come from research studies and that shows that free schools meals for young people are more

likely to be nutritious than what they would get elsewhere, although that is not true in every case. There is evidence to support that. If young people are not getting nutritious meals, there will be effects on their health.

9:45

Mary Scanlon: We all agree that a meal in school is likely to be more nutritious than a pack of chips outside the school.

Ian Young: Right. That is what I am saying.

Mary Scanlon: However, that is not the question I am asking.

The Convener: Mr Young, I feel duty bound to say that I think that your attitude towards my committee colleague leaves a lot to be desired. I would like you to treat her with the respect that she deserves as a Parliamentarian.

Ian Young: I apologise if that is the case.

The Convener: I believe that it is the case and I am in the chair, so please take that on board.

Mary Scanlon: I am just trying to get a clear idea from you. Are you in favour of free school meals based on your knowledge and understanding rather than on scientific evidence? That is what I am trying to get at.

Ian Young: Yes, although I was not given a chance at the beginning of the meeting to say on what basis I am speaking. I thought I would have been entitled to make a short statement about that.

The Convener: You are also entitled to supply members of the committee with a supporting statement in advance. The other two sets of witnesses this morning have done that and you have not. In a way, the committee is at an immediate disadvantage because you have not given us something from which to work.

Ian Young: That was not made clear.

The Convener: If you could answer the questions that are put to you, we can move forward together.

Ian Young: It was not made clear that I was entitled to do that.

The Convener: Every other set of witnesses that we have had before us has been very clear that that is an entitlement and both previous sets of witnesses today have given us written submissions.

If you could just stick with answering the questions and stop being argumentative, that would be helpful.

Mary, have you concluded your questioning?

Mary Scanlon: I have concluded that Mr Young is in favour of universal free school meals because they are more nutritionally advantageous than what they get outside.

Ian Young: Correct.

Mary Scanlon: I have concluded that he is in favour of free school meals because more people are likely to eat those meals. Is that right?

Ian Young: Correct.

Mary Scanlon: Do you also agree that there is no evidence that the universal provision of free school meals has a benefit to health?

Ian Young: There is no clear evidence of that.

Mary Scanlon: I have finished.

The Convener: You say that there is no research to back that up. Are there any international comparisons? Do we have any evidence from some of the Scandinavian countries, for example, about the impact of free school meals?

Ian Young: Yes. The issue is complex. There is evidence from countries such as Finland and Sweden, which have high nutritional status and an excellent record in child and adult health. There is an interesting phenomenon; the Finns introduced free school meals just after the war in the late 1940s. As late as the 1970s, they still had major problems such as coronary heart disease. There is obviously a time lag. The Finns then responded more enthusiastically and whole-heartedly than any other country in Europe to the World Health Organisation's health for all targets when they came out in 1979. They turned their population's health status around from having the highest coronary heart disease figures in Europe to being well down the league table. The Finns are therefore a success story. We cannot attribute all of that to universal free school meals provision, but it is possible that it was a significant factor.

In all honesty we cannot separate the issues because they change the chain of food provision and many of the other things that colleagues such as Gillian Kynoch are currently considering.

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): You indicated in your response to Mary Scanlon that there was sound evidence concerning nutrition during children's formative years. Can you tell us more about that evidence and when it became available?

Ian Young: There is evidence from the COMA report, which came out just over 10 years ago, that a lack of certain vitamins and minerals was a particular feature in teenage girls and that that was related to where and what they ate. The fact that many of those young girls during puberty and early teenage years were eating out of school was seen

as an indicator that they were getting less of certain key minerals and vitamins. That had the effect of increasing the risk of conditions such as osteoporosis because insufficient calcium was being laid down. The policy memorandum recognises that point. The COMA research is a clear and important piece of work.

Margaret Jamieson: Was that the first time that such research was undertaken?

Ian Young: My understanding is that it was the biggest piece of research of its kind in the British isles at that time: it involved thousands of young people and was a major piece of UK work.

Margaret Jamieson: Is it true that nutritional values did not previously underpin the school meals service?

Ian Young: As some members know, the service dates back to about 1904 or 1906 when the first provision of school meals was introduced by the state as distinct from the parish. Nutritional standards were not laid down. One can read statements that said that the school meal should be hot and should be the main meal of the day, but those statements did not define specifically the vitamins, minerals, proteins, carbohydrates and fats that should be in the meal. In the 1930s, legislation was introduced in England that made more specific statements and provided guidelines, although I have never seen them. They were issued to local authorities in England and I think they were also issued in Scotland at that time.

The Education (Scotland) Act 1980 brought changes that meant that, in effect, there were no nutritional standards in England and Scotland, but there was a clear statement that food should be provided for those who were entitled to free school meals. However, nutritional standards were not set out for those meals either. We do not have a clear statement about what young people should eat in terms of total calorie consumption or intake of vitamins, minerals, fats, proteins and carbohydrates.

Margaret Jamieson: Should not your department have advised previous Governments about the risk to the nation's young people?

Ian Young: It is something in which I have had a lifelong interest. In my masters dissertation 12 years ago I examined the effect of a healthy school meals policy and I made recommendations. I was not in a position to have those recommendations taken up. I have a career commitment to the issue.

Margaret Jamieson: Did those recommendations fall on deaf ears?

Ian Young: Yes they did.

Nicola Sturgeon (Glasgow) (SNP): I am glad

that you made the point about nutritional standards because whatever view one takes of free school meals, making a meal free will not necessarily improve its nutritional quality. Laying down binding standards is important.

I would like to explore with you the relationship between making school meals free and their uptake. The strong attraction to the bill comes from the view that it would improve the uptake of free school meals. However, uptake of free meals among children who qualify for them is still exceptionally low. One reason for that may be to do with the stigma, although some local authorities have introduced measures to deal with that. Will making school meals free universally, by itself, increase the uptake? Will more measures be required, whether or not the meals are free? If so, what would those measures be?

Ian Young: Nobody knows what the exact percentage increase in uptake would be if the bill were passed. However, I am confident that there would be an increase. About 19 per cent or 20 per cent of young people are entitled to free school meals and about 16 per cent take that up. There is therefore a shortfall of 3 per cent or 4 per cent among the overall total of young people, but that equates to a shortfall of about 20 per cent among those who are entitled to free school meals. Nobody can be certain by how much that gap will narrow. However, by making meals free for everybody, we can be confident that uptake would increase.

You asked whether we could do other things and the answer is yes. We must set down clear nutritional standards, but that will be difficult. At the moment, a free choice is offered in much of our school meals provision. There is often a set meal, but young people can usually choose from among all sorts of things. They can choose different combinations so—to take an extreme example—they might choose chips and cheese. We would have to do something about that if we wanted to guarantee certain nutritional standards. As well as measures to increase uptake, we need regulation of choices and we need a clear statement of nutritional guidelines.

Nicola Sturgeon: You appear to be saying that, because more people would be entitled to free school meals, uptake would inevitably increase, but that that would not necessarily happen among the group that, arguably, needs free nutritional school meals the most. What must be done to ensure that kids from the poorest and most deprived backgrounds get a free school meal every day? That is the crucial question.

Ian Young: Research in England is mentioned in the policy memorandum. I have circled a paragraph from that research that says:

"Whilst this may be true for some parents who feel that their child will be marked out as different at school, for many the overwhelming reasons relate to the quality of the meal offered and a lack of information about how the free meals system works."

I interpret that to mean two things: first, we need better information about what people are entitled to; and secondly, we need to improve the quality of the meals and to provide information on how we have done that. That is what the research in England concluded.

Bill Butler (Glasgow Annesland) (Lab): You and Nicola Sturgeon have spoken about nutritional standards. Everyone would agree that acceptable nutritional standards are important. If there were universal provision of free school meals, would it be possible or practical to monitor schools to ensure that they comply with acceptable nutritional standards? Is the Executive doing anything about that?

Ian Young: We will have to set up a fairly sophisticated monitoring procedure. I do not have first-hand knowledge, but I understand that in England no clear or rigorous monitoring system has been set up for nutritional standards. That is my understanding from speaking to colleagues in England; it is second-hand information.

It would be important to put in place a system to examine closely what happens in schools. The system would examine uptake of free meals and whether meals comply with the appropriate standard. I work in the health service, so I can make suggestions, but the issue is for the education sector. Such a system would have to take account of the needs of the education sector and the ways in which it works.

10:00

It is possible that HM Inspectorate of Education could extend its role. At the moment, HM inspectors do more than simply inspect learning and teaching in the classroom; they consider the total life of schools. I am sure that everyone around the table believes that free school meals is a key issue. It would be a logical development for HMIs to monitor the quality of food that is served and the uptake of the free meals. That is one possible system. Perhaps we would have to augment the inspection service with other specialists. It could be argued that although many inspectors might have the necessary technical expertise and knowledge of dietary and nutritional matters, others might not. Special provision to augment the existing service might be required.

Dorothy-Grace Elder (Glasgow) (Ind): Before I move on to the cost factor, I will take up the point that you made that children get worse food by going outside school. Many people would agree with that point. Do you agree that, nowadays,

worse food is imposed inside schools through vending machines that sell sugary drinks and sweets, which means that children's mouths are bathed in sugar all day—a sort of "Coca-Cola high" syndrome? Unfortunately, that syndrome has come to Scotland and to some of the poorest parts of Glasgow. I have never heard HEBS speak out against that syndrome, although it is made out that all school dinners are simply terrible when not all of them are. Schools make money from vending machines. What is HEBS's view on allowing that to continue?

Ian Young: I have spoken out on that issue. I was mentioned in a leader in *The Glaswegian* newspaper—which was of interest to me as a Glaswegian—when I commented on what was happening in the fuel zones in Glasgow. HEBS withdrew the healthy choices award scheme—which we run jointly with the Scottish Consumer Council—where we saw sponsorship that had a negative effect on health choices. We closed the scheme and did not give the award in authorities where there was sponsorship. At a national conference that the previous Minister for Health and Community Care attended, I made a case against sponsorship.

Dorothy-Grace Elder: Are you against children being fed all day on sweets courtesy of the school?

Ian Young: Absolutely.

Dorothy-Grace Elder: That is worse than children going outside for food, because the school approves it and makes money from it. Are you against that?

Ian Young: Yes.

Dorothy-Grace Elder: I want to move on to the cost factor. Do you think that any positive improvement in children's health from the bill will be proportional to the amount that it will cost to implement it? In other words, will the bill involve the most effective use of money? Will the bill help breakfast clubs or damage them in any way?

Ian Young: I will start with your second question. The breakfast club concept is a good one because we should not consider one meal in isolation. We must consider what young people eat over 24 hours and over the week, because we all know that our own pattern can vary and that what we eat over a time is more important than one meal.

The breakfast club development is interesting. The Scottish community diet project has undertaken research that shows that breakfast clubs that provide a good social service and are genuine clubs where other events happen are the most sustainable and effective ways of providing at least some early calorie intake for young

people, so that they do not sit in school with empty stomachs. The breakfast club development is important, but it varies throughout Scotland.

Dorothy-Grace Elder: Could that be disadvantaged by the bill, which concentrates on the main meal of the day?

Ian Young: That is a difficult question. It is a matter of balance. I have spoken to young people in schools about the range of what they do and what they eat, and we cannot get away from the fact that what they eat over 24 hours is more important than one meal. There is another way of considering that. If some of those young people do not receive a substantial meal at any time, the school meal becomes crucial. The issue can be considered in two ways and is complex.

Dorothy-Grace Elder: You referred to bread and jam. I think that many children do not have even that during the school day. Are free school meals an effective use of money for children's health, their educational well-being, their alertness and generally preparing them for life?

