



Official Report
Aithisg Oifigeil

DRAFT

Health, Care and Sport Committee

**Comataidh na
Slàinte, Cùram agus Spòrs**

Wednesday 28 October 2026

Session 7



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HEALTH, CARE AND SPORT COMMITTEE

8th Meeting 2026, Session 7

CONVENER

*Helen McDade (Mid Scotland and Fife) (Reform)

DEPUTY CONVENER

*Jack Middleton (Aberdeen Central) (SNP)

COMMITTEE MEMBERS

*Heather Anderson (Dundee City West) (SNP)

*Adam Harley (Strathkelvin and Bearsden) (LD)

*Kayleigh Kinross-O'Neill (Edinburgh and Lothians East) (Green)

*Joe Long (Mid Scotland and Fife) (Lab)

*Paul McLennan (East Lothian Coast and Lammermuirs) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Forbes Dunlop (sportscotland)

Professor Derek Feeley (Institute for Healthcare Improvement)

George Hunter (Glasgow Life)

Professor Martin Knapp (London School of Economics and Political Science)

John Lunn (Scottish Swimming)

Gregor Muir (Scottish Sports Association)

Professor Catherine Needham (University of Birmingham)

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Health, Care and Sport Committee

Wednesday 28 October 2026

[The Convener opened the meeting at 09:30]

Pre-budget Scrutiny 2027-28

The Convener (Helen McDade): Good morning, and welcome to the eighth meeting in 2026 of the Health, Care and Sport Committee. We have no apologies today.

We are continuing our pre-budget scrutiny today, focusing on social care and then on sport. We have up to 75 minutes with the first panel of witnesses. Members should refer to papers 1 to 3.

I am pleased to welcome: Professor Martin Knapp from the London School of Economics; Professor Catherine Needham from the University of Birmingham; and Professor Derek Feeley, chair of the independent review of adult social care. I thank them all for travelling here; some of them have come a long way to be with us and we appreciate it. Although the meeting is relatively short, I am sure that it will be informative and will help us as we put forward any suggestions we might make about the budget.

Thank you for your written submissions, which are really helpful. We will begin with a few questions for Professor Feeley, because of his review. I am happy for the other witnesses to come in, and they should not think that we will never get round to them. However, because of the scope of the subject, we will start with Professor Feeley before we move on to Professor Needham and Professor Knapp. I hope that we will be able to cover what is in the submissions and to hear people's thoughts, and they are welcome to comment on things that are said in the meeting.

Jack Middleton has some questions for Professor Feeley.

Jack Middleton (Aberdeen Central) (SNP): Professor Feeley, your independent review called for a fundamental shift in how Scotland approaches social care, so that it is treated as an investment rather than a financial burden. Five years on from that review, local authorities and integration joint boards continue to face significant financial pressures, and the Scottish Government is still dealing with a number of serious and competing demands in advance of the budget.

Given the financial constraints on our public finances, do you think that the Scottish Government can deliver the ambitions in your

review within current budgets, and, if so, which aspects can be delivered, or do we need a substantial overhaul of how we fund social care in Scotland?

Professor Derek Feeley (Institute for Healthcare Improvement): That is a big question to start with.

One thing I said in the report was that we have to invest in social care. We can come to that idea in greater detail if you wish, but I do think it is an investment. There has been additional investment since I produced the report five years ago. However, it is clear from evidence that the committee has taken from provider organisations that they are still finding it difficult to deliver the kind of support that they would like to deliver to people.

As I said in the report, I do not think that we can afford not to invest. The adverse effects of not investing in social care are significant for people who need that support and for the national health service, so we must continue to inquire and to advise the Scottish Government to continue investing in social care.

Some gaps that we identified in the report have been difficult to close, with unmet need being a good example. We did the best we could to calculate the level of unmet need, and, although the figure was probably not entirely accurate—it was something like £460 million—it was a reasonable starting point. For a couple of reasons, I do not know whether that gap has been closed. First, we do not record that and, secondly, it is difficult to establish from the reported data whether the gap has been closed. I suspect—but it is only a suspicion—that a gap remains. It would be helpful if the committee, were it so minded, were to ask the Government to examine and provide further information on that gap.

So, my answer is that we have done something, but that there is more to do.

The Convener: Thank you. Heather Anderson has something specific to ask on costings.

Heather Anderson (Dundee City West) (SNP): Thank you for all your work on that report, Professor Feeley. It was widely accepted and acknowledged as very good work five years ago.

As you know, the previous Administration aimed to implement those principles, but, unfortunately, we did not get there. You did a lot of work on trying to evaluate unmet need, but you were agnostic about governance and leadership in social care, because that issue was not under debate at that time. We know that it is a very cluttered landscape. Sixty-seven per cent of NHS board money, and 29 per cent of local authority money, goes into

integration joint boards, which deal with social care.

Given the current proposals to streamline the health boards so that there are just two of them and to redesign local authorities, what is your thinking about what we need to protect in the existing system to ensure that social care is still a priority? I also want to ask about an issue that Professor Catherine Needham has raised elsewhere, which is what percentage of funding we need to shift towards social care for it to begin to function in the way that it should.

So, my question is about governance structures in the new world and about percentage transfers.

Professor Feeley: I am not sure that I was agnostic about structures—I recommended that there should be a national care service. There were several reasons for that, one of which was to try to make those funding mechanisms and the way in which money flowed through the social care system more transparent. I do not know whether this remains the case, but five years ago we were hearing that IJBs could be halfway through the financial year and still not have a settled budget. I do not know how we can expect them to optimise value for money and secure the best possible outcomes for people when they are still arguing about how much money they have halfway through the financial year—that did not make any sense.

We suggested a different way that the social care budget could sit with a national care service. The national care service would allocate money to the IJBs. Our local government partners would still be around the IJB table in equal partnership with their NHS colleagues and would still be active providers, but the money would flow via the national care service rather than through health boards and local authorities.

I still believe that that structure would provide ministers and Parliament with a clearer account of what money is being spent and how, and I think that that accountability has been missing. When I was a director general for health and social care, I sat in front of the predecessor committee, which had a somewhat different membership, many times and, rightly, had to account for how we were spending the sizeable sums of taxpayer money that were funding the NHS. I never said a word about social care in all the time that I was in that job. Who is the committee going to hold accountable for ensuring that the governance arrangements, however they are structured in the future, will work? That is a bit of a rhetorical question, because I do not know the answer.

Heather Anderson: What I was referring to when I said “agnostic” is that, as you will have heard, the proposals do not identify whether there

will be a health lead or a local authority lead, but the First Minister said at one point that health should lead and be the governance body. I hear what you are saying about the national care service.

Professor Feeley: I have mixed views about that. One of the reasons why we proposed the national care service stemmed from the idea of closer integration with the NHS. Making the NHS responsible for social care certainly ought to bring closer integration. Another reason was clarification of accountability. A national care service would help with that, too. It ought to reduce variation, and it ought to help us develop examples of excellence like those that exist in social care in Scotland. There are some pockets of excellent, world-class practice, but we cannot currently get those to scale. They remain promising local practices. Having the NHS take lead responsibility ought to help with that.

On the other hand, when we spoke to people who receive social care support, they were very nervous about the medicalisation of social care. We have to recognise that social care and healthcare are two different things. They are connected, and we ought to do our very best to integrate them, but people’s needs for social care are somewhat different from their healthcare needs. As I say, people are very worried about the medicalisation of social care, and I hope that whatever emerges from this three-month period is taken into account. Secondly—

The Convener: I am sorry to interrupt, Professor Feeley, but I wonder whether the other witnesses want to comment on the specific issue about where funding and control should lie. That is such a big issue, and it is obviously very current. Professor Needham has looked at various other examples. I will invite the other witnesses to comment before we move back to your second point, Professor Feeley.

Professor Catherine Needham (University of Birmingham): It is hard to see a convincing rationale for putting social care in the NHS. We can look to Northern Ireland, where that happened in 1973. What do we see there? We see that social care is often forgotten and is there to serve the health service; there is no evidence of better outcomes coming through that route. The idea that you can mainstream social care by putting it within the NHS, as a way of bringing more attention to it and getting better outcomes, is an unproven case.

Where there has been structural integration in parts of England, that integration has fallen apart in the end. For example, Torbay was a poster child for health and care integration in one combined structure, but that has now disintegrated. There was a feeling that there were no longer better

outcomes and that the cost could not be sustained, and there are now separate health and local authority structures again. We see the same thing in Northumbria, where such an approach was attempted for a period of time. There would need to be a much clearer case for why integration was expected to deliver better outcomes, with evidence of how it might do so.