Ian Young: The evidence on young people's alertness and efficiency—their ability to perform and to get the best out of their education—is surprisingly scanty. That does not mean that it is unimportant. Any teacher, anyone who has worked with young people or any parent will say that the issue is important and that what young people eat affects their concentration and blood sugar levels.

Dorothy-Grace Elder: So the answer is yes.

Do you agree that the issue is not only that children do not want a school dinner, but that children with the blue ticket—or whatever system is used—are at the back of the queue, which is exceedingly long? Stigma operates in a practical way, too. That queue may be the longest and those children may give up.

The Convener: Janis Hughes will expand on the stigma issue. I want an answer to the crux of Dorothy-Grace Elder's question. Will any positive improvement in health be proportional to the amount that it will cost to implement the bill? Could we use £170 million for other children's health initiatives that would have more impact proportionally?

Ian Young: That returns us to Gillian Kynoch's statement, which was quoted at the beginning of the meeting. I would love to say that we had clear evidence for a concrete answer to that question, but we do not. We do not have the information to compute the calculation to quantify an answer.

Perhaps I should not go through them again, but we know the basic points about the benefits to young people's health and well-being. How do we quantify that in terms of human life? I am not a

health economist, so I will not try to do that. We know the benefits to young people and their performance during the school day and we know that patterns are being laid for later life. We can say all that confidently, but I cannot quantify it. I think that Gillian Kynoch would have led up to that point, too. I do not doubt that she will speak for herself later.

Tommy Sheridan (Glasgow) (SSP): You speak for the Health Education Board for Scotland, so I will ask about research and medical back-up. Does any research evidence show that children who eat nutritious food more regularly than other children are healthier?

Ian Young: Yes. Absolutely.

Tommy Sheridan: So you do not think that it is an enormously dishonest leap of the imagination to argue that, if free, nutritious, healthy meals were available and children ate them more regularly, the health of those children would improve. You have suggested that uptake would increase if school meals were available free to all children.

Ian Young: That is not an enormous leap of the imagination. The difficulty is in quantifying the improvement.

Tommy Sheridan: I appreciate that it is very difficult to quantify it. I am concerned by the statement in Gillian Kynoch's submission—which you were accused of writing—that the universal free provision of school meals would have no benefits. Do you think that that is a rather sweeping statement to make?

Ian Young: The submission says that there is no evidence of benefit. It does not say that there may not be such benefit.

Tommy Sheridan: I want to press you on that. I asked you whether there was any research evidence to support the argument that improving the nutritional content of the food that a child receives regularly improves their health, and you replied that there was. You were asked whether the uptake of school meals would increase if they were available free to all children, and you said that it would. The logic of those answers is that, if school meals were free, more children would eat more healthily. Do you conclude from that that the universal provision of free school meals would be a health benefit for children?

Ian Young: Yes. The difficulty is in quantifying the health benefit for those concerned. We do not know what the increase in the uptake of free school meals and of school meals generally would be. A leap of faith would be required.

Tommy Sheridan: The policy memorandum does not argue that health would improve by a specified amount. It simply states that the introduction of free schools meals for all children

could lead to an improvement in health. I would like you to confirm that educated and informed opinion in the health community regards that statement as supportable. You seem to be saying that, as an individual, you support the claim that the memorandum makes.

Ian Young: The claim is supportable. However, we need to consider whether universal provision of free school meals is the best value for money.

Tommy Sheridan: I will come on to that. The former Minister for Education, Europe and External Affairs, now the First Minister, suggested that the cost of implementing the bill would be £174 million per annum. Is it your position that there are tangible health benefits to be had from the bill but that you cannot quantify those benefits or say whether spending the £174 million per annum that is required would later produce equivalent savings in health spending on diabetes, coronary heart disease and various cancers? The supporters of the bill argue that the problem that we face is now so large that a radical response is needed. We think that the universal provision of free school meals would be a good radical response. Is there evidence that it could lead to a radical improvement in the health of our children?

Ian Young: Improvements in dental and oral health are easier to quantify than savings on dealing with complex conditions such as coronary heart disease. Consider how much we have to spend on correcting dental problems through fillings, extractions and so on. Those problems are caused by high sugar consumption in early life. With improved diet, significant amounts of money could be saved on dental treatment and people would have a better quality of life and reduced pain, through having a healthy mouth. What price do we put on quality of life? Attempts have been made in the health literature to do that, but it is a complex and difficult question. The universal provision of free school meals would have benefits, but it is tricky to quantify those against the expenditure that would be required.

The Convener: As always, points have been made that other members would like to pursue. Because I would like to finish this evidence-taking session in the next three or four minutes, I ask Ian Young to deal with the final three questions from John McAllion, Margaret Jamieson and Mary Scanlon together.

Mr John McAllion (Dundee East) (Lab): I declare an interest as co-sponsor of the bill.

You mentioned the importance of the choice and quality of food on offer to youngsters. Do you accept that under the present means-tested system quality and choice are limited for those in receipt of free school meals, because they have only a set allowance, unlike other children, who

have access to a wider variety of meals?

10:15

Ian Young: Yes. There is a restriction, but it works both ways. In the only complaint that I have heard, the discrimination was not to do with different coloured tickets. Such discrimination does not happen in schools any more—if there are examples of that, we should do something about it, but as far as I know it is not happening. If such discrimination is happening in this day and age, it is a scandal.

A director of education told me recently—I am not suggesting that this is hard evidence, but it is an interesting point—that the only complaint that he had received about school meals was from a young person on free school meals who felt that she was discriminated against because, unlike the other children, she was not allowed Coca-Cola.

Mr McAllion: She could not get any drink with her meal. That is the point—she could not even get water if she wanted it.

Ian Young: There are some people who are not getting good quality water, but that is another issue that we will have to deal with when the European directive comes in. You are right to say that there is restriction on choice.

Mr McAllion: Just one final point—

The Convener: No. I am sorry John, but I will have to stop you, because three other members want to ask questions.

Margaret Jamieson: How can you think that providing free school meals over 38 weeks will have an impact on the health of young people? What will you do about the remaining weeks of the year, when they are not at school? Bursts of nutrition—good, hot food—followed by periods without can have an adverse effect on children's bowels and so on. How will you ensure a steady input into young life?

The Convener: Perhaps Ian Young can hold fire on that question until Mary Scanlon has asked her question.

Mary Scanlon: I want to quote from two submissions that we received. The submission from Angus Council said:

"The provision of free school meals for all pupils ... would have the capacity to result in a monolithic national facility completely unresponsive to the wishes or aspirations of pupils or parents."

That alludes to the allegation that the bill is counterproductive and would have the opposite effect from that intended.

Surprisingly, we also heard from Glasgow City Council that

"Across society, there exists a principle that when something is permanently free, it has the effect of being devalued. ... The Bill risks devaluing a vital service on a national scale."

Could you respond to those two quotes?

The Convener: Could you answer Margaret Jamieson's question, too?

Ian Young: On the last question, we live in a different society from the one in which many of us were brought up, where to get something cheaper or free was considered a great bonus—whether it was broken wafers from the ice cream van or whatever. Society is different now and image is top of the list for many young people.

Recently, I visited a school that sold only two pieces of fruit—one of which went to a teacher—but 16 portions of fruit salad, which was more expensive, but nicely laid out. Image is an issue, as is undervaluing things that are provided for free. However, one could argue that if provision were universal, that problem might be overcome. If free meals became the norm, image would be less important. I presume that that is what has been achieved in Sweden and Finland. None of us can be too certain about how it would work out—whether meals would be undervalued because they were free or whether they would be accepted because they were the norm. I do not have a clear view on that and I do not think that any of us could be confident either way on the matter.

What was the other point?

Mary Scanlon: The other point was about Angus Council, which said that provision of meals would lead to

"a monolithic national facility completely unresponsive to the wishes or aspirations of pupils or parents."

That seems to be counterproductive to improving nutritional content.

Ian Young: I am not in the business of having a bash at councils; I work with all the councils. Angus Council's view is valid from its perspective but, from my perspective, the statement seems a bit extreme and dogmatic.

The Convener: Could you answer Margaret Jamieson's question about the 38 weeks?

Ian Young: There is a body of evidence that suggests that if we build up the nutritional status of meals over a period, certain things will be improved. If children have nutritional meals for 38 weeks, that is a lot better than their not having such meals at all. As the nutritional status is built up, there will be 101 benefits, such as resistance to infection. Nutrition is an issue in our society. If we get school meal provision right but do not get right other issues of food provision or create a food-promoting environment, we will have

completed only part of the picture. On balance, we want to get school meal provision right and build out from there to improve nutritional status. There will be benefits from the provision of nutritional school meals.

The Convener: Thank you. The clerks assure me that we have asked for a written statement. If there is anything that you want to cover that has not been covered in the questioning, feel free to write to us to supplement your evidence.

Our next witness is Gillian Kynoch, who is the food and health co-ordinator for the Scottish Executive. I welcome her to the committee. She has provided a written submission. I ask her to introduce herself and to make a short statement, after which we will move to questions.

Gillian Kynoch (Scottish Executive Health Department): I am the Scottish food and health co-ordinator, which means that I am employed by the Scottish Executive health department to advise the Minister for Health and Community Care on implementing food policy.

Mary Scanlon: Do you believe that the provision of free school meals to all schoolchildren will have a measurable impact on health? If so, what will the extent of that impact be? Will you outline any research that has evaluated the effect of school meal provision on health outcomes?

Gillian Kynoch: The provision of good school meals would have a big effect on the health of Scottish children. We must consider the role that school meals can have in improving health. There are three core but interrelated functions. In Scotland, it is evident that there is a group of vulnerable children who have stunted growth and who are disadvantaged through poor nutrition. There is quite a large difference in height across the socioeconomic groups. It is important to understand why school meals were introduced: to protect and provide with food vulnerable children who might otherwise not get adequate nutrition.

Another role of school meals is to set nutrition habits, which is equally important for a larger number of children. I believe firmly that nutrition education is lived through daily experience, although it can be backed up in the classroom. The effect of the experience of food in schools should be to encourage healthy eating choices in Scottish children. It is not playing that role as well as it should. School meals should set healthy eating habits throughout Scotland.

School meals also have great potential to put into children's diets foods that are not present, or not present in adequate quantities. I refer specifically to fruit and vegetables. We know that there are problems with teenage children's iron, calcium and folic acid intake. It is important that school meals encourage good eating habits and

provide the nutrients that children require.

School meals should back up what is happening in the classroom. A great deal is being done in the curriculum to support healthy eating habits through life. The whole school day is covered, through breakfast clubs, healthy tuck shops and after-school clubs. Over the past five or six years, it has become evident that school meals are the weakest link in that whole-school-day approach.

For the three reasons that I have outlined, sorting out school meals is a high priority of the Scottish Executive.

Janis Hughes (Glasgow Rutherglen) (Lab): You mentioned breakfast clubs, which we discussed with the previous witness. The bill refers to provision of a nutritious meal in the middle of the day. However, you spoke just about providing a nutritious meal. I am interested in the role that breakfast clubs are playing in community schools in the Glasgow City Council area. That initiative is now to be extended to every school in the authority. There is evidence that provision of a nutritious breakfast has an impact on attendance rates and attainment levels. Would it be better for authorities to fund breakfast club initiatives than for them to fund school meals at lunch time?

Gillian Kynoch: Because of the sheer number of children who take school lunches, we should concentrate on getting school meals provision right. Given that just under 50 per cent of Scottish children eat lunch at school, getting that cornerstone right should be our absolute priority. Breakfast provision is an important supplement to provision of school lunches, but it should never replace that. We do not want to transfer a family meal to a more institutional setting. It is important for children to eat meals with their families as well as at school.