The Convener: Thank you—that is very interesting.

Professor Knapp, from an economist's point of view, or from your own point of view, what would you suggest?

Professor Martin Knapp (London School of Economics): I am an economist, so that is okay.

People with social care needs have above-average healthcare needs, so it makes sense to think about the integration of those two services. However, people with social care needs very often have needs for support in housing, education, welfare benefits, transport and a whole range of other things. In recognising that multiplicity of needs for those individuals, we need to think about the system. My concern is that absorbing social care within a health service context would risk losing the connections that local authorities can often facilitate, because many of the responsibilities that I have mentioned are local authority-led responsibilities. That would be my concern. The medicalisation question also frequently comes up when people talk about co-ordination and integration.

The Convener: Kayleigh Kinross-O'Neill wants to come in on that point.

Kayleigh Kinross-O'Neill (Edinburgh and Lothians East) (Green): Thank you all for answering our questions and for coming in today. My question jumps off from Heather Anderson's questioning.

Professor Feeley, I enjoyed the table on new thinking in your submission. On the point about viewing social care and support as an investment in society, given that Northern Ireland was an example of that not working so well, is there any evidence of paradigm shift happening and of things working well? Are there any examples or things that we can look to and consider in a few years? Are there cases where people can say, "Yes, we looked at social care differently in this way, and it has produced a good outcome"?

09:45

Professor Feeley: There are not many. One of the people whom I had the privilege to have on my advisory board was a gentleman called Göran Henriks, who is from Jönköping in Sweden. The

Swedish municipalities are also responsible for healthcare, so they have an integrated system, and Jönköping's outcomes are exceptionally good even by Scandinavian standards. They have very much put the person at the centre of their system design, in similar ways to our new thinking paradigm. They have something called the Esther project. Esther is a fictional lady in her 80s, and they design the whole system around what would work for Esther. What Esther wants is relationships, independent living and care that is preventative and anticipatory. That is one example of how this can really work.

Paul McLennan (East Lothian Coast and Lammermuirs) (SNP): We are talking a lot about the structures. That is right, but we are looking at the budget, and I have a couple of questions about that. Professor Feeley, you mentioned the increase in funding for social care by the end of the previous session. That was achieved, but it is still not enough. Given that your review was five years ago, where do you see the figures going in relation to the change? I note that inflation has had a major impact.

Another key issue for me is whether we are doing enough to measure demographic change. Professor Knapp mentioned other aspects of social care, and I note that there is additional expenditure on housing and other things. If we consider where the budget was five years ago and where we are now, what do we need to do? You talked about challenging the Government on unmet need, but do we need to talk more about demographic change not just over the next five years but over the next 10, 15 or 20 years? What are your views on where we have moved over the past five years and where we are now?

I know that that is a huge question, but I am interested in hearing your views.

Professor Feeley: I am not as close to that now as I was five years ago. Our assessment around fair work is now obsolete. It has changed so much in that five-year period that I would not put any faith in the numbers in my report. To be honest, I would be tempted to do the whole thing again.

We should remember that such reviews can take two or three years. The one in England has been going on for at least two years. We had six months and we did the best that we could to analyse the future financial challenges, but it was incomplete. As I say in the report, for some things at least, the estimated costs were the floor rather than the ceiling.

Martin Knapp is probably better placed than I am to talk about demographic shifts and their economic consequences. However, I think that five years is too long for you to rely on the numbers in my report. I would want to do it again.

Paul McLennan: Professor Knapp, in your submission, you talk about the social return on investment. If we are to move towards a preventative agenda, one of the key things is how long that will take and what we will achieve in that time. It is about truly moving from just trying to get by to having a preventative agenda. Professor Feeley said that we cannot afford not to invest in that, both for reasons of care and because it would not stack up financially—we would be spending more money. What are your thoughts on the social return on investment?

Professor Knapp: There is plenty of evidence that investing early can save lots of money in the future while generating lots of good outcomes in terms of better health, better quality of life and so on. The challenge is always how we can persuade decision makers to do it now when some of the pay-offs will be seen some way into the future. Going back to the earlier point about integration, how do we also persuade decision makers to spend money now when the benefits are some years into the future and not even in their budget or area of responsibility? That is what I often call a diagonal accounting problem, where people ask, “Why should I spend my money when you are going to benefit, five years into the future?” That is the challenge.