We must ensure that breakfast clubs are available to children who are hungry and to whom they offer a valuable service. We should be able to provide breakfast to children who are very reliant on school lunches. However, breakfast clubs do not make it less important to get school lunches right.

Janis Hughes: Because of funding constraints, some authorities may not be able to provide breakfast clubs if they have to provide free school lunches. There is evidence that breakfast clubs work and that uptake is high. As we have heard, there is no concrete evidence that universal provision of free school meals would lead to a large increase in uptake. That would require a leap of faith. We can provide free meals and make them nutritious, but children will not necessarily eat them. At the moment, uptake of school meals generally is not high. Is it better to give children the option of breakfast, which they are likely to

take up, than to make provision for free school meals that large numbers of children may not take up?

Gillian Kynoch: You are asking me to speculate about what would happen if the School Meals (Scotland) Bill were passed. How universal provision of free school meals would impact on services at other times of day is one of the great unknowns.

Mary Scanlon: We are all agreed on the importance of the nutritional content of school meals, but I am looking for a clear line on whether free school meals will impact on health outcomes. Point 1 of the Scottish Executive submission says:

"There is no evidence that the universal provision of free school meals will have any benefit to health".

Angus Council says:

"The provision of free school meals for all pupils ... would have the capacity to result in a monolithic national facility completely unresponsive to the wishes or aspirations of pupils or parents."

Glasgow City Council says:

"Across society, there exists a principle that when something is permanently free, it has the effect of being devalued. ... The Bill risks devaluing a vital service on a national scale."

You are a member of the expert group. Can you tell us whether the group is considering free school meal provision, nutritional diet action plans and so on? Are you also taking into account the eating for health diet action plan—

Gillian Kynoch: That is rather a lot to remember.

10:30

Mary Scanlon: Will you comment on the two quotes from the councils, which are not too helpful in the light of your statement that there is no evidence of a health benefit? Will you also comment on the work of the expert group?

Gillian Kynoch: I want to make it clear that there is a great deal of evidence that improving the quality of school meals will impact on children's health. It is important that we improve the provision of school meals. The statement in our submission says that we do not know what the extra dimension of universal provision of free meals will add to health benefits on top of the work that we have in hand. We have a solid package of work in hand to improve school meals.

The arena is complicated and there is no quick fix. We are trying to take a broad sweep. We are not just interested in nutritional quality, although that is important. This is about more than just the food on the plate. We must take the children with us and build a service that they will value and in

which they will participate.

It is also important that there are no disincentives for children who are entitled to free school meals to participate fully in the uptake of the service. School meals have a huge health potential, but that is not yet fully exploited. We have a package in hand to do all that we can to realise that potential. What we do not know, because it has never been done in Scotland before, is what benefits improving the system—as we fully intend to do—and then taking the additional step of making meals free to everyone will add.

Nicola Sturgeon: The point that Janis Hughes made is the crux of the matter. No one disagrees that if kids eat more nutritious meals, more regularly, they will be healthier. The question is whether making school meals free universally will result in more kids eating more nutritious meals, more regularly. That is the case of which I must be persuaded. If school meals are free for all, are children who already qualify for free school meals more likely to take up their entitlement? Will the bill make kids from richer backgrounds, who are given money to spend as they wish, more likely to opt for school meals, rather than using their purchasing power to buy food elsewhere? I understand that we are asking you to hypothesise, but those questions are crucial in determining whether the bill will have the desired effect.

If there is no research, is there work that could be done to try to ascertain whether the bill will have the desired effect? The desired effect of the bill is excellent and I am sure that we would all support it.

Gillian Kynoch: The desired outcome of the bill is something that the minister supports. The only point on which the Executive's aspirations and what the bill wants to achieve differ is the question of universal provision.

Nicola Sturgeon: That difference does not seem to be based on evidence. The Executive and the minister have simply taken the view that the bill will not have the desired effect. They may be right—I do not know—but I would like to have something more concrete than the minister's view to go on.

Gillian Kynoch: One could say that the bill has come too soon. That is what the weight of evidence suggests. We intend to put in place a package of policy measures aimed at improving school meals and at achieving the outcomes that we all seek. How does the committee know that those measures will not work? From the evidence, we believe that they will. Our approach is based on current practice. We are examining what works. Across Scotland, there are many examples of good practice in the current system. Local

authorities are investing in dining halls, kitchens and staff training. They are involving pupils and parents in school nutrition action groups and involving children in the redesign of school meals services. From the current pockets of good practice, we know that we can bring about a large increase in the uptake of school meals and a very high uptake of free school meals. We know that we can provide services that are valued by parents, pupils and teachers. We now seek to roll out that good practice throughout Scotland.

Shona Robison (North-East Scotland) (SNP):

The key issue is evidence. Are you saying that you have produced evidence that you can, by a different route, achieve the same results that universal provision of free school meals would achieve?

Gillian Kynoch: Because we do not know what impact universal provision of free school meals would have, I cannot say that our approach would achieve the same outcomes.

Shona Robison: However, you are saying that you know absolutely what impact the package of measures that you have described would have.

Gillian Kynoch: I am saying that I have seen good practice and achievement. I have seen local authorities investing and achieving results by working in partnership with schools, parents and pupils. In that way, they have brought about great improvements in school meals. The expert panel is capturing that good practice. We seek to understand better what makes the system work, so that we can deliver best practice to all children in Scotland.

Shona Robison: So you are not saying that the Executive has disproved that universal provision of free school meals would be beneficial. You are saying that you do not have the evidence one way or the other and that you would prefer to take a different route.

Gillian Kynoch: Yes.

Dorothy-Grace Elder: You and the Executive will agree that we are faced with a massive problem. The Child Poverty Action Group and others have stated that, officially, more than 300,000 Scots children live in poverty. Many more live on the margins of poverty. You have outlined many useful measures that the Executive is taking, but are you in danger of skirting round the issue and failing to tackle it at its core, as could be done by making universal provision for free school meals? Do you take on board the fact that it can cost a family that is on the margins of poverty and which does not quite qualify for free school meals about £25 a week to fund school meals for three children? Have you ever considered experimenting on a short-term basis—perhaps only for six months—with universal provision of

free school meals, to see whether that would work? Such an experiment could be run in an area such as Glasgow, which has one of the highest child poverty rates in western Europe.

Gillian Kynoch: As food and health adviser to the Scottish Executive health department, I will not give evidence on increasing benefit entitlement. That is not my area of expertise. I know that parts of the Executive with policy leads in social justice and welfare entitlement are examining the issue that Dorothy-Grace Elder raises, but I am not aware that the Minister for Health and Community Care has made a policy decision on it.

The member asked whether we had experimented with universal provision of free school meals. We have been engaged actively not in experiments, but in projects to improve the quality and uptake of school meals.

Dorothy-Grace Elder: I appreciate that. It is excellent work, but it does not tackle the massive core issue. We are talking not about a few hundred children, but about 300,000 or more children who live in poverty.

Gillian Kynoch: That is why we are setting national standards for school meals, so that we impact on all children.

Dorothy-Grace Elder: But England is well ahead of us on that—it has been looking after child nutrition much better in schools for many years. Why are we behind when so much good work has been done with no real results?

Gillian Kynoch: I do not agree that a lot of work has been done south of the border. We are looking to improve on the work that has been done.

Dorothy-Grace Elder: England has nutritional guidelines.

Gillian Kynoch: England has had food-based standards for school meals for a year and a half. It is well recognised that those are not monitored and that they have not delivered an improvement in the provision of school meals. What is important about the work on which we have embarked in Scotland is that we have strong nutrient standards and a robust system of monitoring. That means that we can measure improvements in the service. We are not about setting token national standards in Scotland.

Bill Butler: We all agree that nutritious meals are important. If the bill were enacted, would it be possible or practical to monitor schools to ensure that they complied with acceptable nutritional standards and if so, how?

Gillian Kynoch: Whether we get the added element of universal provision of free school meals or not, the bill provides that food must be

nutritious. I consider that my major task, which is to set nutritional standards for Scotland, would be achieved and that those standards would be monitored. The process would be the same either way. We are building in a strong monitoring system at various levels to check whether schools are delivering on the standards.

In addition to getting the nutrient standards right, it is important that we provide a quality food service, which children appreciate and in which they participate. I spent the early part of last year on a study tour investigating the provision of school meals in the United States. I examined the provision of free school meals in the state school system in the southern states of America. They had nutrient standards, which they were monitoring against, but the provision of school meals was very poor. They often hit their nutrient standards by providing functional foods. The attitude to the school meals service was: "It is free so take it or leave it." There was poor environmental provision—the dining halls and the food variety were poor.

The school meals services provided little incentive to work with young people as valued customers. The attitude was very much: "Here is your free jelly and peanut butter sandwich—take it or leave it." The schools often hit their nutrient targets by adding in extra minerals or vitamins, but it was not the quality of school meals service that I would want for Scotland.

Bill Butler: So we would not have to augment the monitoring system if the bill were enacted, as the previous witness suggested? Would the monitoring system and all its components be able to monitor nutrition regardless of whether the bill was passed?

Gillian Kynoch: The expert panel is taking advice on the monitoring system at the moment. It is one of the topics for the next meeting and I would not like to pre-empt that discussion.

Bill Butler: What areas will the expert group be discussing?

Gillian Kynoch: We will need to monitor not only whether nutritional standards are met, but whether that is done in the context of an increased uptake of school meals. There is no point in having healthy dinners if no one eats them. We must monitor presentation, environment, uptake, popularity, choice, variety and so on.

Bill Butler: Do we have sufficient resources to monitor all that, once we have decided which areas we want to monitor?

Gillian Kynoch: Yes. There is no point in having standards of any sort if they are not monitored.

Bill Butler: Of course. I am just saying that

there is no need to augment the process because we have the resources in place to monitor the areas.

Gillian Kynoch: No. The panel will be advising the minister on the level of monitoring.

The Convener: It will require further funding.

Gillian Kynoch: There is no monitoring system in place for national standards at the moment because we do not have national standards.

The Convener: So that would require more money.

Gillian Kynoch: The panel is taking advice. I am sure that the committee will consult representatives of the panel, but we have to come up with a fully costed implementation plan and a fully costed monitoring plan. That will be done by the end of May.

10:45

Mr McAllion: You mentioned the importance of the system containing no disincentives to children to have a school meal. Do you not accept that, for the working poor and for those on very low incomes who do not receive income support or jobseekers allowance, the cost of a school meal is a disincentive that prevents children from getting a school meal? Equally, even for those who are on income support or who do receive jobseekers allowance, do you accept that, even with card systems, the present means-tested system and the cash limit on the amount that is free set people apart, create a stigma and act as a disincentive, at least to some people?

Gillian Kynoch: There is always a grey area, and a number of people who are just outside the threshold of entitlement. For some families, the current cost of a school meal may be a disincentive.

Mr McAllion: Universal free school meals would specifically tackle such disincentives.

Gillian Kynoch: What we do not know is the impact on the uptake of meals that universal free provision—

Mr McAllion: There would not be a cost disincentive if there were universal free school meals.

Gillian Kynoch: What I was saying was—

Mr McAllion: Do you not agree with that?

Gillian Kynoch: We know that what influences whether children go for school meals—whether they are entitled to free meals or not—is largely their peer group. I have talked about this to a lot of children and they, their parents and their teachers continually reinforce the idea that children's eating

habits are largely determined by what their friends are doing. There is a pattern: in first year, pupils tend to eat school meals; in second year, they eat fewer school meals; in third year, they all go down the town; and in fifth or sixth year, if they stay on, they come back to having school meals. The desire to eat with friends and follow what friends are doing, as well as the perception of the value for money and the quality provided by the school meal service, are what drive young people's habits and—

Mr McAllion: Can I be clear? Are you saying that there may be a cost disincentive but that it does not affect uptake at all?