However, quite often, the preventive actions that can be taken have short-term benefits. It is just about recognising that the longer-term consequences would also be quite substantial. In the note that I produced for the committee, I was talking about dementia. Some of those preventive actions that we see in the health context will have sizeable pay-offs in terms of reducing the number of people with dementia a long time into the future, but they have more immediate and attractive pay-offs in the short term, so it is about getting that balance right.

Every Administration has had difficulty prioritising prevention or putting enough resources into it when everybody is clamouring to deal with unmet need, for example. That is the challenge. If I knew the solution, I would probably be doing something else and be very rich and famous, but I do not know the solution.

The Convener: Joe, I think that you had something to say on this particular point.

Joe Long (Mid Scotland and Fife) (Lab): We will talk a bit more about investment later, but I want to stay on Professor Feeley’s review for a minute. I should make a declaration of interest first. My entry in the register of members’ interests shows that, until May this year, I was director of Scottish Autism, which is a social care provider in Scotland, and I engaged in the review in that

capacity and during the subsequent national care service conversations.

A big part of the review—which I think was welcomed by the third sector—was the emphasis on ethical and collaborative commissioning. Can you reflect on why that emerged as an important theme in the review? Also, it does not necessarily require structural reform. How do you think we are doing on that and how could that be improved, even ahead of any big structural reform?

Professor Feeley: There is actually quite a lot in the report that does not require structural reform, and ethical and collaborative commissioning is certainly one example. What we heard when we were doing the review was that commissioning was not working for anyone. No one was expressing contentment with how we were planning and commissioning social care services and then procuring them. We therefore wanted to try to identify whether there were better ways to do it.

We concluded—again, this was our analysis of the situation five years ago—that there was too big a gap between purchaser and provider and they were talking to each other too late in the procurement process, so we wanted a much more collaborative approach to the planning. That would have involved considering what was going to be procured subsequently and whether we could better understand people’s needs, rights and preferences in a collaborative way that involved funders, providers and people who relied on social care supports.

The ethical aspect is that there are people who are profiting from providing social care support. We did not feel that there was sufficient transparency in how public money was subsequently flowing into profit. We thought that we ought to strike a new deal between purchaser and provider, which meant that, in return for public money, the provider would have to be much more transparent about their finances; they would have to agree to participate in national quality improvement efforts; and they would need to actively participate in that collaborative commissioning process. That is what we were trying to achieve.

The Convener: Thank you. Heather Anderson is next. Sorry, Joe—do you have a follow-up?

Joe Long: No, I think that Heather has something to say on this point in particular.

Heather Anderson: Well, I now have two things to say.

First, however, I turn to Professor Needham. You talked about how, in England, there was the sense that the larger for-profit organisations were surviving the financial climate, but the not-for-profit

sector was more at risk of having to close services, although their inspections showed better returns. You said that, with children's services in Wales, it has basically been decided not to procure from the for-profit sector. Will you say a bit more about that? I would then like to come back on the money point, convener.

Professor Needham: As I said in my report, the sector is under enormous strain and some creatures can thrive in that landscape more than others. The evidence that I cited from my report is from the care home sector, and it shows that the large for-profit providers seem to be surviving best. If a care home is taken over and goes from the state or not-for-profit sector into the private sector, you see the staffing ratios fall. There is clear evidence about how costs are cut. However, we also know that, generally, the inspection ratings are not as good as they are for the not-for-profit providers.

That is partly about the context that we set and what is possible. We know that in a very cash-strained system, it is hard for many of the not-for-profits to be able to function well. Therefore, it is about thinking about what kind of landscape we are creating and who can thrive in that landscape.

In Wales, there is a move away from for-profit provision in children's services, but that is a risky move if you do not have sufficient provision. In children's services, that is a real issue going forward. Wales has given itself time to do it, but the market and the providers must get themselves ready to move into position. There is a risk that that move will end up worsening the problem that exists around children's provision in social care. It is the right direction of travel, but it must be done slowly and delicately to make sure that other actors in the market can keep up and get to where you need them to be.

Heather Anderson: Thank you. That is about values and principles and how you manage the market so that it might transform into a different space.

I will come back to the earlier question about money. This evidence session is about pre-budget scrutiny, so the committee's job is to look at the lines in the Scottish Government budget and try to make sense of whether we are moving towards prevention.