Gillian Kynoch: I do not know.

Mr McAllion: Do you think that there is a cost disincentive for some families to participate—

Gillian Kynoch: I have certainly worked with families who found paying for school meals hard—yes.

Mr McAllion: Do you accept that a universal free school meal would get rid of that cost disincentive, if nothing else?

Gillian Kynoch: I think that there—

Mr McAllion: That seems logical, does it not?

Gillian Kynoch: It is not an all-or-nothing thing. We may need to consider the level of benefit provision—

Mr McAllion: Well, either there is a cost disincentive or there is not. If school meals are free, there is no cost disincentive. Do you not agree?

Gillian Kynoch: Yes, that makes logical sense—

Mr McAllion: Thank you very much.

Gillian Kynoch: But that is not the only way.

The Convener: You have talked about what you found in America. What other international comparisons of nutritional standards have you made? We have heard that some Scandinavian countries have offered free school meals. What was the impact on uptake there? Our earlier discussion touched on the possible impact on health. It is perhaps difficult to isolate the impact, because we know, for example, that the Finns were doing lots of other things, such as encouraging people to eat berries. Do we have any evidence of the impact of a shift to free provision in other countries?

Gillian Kynoch: I do not have that information. I have not been out to look at the Finnish system but you may well be able to get that information from other experts you will be talking to. I have anecdotal evidence from a party that went out

recently on a Scottish community diet project. They looked at the provision of school meals and were not impressed at all. However, I have not seen a written report.

The Convener: The cost of the bill's proposals is estimated at £170 million. Can you give us ballpark figures for the cost of the work on nutritional standards and for the work that you have in hand?

Gillian Kynoch: No, you are a couple of weeks too early. The panel will report at the end of May.

The Convener: Do you believe that the likely improvement in health will be proportionate to the cost of implementing the bill, or do you feel that it will be disproportionate and that the money could be better spent elsewhere?

Gillian Kynoch: There is no doubt that to improve school meal provision in the way that has been discussed this morning will take an increased level of investment.

Tommy Sheridan: Gillian, I am pleased at the way in which you have focused on school meals. The priority you have accorded school meals is laudable.

I want to ask about the expert group. The number of children in Scotland who live in low-income households but who are excluded from entitlement to free meals is estimated at between 80,000 and 100,000. Even if you improve the standard of school meals available, do you accept that you will not improve the entitlement of children who come from low-income families and who struggle to pay for school meals?

Gillian Kynoch: Are you saying that the work of the panel will not increase entitlement?

Tommy Sheridan: Yes.

Gillian Kynoch: The expert panel is not considering entitlement.

Tommy Sheridan: I wanted that to be clarified, as there was confusion over the expert group's publicity about improving school meal take-up, including free school meal take-up. As a supporter of the bill, I worry that we are missing out those 100,000 poor children who come from low-income families but who are excluded from free school meals. The expert group is not addressing that concern.

Gillian Kynoch: Within the task that I have been given, my major priority is to provide a school meals service that serves Scottish children as best we can. The task ahead of the expert panel is to provide a service that offers value for money and good food—a service that children and parents will value. We must ensure that the current service has no disincentives. However, extending entitlement is outwith the remit of the

expert panel.

Tommy Sheridan: In response to John McAllion, you accepted that there was currently a cost disincentive. If you improve the standard of food, is that not likely to impact on the cost?

Gillian Kynoch: In my work across central Scotland, we were able to bring about large improvements without increasing the cost. There was a big capital expenditure in bringing services up to standard, but the on-going cost of providing healthier food was not a problem in our experience. We were able to keep food costs the same, but the service costs were high.

Tommy Sheridan: My final point relates to the importance that you have put on school meals as a vital contribution to children's health. Earlier, the representative of the Health Education Board for Scotland said that he confidently believed that, if school meals were universally free, uptake would increase. He could not quantify that, but he confidently believed it. Without quantifying your answer, do you similarly believe that, if school meals were made healthy and free, uptake would increase?

Gillian Kynoch: No, I do not, Tommy, and it is my biggest worry. I cannot feel confident about that. I cannot look ahead to a school meals service that is universally free and predict its impact from the evidence that I have, given that we have never tried such a system and that there have been no pilots. My concern is that the service would split and polarise. If the service were universally free, middle-class families might opt out and we would have an increased number of middle-class pupils taking packed lunches, as they largely do now. Because the service did not have to compete and to provide value, the level of service might decline, so we would end up with a poor provision of service—

Tommy Sheridan: I am sorry to interrupt you, but you have already accepted that we need strict nutritional standards. How could the service decline if we impose strict nutritional standards? You seem to be doing yourself out of a job.

Gillian Kynoch: There is a difference between the nutrient standard and providing a quality service. We can hit the nutrient standards by just providing someone with a vitamin pill. We must provide a quality, valued school meals service.

Tommy Sheridan: Do you think that you would not be able to provide that if school meals were free, as is the case in Sweden and Finland? You gave the bad example of America. There are healthy examples from Sweden and Finland. Those examples show clearly that the promotion of healthy food at school age is a contributory factor to public health. Do you not think that it would help?

Gillian Kynoch: I have confidence that we can build a good school meals service, given the expert panel's remit and the tasks that are ahead of it. My concern is that taking the extra step of making the service universally free would not necessarily impact well on the provision of the service. I would need to be shown that it would.

Margaret Jamieson: Just how joined up is the approach to ensuring that appropriate nutritional standards are met? What is envisaged for the future for health improvement and the programmes to which each NHS board has to sign up?

Dr Bruce: The strategy is joined up. The background to improving the diet of Scotland is "Eating for Health: a Diet Action Plan for Scotland", which is the strategic framework to which we are working. The work on school meals is part of that. The policy is fairly holistic, so it should be joined up. We are also joined up in other directions. The work that we are doing in nutrition in schools is part of a joint initiative with the Minister for Health and Community Care, the Minister for Social Justice and the Minister for Education and Young People to ensure that the right strands of policy come together.

Margaret Jamieson: How is that evaluated? We will take evidence on the budget from the Minister for Health and Community Care this morning. One of the areas in which the committee is interested is how NHS boards are answerable to the minister and the public. How do you measure what is happening in the school meals service?

Dr Bruce: I must excuse myself by saying that that question is outside my remit. I look after health education and diet policy. However, I know that colleagues of mine—

Margaret Jamieson: You are from the health improvement strategy division.

Dr Bruce: I am the head of the branch that looks after health education and diet policy. Colleagues within the health improvement strategy division are working with the NHS on performance assessment. They are examining closely and discussing with colleagues and experts how we assess performance in terms of health improvement. How do we assess something that happens in childhood and impacts on a person's health as an adult or in old age? Those challenging questions are being worked on. I am sure that the minister will give you the benefit of his advice.

Margaret Jamieson: Is that not currently part of the performance assessment tool?

Dr Bruce: I am not placed to give you correct evidence on that. I am sorry.

Margaret Jamieson: We will check it out.

Shona Robison: I take issue with something that Gillian Kynoch said. You seemed to imply—correct me if I am wrong—that only competition would maintain the standards of school meals and that a free service would somehow be devalued in the public mind. You cited middle-class parents not taking up free school meals because they would perceive them as being of low quality. Is that what you were saying?

Gillian Kynoch: That is a danger.

Shona Robison: Does that not raise the same question about any universal service, such as the NHS, which is free at the point of delivery? Are you saying that people do not value that service because it is free? I cannot see the logic in your argument.

Gillian Kynoch: I want to step back and focus on the catering provision in schools. It is a challenge to provide such a service in schools. In the case of large secondary schools, where the pupils are mobile, the school catering service has to compete with the high street and with the other food choices that children make. Across much of Scotland and especially in secondary schools, the catering service has lost its client base because of that competition—in effect, the kids have walked. Regardless of whether the children are entitled to free provision of food or whether they have to pay, they have chosen to go down the street.

Some school meals services have taken on board the competition and have worked to provide a quality service that will win back their customers. They have had to do that because they have had to compete. They have had to make their service, the environment in which it is served and the food that they have on offer every bit as attractive and as value for money as the food that the kids can get elsewhere.

Children are not going to stop becoming modern consumers just because we provide universal free school meals. They live in an environment in which school is only one influence. They will look at the food provision in school, regardless of whether it is free, and ask whether it is quality food that they want to partake of as a young person. The school meals service has to deliver food provision in that environment. We cannot influence children's nutrition if they are all down the town.

11:00

Shona Robison: It is possible to turn around that argument and say that, if the market forces argument that schools have to compete is to be applied, schools should sell burgers and chips and no nutritional standards would apply. If the baseline is that school meals services have to compete with the high street, how is the Executive to drive up nutritional standards? Surely it will be

all burgers and chips if school meals services have to compete in that way.

Gillian Kynoch: Luckily, children are more discerning than that. I could take committee members to secondary schools—such as one that I visited last week in Dundee—where the school meals service has competed successfully with the high street. The people who work for the service are bringing pupils back in because they have a vision of good-quality food served in a nice environment. The children appreciate that; they see that the food that is provided in their school is every bit as good value for money and appealing to them as young customers as the food that they can buy in the high street is. That is what I mean by good practice. It is no longer enough for school meals services to compete in terms of burgers and chips; we are asking them to compete with the world outside. They have to keep their custom base, give children healthy food and monitor the service as it is delivered.

Shona Robison: Are you saying that that can be achieved only by charging for the provision? Are you saying that the meals that you talked about in Dundee that were attractive to the pupils are attractive only if they are charged for? What disincentive would charging have for the children who are taking those school meals?

Gillian Kynoch: I have seen that system work, but I have not seen the system of giving all children free school meals.

The Convener: Okay. We will bring that part of the evidence session to a close. I thank Gillian Kynoch for her written submission and for answering members' questions. Our next two witnesses are from the Child Poverty Action Group in Scotland.

The Deputy Convener (Margaret Jamieson): Good morning. You have provided us with helpful information. Do you want to make an opening statement before we put questions to you?

Danny Phillips (Child Poverty Action Group in Scotland): We both want to make a quick opening statement. I will be as brief as possible.

The Child Poverty Action Group believes that the School Meals (Scotland) Bill could have a significant impact on the unacceptably high level of child poverty and diet-related ill health in Scotland. I am sure that everyone is aware of the fact that the Child Poverty Action Group has played a fairly major role in running a campaign to get the bill before the Scottish Parliament. We believe that we have shown that there is considerable support across the spectrum of political parties and—if I am not being too grandiose—civic Scotland.

I would like to read out a list of organisations

that have written to us to indicate their support for the bill, to demonstrate that it is not just the Child Poverty Action Group in Scotland that supports it. The list comprises: One Plus; NCH Scotland; the Educational Institute of Scotland; Unison Scotland; the Scottish local government forum against poverty; Shelter Scotland; One Parent Families Scotland; the Poverty Alliance; the Scottish Trades Union Congress; the Scottish Low Pay Unit; the UK Public Health Association; members of the Scottish churches social inclusion network; the Scottish Out of School Care Network; and the British Medical Association. Those are the national organisations that support the bill.

A number of local organisations have consistently supported the bill, too. The STUC handed in 10,000 signatures to the Public Petitions Committee. We have held seminars and have produced a booklet, which we hope has helped the debate by providing the best information that we have been able to collect.

By providing a free nutritious meal for every child in a state school, the bill would eliminate the stigma that is associated with claiming a free school meal. I would be happy to explain why I believe that that stigma exists.