In a previous meeting, we heard evidence from Linda Bauld that Australia committed 5 per cent of the budget over five years to make a shift towards prevention. It goes back to the scale of the challenge that we face and how we identify money to enable the transition to happen. We have set up a just transition fund to move from oil and gas, and 30 years ago—because I am very old—we closed the long-stay institutions. There was a massive

values-led change in how we looked after people with learning difficulties. We got thousands of people out of long-stay institutions and moved them to receiving support in their homes. That was funded.

How do we earmark, ring fence or identify money to enable that transition to happen? Do we call it something else, such as capital investment, because it is about changing outcomes over 20 years, not a year? How could we look at that budget line creatively and say, for example, "Cabinet secretary, we need 3 per cent more to move across"?

Professor Feeley: We certainly have to do something different, because we have been talking about shifting the balance of care and moving to prevention for 20-plus years. I am also long in the tooth, and I was involved in a report in 2005 called "Building a Health Service Fit for the Future"—it was called the Kerr report, for those who know it by that name. In the report, we wrote about exactly those issues.

We have made some progress, but not enough. I should hold up my hand and say that I was the director general for health and social care during some of that period, and we did not make sufficient progress in shifting resources to prevention over that time. We need to do something different, but I do not know what that is.

Heather Anderson: If you were in that position—

The Convener: Sorry, Heather, but I want to ask the other witnesses whether they want to cover that specific point.

10:00

Professor Knapp: In a health context, there is a clear understanding of what is meant by primary, secondary and tertiary prevention, but that does not translate to social care very well at all. Recently, we have done some work to try to understand what local services understand prevention to be and how they are providing resources in that area. Conceptually and operationally, the term is very vague, and that vagueness serves a purpose in that people can relabel something as prevention one year and relabel something else as prevention the next year.

In social care, it is intrinsically more difficult to explain what prevention means. If you said that, for example, 5 per cent of the budget should be spent on prevention, you would have to be aware of the risk of gaming and of things being relabelled as prevention when they might not be doing what was intended in relation to heading off the development

of need, addressing unmet need and so on. Therefore, the challenge is trickier in social care.

Professor Needham: Interestingly, a survey by the Association of Directors of Adult Social Services in England shows that one of the barriers to prevention is the lack of a good business case for it. That suggests that part of the issue is a lack of evidence, but we know from what Martin Knapp has said that it is hard to provide evidence, because the term is vague. I know that the committee's next evidence session is on sport, which is all about prevention. One of the real difficulties in getting this right relates to where we put the boundaries around prevention.

The Convener: As we have discussed, a lot of people do not think that health boards being given responsibility for social care is a great thing—some of us might think that they are struggling enough with their current responsibilities.

We could flip the issue on its head. Should responsibility go back to local authorities? Should health boards be coterminous with local authorities? Should local authorities have oversight of both budgets, because, to an extent, they are charged with picking things up when health boards fail? I am ignoring IJBs at the moment, because they are kind of in between health boards and local authorities, so we could deal with that issue, too. The First Minister has already decided that there will be a single authority for the islands of Scotland. Would that not work on the mainland? What is the difference?

Professor Feeley: It probably depends on how many local authorities we have. If we continue to have 32 local authorities, I would counsel against the idea of having 32 health boards, given the level of variation that that might create.

The Convener: Yes, but local government is being reorganised, too—everything is up in the air. My question is an open one. I did not put a number on it. I am just interested in the principle of things being united.

Professor Feeley: In our report, we say:

"every system is perfectly designed to get the results it gets".

Instead of reforming structures first, we should think about the outcomes that we need to achieve. What do we want for people living in Scotland who need healthcare services or social care support? We should then work back from there to design a system that is fit for purpose. That would give us a better chance of success.

There are so many variables. There is an ongoing conversation about what public service reform ought to look like, but I will keep my powder dry for the time being until we see where that ends up.

The Convener: In an ideal world, I am sure that you are correct. Of course, that is not what we are looking at in the next year, but I welcome your point.

Do the other witnesses have a view on flipping the issue on its head? Local authorities used to be in charge of health, but there were national specialist services—I am going back a long time.

Professor Needham: It comes back to the probability that that would improve things and the evidence base behind it. We know that reorganisation is an enormous drain on time, resources and morale so, if you were to undertake such work, you would need a much clearer evidence base than we currently have.

The Convener: Yes, but we are getting the reorganisation anyway and our evidence is limited.

Professor Knapp: In England, public health responsibilities have shifted back from the NHS to local authorities, but I am not sure that I know the evidence on how well that has worked. I think that it has been received well, because it has allowed public health initiatives to be integrated well with the other responsibilities that local authorities have. That makes some sense.

The worries have always been around the huge variability that we get between areas if we shift the responsibility to local agencies. I think that the general public would be more concerned about that in health terms than they perhaps would be in social care terms, because it is more obvious what is happening. People already say, "Somebody who lives half a mile down the road is getting this, and I'm only getting this." Such variations perhaps become starker when they are in healthcare compared to in other services.

Adam Harley (Strathkelvin and Bearsden) (LD): My initial question is for Professor Feeley. It picks up on a couple of points that you made and brings them together a little. You spoke about the need to start from the front line, about the care that we want people on the front line to experience before we look at our structures, and also about finances.

How are we doing at the minute on gathering data and having information about what is happening? I am referring to data on the service that people are receiving, but also on where we need to spend more money and, when we do so, on how it should be spent. You also spoke a bit about the transparency of how public money is spent, but the overarching issues are how we gather data and information and how good we are at doing so. Do we need to do better?

Professor Feeley: Again, my experience of that will be dated. We could always do better on data. In the care home sector we did not have a common

data set until the Covid pandemic. It was only the pressures around the quality of care in our care homes that got us to that position, and that certainly should not have been the case.

More consistent, nationally reported data would help us better understand where we are getting value from the money that we are investing and whether the outcomes for people are consistent. Such information about the quality of care would help us to make our financial allocations.

We should always be striving to improve our data, and we should be collecting the stuff that really matters on people's outcomes and the value for money that we are getting from our public investment.

Adam Harley: Following on from that, when you were carrying out your review, did you identify specific practical barriers that prevented that from happening? To put the question more widely, to our other witnesses, are there examples from elsewhere of where we are a bit better at collecting data, or are these issues happening right across the United Kingdom and not just in Scotland?

Professor Feeley: There were probably two conflicting issues. First, it was hard to get a common, consistent data set for all localities. On the other hand, we had a bewildering array of standards and guidelines against which services were supposed to be judged, but where people did not know what the important data to collect was.

We almost have to re-engineer that to make sure that we have consistent data and know what is happening in all our localities right across Scotland, because those vital pieces of data will help us make informed decisions about good-quality care. That was certainly true five years ago, and in the intervening period I have not seen anything that shows me that it has significantly improved since then.

The Convener: Professor Needham or Professor Knapp, do you have examples of where we are doing better with data, or of data that we can look to?

Professor Needham: One data set that we now have in England is the Care Quality Commission's baselining of all the local authorities in England, so we can really see where there is good practice. However, we have 153 different ways of gathering data, and there are some issues with that.

Regarding prevention, we know that the localities that the Care Quality Commission rated as being of outstanding quality had really data-led preventative strategies. They knew about their local populations and also gathered data from the voluntary, community, social enterprise and faith sectors so that they could track the outcomes of preventative data. Whereas many local authorities

had data about preventative activity, only a few outstanding ones had data about outcomes. We could do much more work on data about prevention.

Professor Knapp: I will make two points. The first is that national decision makers, commentators and researchers in England would not suggest looking there for quality data, because Scotland and Wales are much better at giving access to the available data, particularly at an individual level.

Secondly, within the social care context, it is possible to measure the quality of care, but it is very difficult to measure the outcomes experienced by the people who draw on that support, because the nature of their needs and circumstances often makes it difficult for those people to participate and to express their views.

We are in a different position than is found in health, where what I would call individual-level outcome data is conceptually hard to define and operationally hard to measure. We do want good data about the quality of care, but we also want to move towards some way of picking up on people's experience of services, because that will tell us much more than we get from the data on quality of care itself.

The Convener: Jack Middleton wants to move on to something else.

Jack Middleton: Professor Knapp, your evidence identified several interventions for people living with dementia that were cost effective, helped to reduce care home admissions and generated savings for the NHS, but those have not been implemented. Why is that, what can we do to have those interventions implemented and what would be the priority for the Government's upcoming budget?