Providing free school meals and having nutritional standards would eliminate the postcode lottery whereby some schools provide a decent school meals service but a lot do not. I was listening to the earlier evidence and perhaps I am making a political—with a small “p”—statement, but I believe that a universal free school meals service would maintain standards because all families would have a stake in the system.

Other countries with economic and social systems that are similar to ours have a fraction of the problems that we have with child poverty and diet-related ill health. A lot of evidence suggests that parents protect their children from the worst aspects of poverty. Governments almost have a duty to do that as well. I hope that the bill will do so.

The Convener: Rather than having another statement, we will move on to questions. If there is anything that we have not covered by the end of the evidence session, I will give you a chance to say more.

Janis Hughes: The committee is particularly interested in the health aspects of the bill. Given your supporting statement and what you have said about the bill as a measure to eliminate poverty, do you think that money would be better spent on targeting children in families that live in poverty than on providing my child with free school meals when I can afford to pay for them?

Danny Phillips: The question is why the Child Poverty Action Group supports proposals that

would also feed rich children. Perhaps that attitude comes from looking at the problem from the wrong direction.

Scottish Executive figures show that 30 per cent of children in Scotland live in poverty—that is 300,000 children. Twenty per cent of those children are entitled to a free school meal. There are approximately 70,000 to 80,000 children who are not entitled to a free school meal. There are also a lot of children who are borderline. Children might have other stresses in their lives, such as living with domestic violence. Thousands of children across all social and economic borders live in such conditions. How do we get to all those children?

The problem with means testing is that, although it is cold targeting, the target is often missed for a number of reasons. In points 5 to 10 of my paper, I have tried to show why there are real problems with means testing. The first reason is that we target children whose families receive income support rather than children in poverty—they are not the same thing. Means testing targets only a percentage of the children who live in poverty. The second reason is that there are intractable problems with the take-up of means-tested benefits. In my paper, I have used the latest statistics available from the Office for National Statistics. Broadly speaking, one in 10 families does not take up the income support to which it is entitled. The target is missed.

There are also complex, administrative problems with means-tested benefits. The regulations for income support are lengthy and complicated compared with those for child benefit. People who are waiting for decisions get caught out by the rules of the income support system. I have included notional income and capital rules in my paper. I am not trying to debate them; I am just saying that those families clearly live in poverty but would not get free school meals.

The evidence suggests that means-tested benefits and free school meals are stigmatising. Because of that stigma, many families do not take up their benefits. Let me use an analogy. We know that pensioners do not take up the minimum income guarantee or claim income support because they feel stigmatised by it. Why should we think that children would feel differently? On the other hand, 98 to 99 per cent of families claim child benefit, although people say that it is paid to people who do not need it. Universal benefits hit the targets better. In the case of school meals, we would target all children and ensure that all children in poverty received free school meals. Yes, one or two rich children would get a free school meal, but that is a price worth paying to target the children who are missing out.

Dorothy-Grace Elder: Earlier, a witness denied

that a ticketing or discriminatory system is used nowadays. However, in your submission, you say that, occasionally, children who might have got fish—a decent thing—are so far back in the queue that the canteen has run out of it by the time that they get to the front. Tell us about the practical effects of stigmatisation.

Danny Phillips: I often hear people say that we are moving towards new, cashless systems and swipe cards to tackle the stigma. People say that the stigma does not exist any more and that old-fashioned practices such as having separate queues are no longer in use. However, I visited a school—I would rather not name it, as the head teacher was extremely supportive of what we are trying to achieve—where the children lined up along the wall of the dining hall as soon as the bell rang. There was a burger bar arrangement, with 10 hatches and smaller queues at each hatch. A teacher stood at the front of the queue and let a few pupils through at a time.

We had been visiting schools to experience the systems, eat the school meals and chat to the kids. At this school, some kids were able to go straight up to the smaller queues. I asked the kids how long they had to queue and they told me that it could be up to 20 minutes and that that was a major reason why they went elsewhere. I said that some kids seemed to be going straight up to the hatch and they told me that, if people had money, they could go straight up and just pay. The problem is that kids who have free school meals have to queue up to show their pass to get a blue ticket, which shows that they are entitled to free meals. Only then can they go up to the hatch. Kids who have money do not have to go through that administrative process and so go straight up to eat.

We asked the caterers what healthy meals they provided and they told us that one of the problems is that they have a set price per meal—I seem to remember that it was 48p. They provide fish, for example, which is a healthy meal—and very good brain food, so I am told. The problem is that fish costs more than 48p, so there is only a limited amount of fish, which is supplemented by frozen pizzas, for example, which cost less than the 48p. Consequently, when the kids on free school meals get to the hatch, they do not have the option of fish—they eat pizza and chips. When I see that, I realise why the bill is important. We must deal with such practices.

11:15

Bill Butler: You said that if all families have a stake in the system, they will feel responsible for it and standards will be less likely to fall. Who would monitor strict adherence to those nutritional standards in the long term?

Danny Phillips: Wendy Wrieden is a nutritionist and can probably explain that better than I can. I point out that the submission gives specific examples of current initiatives of which we might make use.

Dr Wendy Wrieden (Child Poverty Action Group in Scotland): I am from the centre for public health nutrition research in Dundee and I contributed to the book in support of the bill. We were contracted to do some monitoring of school meals in Dundee because the council was considering introducing various systems. There are experts who can carry out such monitoring. I am sure that Gillian Kynoch will be looking into that with the expert panel on school meals.

Bill Butler: If the bill is passed, what impact will the provision of free school meals have on the health of future generations of Scottish children?

Dr Wrieden: I am sure that there is no need to tell the committee that a vast number of premature deaths result from diet-related diseases such as coronary heart disease—diet is not the only cause, but has been shown to be one of the related factors. We know that something like 9 per cent of teenage girls have an iron deficiency in their haemoglobin and tend to be anaemic. We also know that 50 per cent of teenage girls have a marginal intake of iron from food.

I am pleased that the expert panel wants to set standards that are better than those in England and that will provide a choice of foods targeted in the Scottish diet action plan. Although there is no specific evidence, I believe that, if school meals of an appropriate standard are provided free, uptake will be greater across the board. Such a preventive method is one way in which the Government can help to reduce diet-related disease.

Nicola Sturgeon: I am sympathetic to the bill and its aims, but I want to be convinced that it will have the desired effect. We have heard about cost disincentives in the system. That is an obvious point, in that there is bound to be a cost disincentive in any system involving charging.

Let us go through the various categories of people concerned. First, we find that uptake among the kids who already qualify for school meals is low. That may be largely to do with the stigma, which undoubtedly forms one of the more powerful arguments in favour of the bill. There are also the people who do not qualify—the working poor, as John McAllion described them—for whom cost is undoubtedly a disincentive for opting for school meals. However, is there any evidence that cost is the only or biggest disincentive? I believe that there have to be changes so that more people become entitled to free school meals, but is there any evidence to suggest that, if that were to

happen, other, perhaps equally powerful, disincentives would have to be overcome? Lastly, there are the kids from middle-class families, for whom cost is not a disincentive. What evidence is there that the bill would increase uptake among those groups of people?

I worry that, however worthy and supportable the bill is, it will not do what it sets out to do. I am looking for more evidence to convince me that I am wrong to have that concern.

Danny Phillips: You asked whether stigma is a major contributor to families' not taking up free school meals. I refer you to evidence taken in May 2001 by the Department for Education and Employment, as it was then, and the Child Poverty Action Group. The evidence is referred to in a Scottish Parliament information centre paper and I would be happy to supply it. It states that 30 per cent of the children consulted—this was the first time that they had been consulted about the matter—said that the stigma of claiming a free school meal put them off doing so. Interestingly, two fifths of parents also said that that was the reason why they did not take up free school meals. Therefore, I suggest that there is evidence that stigma is a factor. Indeed, in that case it was the biggest contributory factor.

I would never argue that the bill is all that is required or that it offers a quick fix. We have huge eating problems in Scotland and that will take a long time to change. Other issues about the service delivery of school meals need to be tackled—for example, we should alleviate queueing and make dining halls more pleasant places for kids to eat in. We have to ensure that kids actually want to go to their school's dining hall. I accept all that.

The Executive has appointed an expert panel, but that panel is not considering stigma and entitlement. I think that the two have to be considered and tackled together. If you first establish the principles of what you are doing—making school meals universally free, making them nutritious and setting nutritional standards—we can then consult children and establish how to bring them back into the dining hall.

Nicola Sturgeon: I think that—

The Convener: I am sorry, Nicola. We have to move on, because four other members wish to contribute and I want to conclude this evidence session in the next little while.

Shona Robison: I want to get a quick response from you to Gillian Kynoch's comment that, if school meals were free, that would devalue them. She was hinting that uptake might fall because meals had been devalued.

Dr Wrieden: I do not think that uptake would fall

if the quality and standards of the meals were appropriate. One thing that perhaps discourages children from taking school meals is their quality. Some caterers are making good efforts in producing school meals, as Gillian Kynoch mentioned in relation to a school in Dundee. However, there is still a feeling that school meals are not particularly good. If they are good, children will take them, free or not.

Danny Phillips: Can I just—

The Convener: No, sorry. I call John McAllion.

Mr McAllion: We have heard from several witnesses that there is no evidence to show that the bill will increase the uptake of school meals. We should be clear that the reason why there is no evidence is that no pilot studies have been done and there is no universal free school meals service.

Danny Phillips: In Scotland, at least.

Mr McAllion: Is there evidence from other parts of the world to show what patterns follow from free school meals?

Danny Phillips: Yes, there is evidence from Finland and Sweden. People have come to talk about that to our free school meals working group and to the Scottish community diet project. An academic has visited Sweden, which has a universal free meals system with a high uptake and high nutritional standards. Interestingly, those countries have a buffet system and kids help themselves. Such a system has worked in other places.

We should look at other services. In trying to get kids to be more active, Glasgow made swimming pools free for under-18s. After that, uptake went up by 80 per cent. The use of swimming pools went up the most in poorer areas, such as the social inclusion partnership areas, where it rose by almost 150 per cent. If we look around, we will see that universal free systems work.

The Convener: Tommy Sheridan can have a final question.

Tommy Sheridan: Is it just the one?

The Convener: Yes.

Tommy Sheridan: I will ask it of Wendy Wrieden then. I ask her to explain what she does and for how long she has done it. In that context, will she, in her professional capacity, give an opinion on whether the £174 million investment is worth while.

Dr Wrieden: I am a nutritionist and I have been a member of the centre for public health nutrition research for four or five years. I have lectured in nutrition and food science at the University of Dundee for 13 years. Most of my work has been

on the relation between diet and health and on considering what people eat and why they eat it. What was the second part of the question?

The Convener: If you had £174 million to spend, would you spend it on free school meals?

Dr Wrieden: A lot of money is poured into dealing with health problems, but we have yet to pour a lot of money into preventing ill health. The provision of free school meals of a high nutritional standard and of a quality that makes children want to eat them—we cannot have free school meals without that—is a preventive method. In the long term, I would expect that method to prevent the burden of ill health in Scotland.

The Convener: I am afraid that we must finish the questions sooner than we would have liked because we are about half an hour over the time that was allocated for the item and the Minister for Health and Community Care is waiting. I thank the witnesses for their evidence and for their written submission, which we found useful.

11:28

Meeting suspended.

11:31

On resuming—

Budget Process 2003-04

The Convener: I apologise to the minister for keeping him waiting, but our evidence-taking session on the School Meals (Scotland) Bill overran.