Professor Knapp: I briefly suggested some reasons in my submission to the committee. To go back to what I said before, there is a problem with silo budgeting. Quite often, the interventions that we see working are delivered in one sector but the economic and, more importantly, the personal pay-offs are found in another, which makes it difficult for people who are facing budget constraints to invest their money for what can seem like someone else's benefit. That is one difficulty.

A bigger issue, particularly in social care rather than in health, is that decision makers are less aware of evidence and also less enthusiastic about using research evidence. In particular, there can be a feeling that evidence that was not generated in a certain place will not work in that place, so that, for example, if a study was conducted in Manchester, people in London might

wonder whether things will be the same there. We do not see that reluctance in healthcare or education contexts, where people are far more willing to learn from what is happening in other localities.

Jack Middleton: Who are the decision makers in those contexts?

Professor Knapp: They are local authority commissioners in particular. Catherine Needham might take a different view on that, but I do not think that local authorities in England have generally been energetic in picking up on research findings to shape what they do in their own commissioning and planning. That is partly because they are really stretched and no longer have research departments to help them, but there is also a reluctance to embrace evidence that is not locally generated. I will stop there.

The Convener: Would you like to come in, Heather?

Heather Anderson: I know that I am coming in a lot, but I am trying to get to the heart of the issue because the reality is that we must identify funding to support prevention. I know that definitions are difficult and woolly and that there is less evidence, but we genuinely want the witnesses to give us their best thoughts and advice about how we can protect that funding.

Professor Feeley, you said that you were not able to deliver on prevention when you were in charge—I am paraphrasing. I would like to hear a bit more about what you think might have helped you to protect money for prevention in the environment that you were in, where you were the chief decision maker. My question is about tagging, protecting and moving money.

10:15

Professor Feeley: What I said was that we had made some progress but that it was not sufficient, because here we are, still talking about the same kinds of issues. We need to address a range of things. One is that most of the attention—political, media and, to some extent, public—is on the other end of the spectrum. It is on acute services, waiting times and financial challenges. I spent most of my time here and at the Public Audit Committee talking about such issues. There is work to be done to turn the spotlight away from those—as important as they are—and to turn it more often towards what we are doing on prevention.

Secondly, as I mentioned in my report, there are many powerful early intervention mechanisms that are currently at play in Scotland, but, as Martin Knapp just described, we have no means of scaling those up. In the course of the review, I spoke to the chief executive of a third sector

organisation that had demonstrated that it had interventions for people with early-stage dementia that could keep them out of care homes for longer, and so keep them at home, happier, and with better outcomes, as they would describe them, and at lower cost. He had successfully proven that approach in two local authority areas. I asked him what the plan was to scale it up across the whole country and he said, “I have to go and sell it to another 30 local authorities.” We have no mechanism to move from promising local practice on prevention to national-level implementation.

If we could start to overcome those two things, there would be a spotlight on prevention and a recognition that it is as important as acute service waiting times. Also, if we had better mechanisms to identify promising practice and scale it up to the national level, we would have a better chance of success.

The Convener: Joe Long wants to ask about workforce.

Joe Long: The biggest investment in social care is in the people who support those who use such care—our workforce, in essence. I was very struck by the focus on the relational element of care and support in Professor Feeley’s review. Professor Needham, is there an evidence base on the pay, conditions and training that we invest in our workforce, and on quality-of-care outcomes for the people we support? To open that to Professor Knapp, do we have evidence of an investment in quality relationships in social care more generally?

We will start with Professor Needham.

Professor Needham: That is an interesting question. There is certainly evidence that when things such as staffing ratios go down, we see a decrease in the quality of care. If we look at the providers that get the best ratings, they are often those that have higher retention rates, which means they have lower staff turnover. There is an evidence base for saying that greater continuity of care, in relation to maintaining those professional relationships, translates into better outcomes. That evidence is certainly there.

Again, as with other issues that we have talked about, it is very difficult to translate that into workforce practices in a sector that struggles to recruit and retain people.

Professor Knapp: We are doing work on supporting staff in residential settings who look after people with severe or profound learning disabilities to improve their communication skills with the people they support in those homes.

We are in the process of doing that study. I cannot tell you what we will find, but, in preparation for that, we did a review. We can find good evidence that, if you invest in that training, you

improve the quality of care that people get and the perceived quality of life for those individuals—for sure.