We have already taken evidence on the budget for 2003-04 from officials. The committee decided this year that it would examine the budget by talking to two health boards—Lothian NHS Board and Highland NHS Board. We questioned them about what happens within their structures and how they allocate the funding that they receive from the Executive. We also examined how the health boards prioritise services and how links are made between national and local priorities.

As the minister will know, we are not a finance committee but a health committee, so our questions will tend to concern generic health matters rather than the nuts and bolts of the figures. However, we may throw him a googly. Does the minister want to make any comments or is he happy for us to go straight to questions?

The Minister for Health and Community Care (Malcolm Chisholm): As we are running late, I will not make a big opening statement. We have made efforts to take on board some of the concerns that have been expressed in previous years, so the health section of the budget contains more information than previously. However, I will not say that it is the last word.

We realise that there are difficulties inherent in the fact that most of the budget is distributed to unified boards. In that sense, the committee obviously made a sensible decision to talk to the boards so that it could find out how they spend the money. We are open to making further progress, but I am sure that the committee will understand that the reason for the inherent difficulty is that, as so much of the money is spent by boards, the Executive cannot decide exactly how much will go into each specific area. Boards make their own local decisions.

Margaret Jamieson: It will be of no surprise to the minister that I want to start off by asking about the new framework for the accountability process that is being put in place this year. At a previous meeting, we highlighted our concerns about the openness and transparency of that process to John Aldridge, who is present this morning. He has been kind enough to provide us with further information, but I remain concerned that the process is not open and transparent. I am also

concerned that some time may elapse before the outcome of the accountability review process is made public knowledge, which could give the NHS boards the opportunity to water things down in their reports to their local communities. Do you have plans to remove some of the curtains surrounding the performance assessment framework?

Malcolm Chisholm: It is not intended that there should be curtains around the framework. The performance assessment framework is an important development, but this is its first year of operation. As with the layout of the budget document, no one is saying that this is the last word on the matter.

At the moment we are concentrating on the content of the performance assessment framework. I was not aware that there was widespread criticism of the framework. The aim is to capture a wide range of important areas. There will be an emphasis on quality, patient focus, access, health improvement and health inequalities. We welcome the way in which the framework has been constructed, but it can evolve and we can try to make it better.

The framework includes both quantitative and qualitative indicators. The former are easier to deal with. There are concerns about whether all the information will be made public and about the time scale for that happening. Transparency is fundamentally important. We cannot have the culture of improvement in the health service that we want and support without having a culture of transparency. The information that we gather through the performance assessment framework will not be hidden; it will be made available.

My only caveat is that parts of the framework are evolving. Some of the qualitative indicators will not be as developed this year as they will be next year. I am not saying that this year all the information will be available in perfect form. However, whatever information we have will be made available. There should not be a big time lag. It is reasonable that some information should be shared with boards first, but that will result in a time lag of days rather than months. After information has been shared with boards, it will be published. A letter will be sent to boards and to the committee.

Margaret Jamieson: We are somewhat sceptical about what will happen. During the first budget process, when you were a member of the committee, we discussed performance management and the fact that there was sometimes a 10-month delay between assessments and the extraction of letters from reluctant boards. We are trying to ensure that the information is available upfront the minute that it is issued.

I would like to raise another concern. Who performance manages John Aldridge and his colleagues in the health department?

Malcolm Chisholm: The same question could be asked about all civil servants, rather than just those working in the health department. There is a chain of command within the Scottish Executive. Civil servants have people above them. John Aldridge will agree that Trevor Jones, as head of the health department, performance manages him. Trevor Jones is performance managed by the permanent secretary to the Scottish Executive, Muir Russell.

Margaret Jamieson: Some of those working in the health department may be pure civil servants. However, the department also includes a plethora of individuals who, having worked in the NHS, are seconded to the Scottish Executive and eventually become permanent members of staff. Those people do not seem to be subject to performance assessment. In fact, their jobs are not even advertised. How can that process be transparent? How can we be assured that such appointments constitute best use of the health department's budget?

Malcolm Chisholm: The health department is different from other departments of the Scottish Executive, in that it includes many staff who are drawn from the health service rather than from the mainstream civil service. For example, the head of the health department used to be the chief executive of the then Lothian Health Board.

Margaret Jamieson: That job was advertised and he applied for it. I am talking about those who fall heir to certain projects.

Malcolm Chisholm: Margaret Jamieson raises a valid point, but the answer that I gave to a previous question applies. Ultimately I have overall responsibility for policy, but appointments to the department are not a ministerial responsibility, so the answer that I gave about Trevor Jones and the permanent secretary applies.

Margaret Jamieson: You understand my point about the lack of transparency.

Malcolm Chisholm: I can imagine the issue to which you refer. There have been secondments to the health department, but I have just described the way in which they are managed.

Janis Hughes: The annual expenditure report notes that the impact of inflation and demographic change will vary from health board to health board. Is it possible to indicate the real rate of growth in planned spending for each board?

Malcolm Chisholm: There is a general issue about the gross domestic product deflator, for which 2.5 per cent is used. We all acknowledge that for decades health service inflation has been

running a bit ahead of that. The committee interviewed the officials, so we know that we have six years security, because the budget money does not kick in until next April. We know that we will have steady and sustained growth over that period. We have never been in such a position.

Janis Hughes asked about local variations within that. I do not think that such variations are of great significance when it comes to inflation. Labour market issues in Edinburgh are different from those in other areas. Some people draw controversial conclusions from that. We do not support such conclusions and I am not sure whether that is the direction in which you are trying to steer me. The significant issue is the overall rate of health inflation and the real growth in the health budget. Local variations are relatively insignificant.

Dorothy-Grace Elder: We are all anxious to know how the new money might be spent and how the public can have input locally, because of the great variations among boards in providing services. When the committee was in Inverness last week we discovered that there is nothing in the Highlands worth mentioning for patients with epilepsy. The witnesses admitted that there was nothing in the community for chronic pain patients. How do you cope with that? Do you respond to public demand, as in the case of the chronic pain patients who contacted the Parliament?

Malcolm Chisholm: I am sure that everybody would want to pay tribute to the work that you have done on chronic pain, which is an issue on which you are campaigning. We have recently written to health boards about their waiting times for chronic pain clinics. I will send you the note that I have in front of me. Highland is the only area that states specifically that no formal service is available. Waiting times are clearly an issue in the Highlands and are variable throughout the country. However, I am pleased that most health boards have some service and I was pleased to visit the service at the Astley Ainslie hospital in Edinburgh recently.

I have read the evidence that Epilepsy Action Scotland gave to the committee recently. We are keen to develop managed clinical networks for epilepsy, so we have made it clear to Epilepsy Action Scotland and to neurologists that funds are available to help with the development of such networks. We await bids from them.

We flagged up in the health plan the fact that we want patient groups to be involved in the development of services. The patient agenda, patient focus and public involvement are central parts of our reform agenda. On Friday, I was at a well attended and inspiring conference in Glasgow on that subject. We are keen to involve patients and the public more. We have issued new draft

guidance on public involvement in acute services reviews. We launched that at the conference and I hope that it is winging its way to the committee. If it is not, I am sure that it will hereafter. There is a lot of activity in that area.

11:45

Of course we want to involve people in discussions about the new money. However, I want to emphasise two points that I have already made. The announcement in the budget was a very good one, but we must remember that the extra money from the budget kicks in in the next financial year. That is relevant to our discussions today, but it would be wrong to think that there will be a sudden increase this year, although we already have substantial increases this year. When we discuss the new money, we are talking about the five-year period that starts next April.

The Executive will consider how to spend that money during the spending review process, which will take place this summer. We are getting input from lots of people about what they want to spend the money on. It is important that the public should have a say as well. The committee will understand that, although the amount is unprecedented in terms of the sustained level of increase, it will not solve all the problems of the health budget, so choices will still have to be made.

Dorothy-Grace Elder: Thank you very much. I am delighted to hear that you are moving on chronic pain and that you will listen to the public about the new money.

Mary Scanlon: I was so excited about Dorothy-Grace Elder's great success that I almost forgot my question.

To what extent do NHS boards have genuine scope to make spending decisions? There seems to be a difficulty about the spending intentions of the Executive and the spending intentions and priorities of boards and the outcomes that they achieve. The committee has found out that much expenditure results from past decisions and that other expenditure is a consequence of national decisions, over which individual health boards have little influence. Can Malcolm Chisholm outline the balance between the autonomy of local health boards and the Executive's autonomy?

Malcolm Chisholm: Looking back over the budget process in the past few years, that is the key issue that we come back to over and over again. It is not just the key issue in health; striking the balance between national priorities and local autonomy is a key issue in many of the areas with which the Scottish Executive deals. Without being party political, it is a statement of fact that the Executive now has more democratic legitimacy than the Government of Scotland had in the old

days, so we have a certain entitlement to insist on certain priorities, which are the democratically agreed priorities of the Scottish Parliament. That is important, but equally I do not think that anyone wants NHS boards in Scotland to be micromanaged by either me or the Health and Community Care Committee. A balance must be struck; I hope that we are striking the right balance.

We have talked about the performance assessment framework. That very much homes in on the strategic priorities. We are ensuring in a firm and unprecedented way that boards deliver those priorities, but there must be an element of local decision making in order to meet local needs. It is a matter of balance.

One of the themes that often emerges from the Health and Community Care Committee is that it wants more direction from the centre. I am comfortable with that in terms of ensuring that priorities are implemented on the ground, but it is important to me that we trust front-line staff to lead many of the changes. Although there must be direction from the centre, we must empower front-line staff to use their skills and capacity for innovation in order to change things.

We must be careful. We want to centralise in the correct way. We must be clear about the role of Government and Parliament, the role of patients and the role of front-line staff. It is a collaborative venture. We must be clear about what we can insist on without micromanaging the service or telling front-line staff exactly how to go about their business. They know much better than we do how to redesign services and so on. We must be clear about the respective roles of the different partners.

Mary Scanlon: We can all agree about trusting front-line staff to use their skills and to innovate. They are obviously more aware of needs in their areas.

In the second page of his letter, which we received yesterday, John Aldridge talks about "unacceptable performance". He also mentions that action was taken to "strengthen ... management" in order to tackle the problems at the Beatson clinic and refers to a task force's being sent into Tayside 18 months ago to address the problem of performance that was "below acceptable levels". However, in both cases, action was taken only after consultants walked out and there was a huge public outcry expressing serious general concern about cancer care in Glasgow, and about Tayside's ability—particularly at Ninewells hospital—to offer health care to people. Because neither you nor the health department took decisive action before that outcry, what you did could be interpreted as more of a response to media publicity than as good financial management by the department. Is performance

unacceptable to the Executive only when it is unacceptable to the media?

Malcolm Chisholm: We want a culture of continuous improvement in the service. Equally, we set that standard for ourselves. No doubt lessons can be learned from previous events and improvements made.

However, Mary Scanlon slightly overstates her case. Although I intervened in the problems at the Beatson clinic in my first week as Minister for Health and Community Care, Susan Deacon had already been very active in the situation and had drawn up an action plan to deal with the matter. Indeed, the progress that has been made at the Beatson clinic stems as much from the action plan as from the changes that I introduced.

Through the new performance assessment framework, we are now far more able to pick up problems at an early stage. We have improved our approach to such matters, which is why we have adopted a doctrine of escalating intervention. Obviously, the final step that we took at the Beatson clinic would not happen frequently; there are many stages before such intervention would occur. The committee can be confident that, from now on, we will pick things up early and act on them.

Mary Scanlon: Obviously we want the best outcomes from health service and additional moneys. Apart from the well-publicised cases of the Beatson clinic and Tayside, can you give the committee an example of what you regard as "unacceptable performance"?

Malcolm Chisholm: The reality is that we are developing our approach to the matter. I do not think that John Aldridge would disagree that, in the past, we focused more on financial matters, although such matters are important. We can prevent the development of many of the problems that we hear about—such as boards' having financial difficulties and deficits—if we spot them early. We are quite open about the fact that we have broadened our approach. The significant point about the performance assessment framework is that we now believe that performance management is not just about finance. As far as financial matters are concerned, if we look at the past, it is probably difficult to find many examples of unacceptable performance of the kind that Mary Scanlon asked for. However, as I said, we have broadened our approach and will intervene on non-financial matters, as we do on financial matters.

Mary Scanlon: Is there greater emphasis on performance assessment or on financial management?

Malcolm Chisholm: As I said in my previous remarks, we have broadened our focus.

Historically, the department has focused very much on financial management, which is important. No one is saying that we should forget about financial management and focus only on outcomes; we must focus on both. We cannot deliver outcomes if we have not properly looked after the money. Keeping our financial focus while broadening our approach to include outcomes for patients is the key point behind the performance assessment framework that we are adopting.

Nicola Sturgeon: I agree that we should not put boards in a straitjacket and that we should empower front-line staff.

Mary Scanlon may have overstated her case. She was right to an extent that your examples of intervention tended to take place in crisis situations in which you intervened at a late stage. I am more interested in your talking us through other examples. For instance, when you announce or reannounce in Parliament money to be spent on specific matters, how does the Executive ensure that health boards spend the money on the matters for which it is earmarked and that the money has the desired effect? Some of that can be measured only in the long term.

The minister's intervention may be needed not only when things go badly wrong, but from day to day and from week to week, to ensure that what you want to happen occurs, or at least that progress is made. I am more interested in such intervention and accountability. I would like to have a wee bit more detail on and understanding of that.

Malcolm Chisholm: We have talked about the performance assessment framework, which is part of that, but that is not the whole picture. Nicola Sturgeon asked about money that is announced in Parliament. In the committee's discussions, you have made the distinction between ring-fenced money and performance-managed money. It is not only we who performance manage that money. Everybody welcomes the work of the Clinical Standards Board for Scotland, which is another approach to the same issue. Everybody welcomes the board's reports. We welcome them, because although they highlight problems, which attracts criticism, the board's reports are an engine for change. That, too, is an important part of performance management.

It is difficult to generalise about the money to which Nicola Sturgeon referred. We take different approaches to different priorities. The money that we announced for cancer—I was pleased to increase that amount by 50 per cent earlier this year—is, in effect, ring-fenced money. People have commented on that. At the big cancer conference in Edinburgh that some committee members attended, several people said that that money was ring fenced in Scotland, whereas in

England, the money is leaking into other matters, because it is not ring fenced. Much progress must be made, but that money goes into regional cancer groups, which produce investment priorities. I hope that we will soon be able to announce the investment decisions on the second tranche of that money.

We are tracking the money for delayed discharge in a new way. Last week, I spoke to all the NHS board chairs and local authority leaders to make it clear that we mean business and that there is no option to not deliver or not spend the money appropriately. We are examining board's joint action plans and will give the money only when we are satisfied that they have delivery mechanisms and policies in place.

The third big tranche of extra money this year is for waiting times. Routine performance management applies to that, but the waiting times unit is also involved. People in that unit are going round all the board areas to discuss boards' waiting time problems. Apart from the overarching waiting targets, boards have local targets that they must focus on doing something about in the next year or so.

Those three tranches of money are being performance managed differently, over and above the mainstream performance assessment framework and the work of the Clinical Standards Board for Scotland and the Scottish Health Advisory Service.

Shona Robison: I will explore that a wee bit more in the context of mental health, which is supposed to be a key clinical priority. The Clinical Standards Board has just published a report on schizophrenia that suggests that there are many areas for improvement, yet Tayside has reduced its spend on mental health because of budgetary pressures and demands on other parts of the service. How do you reconcile the improvements that are required in mental health with the fact that, locally, money is going in a different direction? How directive will you be about that?

Malcolm Chisholm: Part of the performance assessment framework homes in on mental health, so if the general picture in Tayside is as Shona Robison has described, the problems will be picked up. Page 118 of the budget report shows that, in general, the mental health lines are moving strongly in the right direction. I accept that we start from an inadequate situation for many of those figures, but I merely point out that there is movement and that expenditure on mental health is increasing.

12:00

Obviously, there will be considerable local variations within those figures. I am certainly

aware that there are issues in Tayside, which has had to make decisions to get its budget sorted out. I am sure that we welcome the fact that, in general, Tayside's budget looks a lot healthier than it did a couple of years ago. However, if there are problems in Tayside, they will be picked up by the performance assessment framework and will have to be addressed.

Nobody is being complacent about mental health. The report on schizophrenia standards that was published by the Clinical Standards Board for Scotland highlighted certain difficulties in Tayside, so nobody is saying that everything is fine. I merely observe that, in general, the spend is moving in the right direction. The performance of particular boards will be looked at as part of the performance assessment framework.

Bill Butler: Will the minister outline for the committee the role that is given to the views of consumers, patients, family members and taxpayers in the budget decision-making process? How are those views identified and acted upon?

Malcolm Chisholm: As I said, we have a broad agenda on patient focus and public involvement. The Executive also has a general commitment to openness in budget decision making. That is partly why we publish for the Scottish Parliament a document such as the annual expenditure report, which we never used to have at Westminster.

As well as the general opportunities for people to feed into the budget process, there are specific local initiatives, which are referred to in the performance assessment framework. Those initiatives aim to involve the public more in decisions about their own health care and in decisions about health services generally.

The work on involving the public is evolving. In December, we published the framework for patient focus and public involvement. The conference on Friday was a staging post in which we reported progress on patient information, on public involvement in service reconfiguration and on how we are making more effort to get patients' views and feedback on the quality of service. We have a broad agenda on involving the public, but you are right that we need to get more views from the public on what the priorities for the health service should be.

I suppose that some people have a despairing attitude toward public involvement because they think that the public cannot or will not engage, but I am very optimistic. I believe that involving the public in decisions about service reorganisation and helping them to have a view on priority setting will result in the public's realising the complexity of the issues and being able to make a positive contribution. That is why I think that we must go forward with that agenda. Some people hesitate

because they think that we cannot possibly get anything positive or sensible at the end of the process, but I am absolutely committed to expanding the amount of public involvement in local decisions.

I also want from the public more input on general spending priorities. We have an opportunity to do that with an increasing health budget. Everybody in the world can say that the health budget should be even bigger but nobody can say that we are not committed to improving and expanding the health service. Given that baseline, I believe that the public can really engage in our decisions about what our priorities in the budget should be.

There are particular difficulties in setting priorities in the health budget. The committee is right to home in on the priorities but, in the health budget, one cannot stop doing the other things because one wants to emphasise the priorities. That is a particular feature of health. It does not necessarily apply to every area of the Executive's responsibility. Everybody who is ill is important. They need a service and they need a better service. We cannot therefore stop doing some things in the health service so that we can address priorities. That is the nature of health decision making. It is more difficult than decision making in some other areas. That comes across all the time.

The Parliament has been a great opportunity for every illness to be given a better profile. Asthma will be given such a profile today. Dorothy-Grace Elder has been raising the profile of chronic pain and epilepsy. The committee has considered a petition about epilepsy service provision. All those areas are being flagged up in the Parliament. We have to respond and develop services for them, but we still have our clinical priorities of cancer, coronary heart disease and stroke. Health decision making is inherently difficult, even when we have big spending increases, because we have a lot of services that we must develop.

The Convener: The committee agrees that health decision making is among the most difficult of tasks. We quite often hear that it is difficult to measure outcomes and even inputs. If we ask what the input is, for tackling coronary heart disease or cancer for example, we are told that some but not all of the money that goes in can be identified. Identifying outcomes is also difficult.

Other than the performance assessment framework, what work is the department doing to move towards a more outcome-based approach to what we will see in the AER in future? This year's AER lacks work on health outcomes, but I presume that the performance assessment framework will, over time, lead to a greater reliance on outcomes.

This morning, we heard an example of the type of question with which I presume you wrestle as a minister: if you have £170 million to spend on children's health, is it better to spend it with other ministers on free school meals or on something for which it is easier to identify the outcome? What are the health department's thought processes on outcomes?

Malcolm Chisholm: I do not want to keep talking about the performance assessment framework, but in it we have tried to capture outcomes to some degree. There are some quantitative outcomes. The one on which most people focus—and they do so correctly—is waiting times. Most people have now agreed that that focus is right. That is a quantitative, objective indicator.

The performance assessment framework contains a lot of qualitative indicators. I have a page of indicators in front of me on which every one of the indicators begins with the word "quality". They relate to, for example, children's services, maternity services and services for older people. Quality is more difficult to capture. Some of the information that will come from the performance assessment framework will be based on qualitative indicators and so will have an element of subjectivity. That is why patients' views and feedback on outcomes are important.

I am not trying to avoid the question, but it is difficult to get hard-and-fast outcomes all the time, because some indicators are qualitative. The Clinical Standards Board for Scotland is also important to that, because it, too, examines outcomes. The Clinical Standards Board has a series of indicators on which it reported in its first year. We will follow up those indicators annually.

We have a lot more outcome indicators than we have ever had. We must pay tribute to the work that was done on developing general clinical outcome indicators in Scotland, which was way ahead of England. We are trying to focus on outputs and new targets. We still have work to do in certain areas, which I know the committee discussed earlier, such as health improvement. We have targets on that, but we need to develop outcome indicators. That work is continuing. Health inequality is a key area in which we have more work to do on developing indicators.

I do not know whether that answers your question, but it demonstrates that a lot of work is going on to try to develop more outcome indicators. You say that you want more of those to be captured in the AER.

The Convener: Presumably, that is the direction in which we are going.

Malcolm Chisholm: The outcome indicators are reported on each year in many ways and in other

places. The report of the chief medical officer for Scotland will provide the health outcome figures for the whole population in the year concerned, and information will come across in the reporting of the performance assessment framework. There is an issue about the extent to which that feeds into the following year's budget report.

The Convener: The responses that we received in evidence from Highland NHS Board and Lothian NHS Board were broadly positive in the context of those unified boards having just been set up and of the performance assessment framework. Highland NHS Board was particularly positive about the framework offering the way forward. Is that characteristic of the responses that you have received from NHS boards across Scotland? Do you view the accountability review as a tool that almost goes beyond the performance assessment framework and relates to a different way of working and a different culture?

Malcolm Chisholm: I think that that is one of the first points that I made. The accountability review is an important part of the culture of improvement. It involves assessing what is done, recording information and so on, and we want to capture information in a variety of ways. It is true that most people concerned have welcomed our general approach in the performance assessment framework.

I repeat that the process is evolving. We expect to learn from the first year of the performance assessment framework. A group will be set up not only to monitor its progress, but to help to make changes and improvements to the framework. We are as committed to a culture of continuous improvement as we hope the health service is.

Mr McAllion: I apologise for my absence during the earlier part of your contribution. You mentioned the importance of transparency in the budget. Some areas of the budget are anything but transparent, particularly as far as the private finance initiative is concerned. Shona Robison mentioned the cuts made by Tayside Primary Care NHS Trust in mental health expenditure. That, of course, is nothing to do with the funding crisis in Dundee Teaching Hospitals NHS Trust, which was a completely separate matter. Some of us think that the situation was connected to the opening of the PFI acute psychiatric unit at the Carseview Centre. Tayside Primary Care NHS Trust had to pay a significant amount to the private contractors who run the unit.

We recently heard that Lothian NHS Board must find £10 million in cuts to pay for the new royal infirmary of Edinburgh. How can we investigate why there have to be cuts in the wider budget following the awarding of PFI contracts to private partners?

Malcolm Chisholm: There are a lot of pretty complex issues there. People have different views about PFI and public-private partnerships. That is one thing. However, the finance is pretty transparent.

Recently, Lothian NHS Board gave evidence to the committee and said how much it was paying every year to the private contractor that is responsible for the royal infirmary of Edinburgh. That information was in the business case. This year, the amount concerned was about £31 million and I think that the board said that that was £10 million more than it pays for capital charges and equivalent services at present. It also pointed out that there was an extra capital charge of, I think, £4.8 million for the Anne Ferguson building at the Western general hospital, also in Edinburgh, which was funded through traditional capital arrangements.

My point is that if NHS boards develop their buildings and estates by traditional arrangements, they still end up paying more. We can argue about whether PFI involves paying more than the traditional route involves, but the reality is that, if new buildings are developed, there is a cost, either in traditional capital charges or in payments to the PFI contractor. That general point forms part of the whole debate about priorities in the health budget.

Next week, I think, I will meet MSPs and campaigners from south Glasgow, where there is a complicated situation and a desire for more hospitals. One of the questions that we must tackle is how much of the health budget we want to spend on new buildings—which we have to pay for, whether through traditional spending or PFI—relative to spending on more nurses, doctors or other staff. Decisions about new buildings are just part of the picture of decisions on priorities.

Mr McAllion: I accept that, but in the light of your answer, why cannot the contracts rather than just the full business cases be placed in the Parliament library? If there is nothing in the contracts that you are trying to hide, why cannot you be completely transparent and put a copy of the contract in the library for members of the Scottish Parliament to access?

12:15

Malcolm Chisholm: I will ask John Aldridge to comment on that. As far as I understand it, the full business case gives all the information that is required.

Mr McAllion: So would the contract, so why cannot we see it?

John Aldridge (Scottish Executive Finance and Central Services Department): I would need to investigate the reasons. I suspect that there is

an issue of commercial confidentiality.

Mr McAllion: So there is something in the contract that we should not know about.

John Aldridge: Not that I am aware of.

Mr McAllion: What can be confidential if there is nothing in the contract that we should not know about?

The Convener: Do you want to come back to us on that in writing?

John Aldridge: Yes, I would have to come back on that.

The Convener: If John McAllion thinks of any other questions that he wants to ask before you come back to us in writing, I am sure that he will submit them to the clerks.

Mr David Davidson (North-East Scotland) (Con): As a representative of the Finance Committee, I am possibly a bit more mechanical about the budget than are members of the Health and Community Care Committee.

The minister talked about the balance between ministerial direction of resource and health boards' freedom to spend their allocation. We are talking about a period of growth in the resources available to health. What are you doing about setting up mechanisms whereby the health boards, having identified the fact that the people for whom they care are not able to access services evenly, can make a case?

Are you moving to a phase of challenge funding to supplement poor services? I am not just referring to Dorothy-Grace Elder's example of chronic pain. Highland and Grampian health boards are getting together to tackle eating disorders, but the problem is that they do not have the flexibility to add to their service. What is the new mechanism? If the national priorities that you dictate—funding for which might be ring fenced—are to be balanced, will a performance assessment mechanism spin out of the current system so that health boards that do not have enough dentists or a dental hospital have to put forward a business case?

At the moment, many health boards that have given evidence to the Audit Committee and the Finance Committee are unsure about how they can introduce services that are missing or develop new services for which there is a public demand. You have talked a bit about public demand this morning.

Malcolm Chisholm: You will correct me if I have not picked up the gist of your question. It sounds like you are proposing a completely different method of funding the health service—a certain amount of money is distributed and the rest is held in the middle. You used the words

“challenge funding” and I do not know whether that is your general thinking. The reality is that we have a new method of distributing money—this committee knows more than any other committee about the Arbuthnott formula. That is the starting point. Nobody is saying that the system is perfect, but it is fairer than what we had.

Are you suggesting that if a board lacks a service, it will have to bid for more money? That would lead to every board bidding for more money for something, because every board is deficient in some way. I am not sure how such a funding system would stack up. It is an interesting idea, but I am not sure how it would work.

Mr Davidson: I am trying to pick up from where you started. You direct one set of moneys and moneys are passed to boards, which have the freedom within the performance system to deliver the services that are appropriate to their area. You said that variation between the boards was insignificant, but that is not what we are hearing. A health board might want to start to deliver a service that is delivered elsewhere, but might not have the resource through Arbuthnott to do so. Will there be a mechanism in the performance assessment framework whereby boards, having proved the need for the service and their ability to deliver it and measure it effectively, will be able to apply for good services?

Malcolm Chisholm: First, I did not say that there was no variation. It is self-evident that there will be variation in some services. I said that I did not think that there was significant variation in inflation rates, which were the subject of the question. Variations in service levels must be addressed. The reality is that most money is not ring fenced. As you know, the bulk of the money is distributed to boards and performance managed—we have described those new methods.

Some money is central money for which people bid—personal medical services are a good example of that. That allows individual GPs or groups of GP practices to bid for money. Examples of that exist, but the reality is that the system is grounded in boards receiving their fair allocation based on the Arbuthnott formula, after which decisions are made.

Not only boards are involved. We had a positive debate on primary care, because many members agreed that more funds should go down to develop primary care services, although members disagreed about whether they should be used to commission secondary care. Some decisions are made not by boards, but at a more grass-roots level—I was going to say at a lower level, but that could have been misinterpreted. That is an exciting part of the developments in primary care, such as money for local health care co-operatives and for PMS. That is where many exciting

changes in the health service are taking place.

I suppose that David Davidson suggests the option of holding back more money in the centre and not distributing it to boards. We have done that to some extent with the cancer money and the delayed discharge money to which I referred. People can argue for holding back more, and I suppose that what he suggests is a challenge funding element. That is not uppermost in our minds at present. Challenge funding creates its own controversies.

Many different funds exist. Such an arrangement applies to the primary care premises fund, which will have £48 million over three years. Margaret Jamieson and I talked about Dalmellington in Ayrshire during the primary care services debate two weeks ago, so we have seen the fruits of that fund in many places. That was a kind of challenge fund, so we do not oppose such funds in principle. You could ask why we do not adopt that model more extensively. All that I am saying is that we are not minded to do that at the moment. However, that can feed into the debate.

Mary Scanlon: Arbutnott funding set out to address poverty, inequality and deprivation. Given the problems with assessing and measuring health gains, are you satisfied with the way in which additional Arbutnott funding has been spent in the health boards that benefited—particularly Greater Glasgow and Highland?

Malcolm Chisholm: I read the evidence from Highland NHS Board and noted that that issue came up. Roger Gibbins referred to a detail about car ownership that I did not think was relevant to the Arbutnott formula. That was a slight inaccuracy in his evidence—he will not mind my saying that, as he was a good colleague when he was a member of the care development group.

Mary Scanlon's more general point, which is—rightly—made repeatedly in the committee, concerns how we ensure that the health inequality priority is followed through at board level as well as at national level. That relates to the Arbutnott deprivation money. Although the rural factor was the other new element, health inequality is probably the matter that most concerns people. If Glasgow has extra money, how do we know that it will spend the money on dealing with that problem? I know many people who are involved in the health system in Glasgow and I am sure that that is a top priority for them. For example, Greater Glasgow NHS Board's director of public health, Harry Burns, is a leading thinker in Scotland on health inequalities.

The point is that we have a performance management system that examines health inequalities and how money is spent at local level to tackle that priority. I know that the issue that Mary Scanlon raised is a concern, but we will use

that mechanism to monitor the issue and follow it through.

Mary Scanlon: I think that the point that Highland NHS Board made was that car ownership is used to indicate wealth, but in the Highlands the car is a necessity rather than a luxury. In fact, car ownership can cause poverty because of high fuel prices. The concern was that a high rate of car ownership could mask poverty.

What I really want to know is whether you are satisfied with the way in which the extra money from the Arbutnott redistribution is being spent. Is the redistribution addressing inequalities, poverty and deprivation, as it was intended to do?

Malcolm Chisholm: First, let me repeat that car ownership is used in the Carstairs index of deprivation but not in the Arbutnott formula. Roger Gibbins got that detail wrong. The deprivation element of Arbutnott is based on unemployment rates, the proportion of elderly people on income support, mortality rates among people under 65 and the proportion of households with two or more indicators of deprivation.

Secondly, as this is the first year of the performance assessment framework, I cannot say with any confidence that all boards have suddenly adopted health inequalities as a priority in the way that they should. However, I certainly talk to many board members—chairs and others—and my impression is that the boards are focusing on health inequalities in a new way. Obviously, until we have seen how the performance assessment framework works out this year and until we can see the trends, we will not be absolutely sure how the health inequalities agenda is playing through. However, I certainly have no reason to think that people are ignoring the issue.

Given the scale of the health inequalities that exist, there is no doubt that what boards do to address those inequalities will never be adequate. I suppose that health inequality is one of the most challenging of the many health problems that we face.

Mary Scanlon: Sorry, but the question that I asked was whether you have the ability to measure poverty, deprivation and inequality. Will you be able to come back to the committee in two or three years and say, "Yes, Highland NHS Board and Greater Glasgow NHS Board have used the money to focus on those three issues"? Do you have the ability to assess and measure the health gain in relation to poverty, deprivation and inequality?

Malcolm Chisholm: As I indicated, we need to develop better health inequality indicators, but we will have objective information. For any board area, we will know what proportion of people died before the age of 65 in the current year compared

with in the previous year. As part of the performance assessment framework, we will need to consider how spend is addressing health inequalities. I am not saying that we have all the answers and all the indicators, but we are focusing on the issue. I have reason to believe that most boards are focusing on the issue as well.

The Convener: Finally, I will ask a quick parochial question on a point that Lothian NHS Board raised. Lothian and other tertiary teaching centres that provide services to other boards say that, although they get fair treatment from the health department in terms of payments for national services, they experience a shortfall in funding for services that are provided to patients from other board areas. The issue affects similar boards such as Glasgow, Tayside and Grampian. Lothian said that the health department was considering the issue, so will you quickly tell us what action your department has taken?

Malcolm Chisholm: There are three issues that involve extra costs. First, as you pointed out, extra money is provided for the services that are carried out for the national services division. I understand that Lothian did not complain about that.

Secondly, there are the additional costs of teaching. John McAllion has commented on those on previous occasions. I am surprised that he has not done so today, but perhaps he decided that PFI would come first. A group led by Sir John Arbuthnott is examining the costs to see whether they are adequately covered. It stands to reason that Tayside, Edinburgh, Glasgow and Grampian, which have to train a lot of medical students in hospitals, will incur additional costs from teaching. Perhaps John McAllion will take comfort from the fact that the dean of the medical faculty of the University of Dundee is on the group.

Thirdly, there are tertiary services, which is the area that you mentioned. Tertiary services are regional services—a good example is cancer care—which are provided from the kind of centres that I have mentioned. We have put in place new arrangements whereby boards come together to agree the funding that is required for regional services. The respective contributions from the different boards will then be redistributed at national level.

We have issued new guidance to the service on the issue. We certainly hope—and I think that Lothian is reasonably optimistic—that the guidance will help to address problems that have arisen in the past, when individual boards may have refused to pay or may have said that they would not pay the right amount. There are new arrangements in place. If you have not already received the new guidance on the funding of regional services, it will be winging its way to you.

The Convener: I thank the minister and his colleagues for their evidence. That brings to an end the public part of this morning's meeting. Our final agenda item on epilepsy services will be taken in private.

12:31

Meeting continued in private until 12:34.

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