The challenge for the providers is staff turnover. Yes, they invest time in training those staff in that way—it is not a huge investment, but it nevertheless requires some diversion of resources—and the challenge is that the people you train then move on to something else. The evidence says that if you invest in people's skills in the social care setting, they stay around for longer because they feel more valued and that they are achieving better things in their work. However, you still have the very high rate of staff turnover that Catherine Needham talked about, and it is a challenge for providers to manage that difficulty.

Joe Long: I will follow up on that. We talk about people as our biggest investment, but, from an economist's point of view, I wonder what other key investments we could make that would be game changing for the care sector. I am thinking about emerging technologies and infrastructure. What would you see as being the key focuses of investment beyond the workforce?

Professor Knapp: I will pick up on two aspects. First, we have been talking about the paid workforce, but I would mention investing in the unpaid workforce: the carers. We know that the unpaid care inputs to the care system are greater than those from any formal care support, so investing in family and other unpaid carers would be hugely influential.

Secondly, social care is lagging behind compared with the investment that has been made in technologies in health, but it is certainly beginning to catch up on attracting people into the sector. The challenge with social care is that you have huge variability in the abilities of people to engage with technologies. People with early-stage dementia can engage with them but might find it harder to do so as their dementia worsens, which makes that area a less attractive market for technology developers. Therefore, we must find a way to incentivise those start-ups and other agencies to see social care technology as a sector worth investing their time in, because of the pay-offs.

The potential is there, but I go back to Professor Feeley's report and the intrinsic relational nature of social care: such care is about the relationship between the person who needs the support and the people who provide it, and that is different from the other personal, human services that we think about. Replacing that relational support with technologies is challenging. In dementia care, lots of good examples exist of technologies that look cute but do not really do anything satisfactory.

The Convener: Did you want to come in with a specific point about frailty, Kayleigh?

Kayleigh Kinross-O'Neill: Yes. My question is on prevention and it is for you, Professor Needham. You mentioned some strategies of prevention that are sometimes about interventions. Could you explain a little more what those strategies are and, in your opinion, what is best for prevention? We might talk later with the second panel—the sports session—about exercise classes or frailty sessions that are run by community leisure groups. What is your opinion on those and could you talk a bit more about the strategies please?

Professor Needham: As you said, that touches on conversations that you had at the previous meeting, which were about the easiest kinds of prevention to evidence, although they are the furthest downstream, such as tertiary forms of prevention. Moving upstream, the things that we can evidence tend to be the falls prevention investments or reablement investments. However, if we really want to make a difference in mid to later life, then it is about the things that are much harder to evidence, such as the activities in the sports clubs. Martin Knapp might have evidence around frailty and exercise, so I am not saying that it cannot be done. We are so reliant on the evidence that is easiest to gather, which is such a bias. In all the things that we are talking about, a lot of the things that we know are important are really difficult to measure.

The Convener: Professor Knapp, do you have experience in relation to that?

Professor Knapp: In relation to falls prevention, a lot of evidence exists about the things that work and that look economically attractive as well. The area of people's physical frailty being problematic for them and the people who support them is a good example. What we sometimes forget in those contexts is that people might have cognitive or social frailty—there are other aspects to frailty that need to be taken on board as well. With regard to falls prevention, there is a really good evidence base about things that work and are economically attractive.

The Convener: I have an observation that I think may be true, having seen my relatives in care homes. Often people who have gone in to hospital could walk before they did so. However, then they are in hospital for a few weeks or more and then they go into a care home, where they might never get the physiotherapy that could enable them to walk again. If they do, care homes are scared that they will have a fall. It is a real problem that carers feel safer with people being in wheelchairs than standing on their feet, and people who are standing are always going to fall—in the end,

somebody is always going to fall. I am not suggesting that anybody has an answer to that, but I think it is a real problem, and staffing is perhaps a part of that.

I observed in a care home that I was visiting over several years that, at the start, there were quite a few people wandering around with zimmer frames and others were in wheelchairs. By the end of that time, nearly everybody was in a wheelchair. That may have been partly because people were being kept out of care for longer, for various reasons. I am interested in whether you have a view on that situation. It makes it really difficult for people in care homes to get the activity that they need.

Professor Needham: I think you are right that people do not go into care homes now unless they have exhausted the possibilities of living independently. For that reason, the level of frailty will be higher, and once people go into a care home, they are usually not there for very long; it is often an end-of-life period—with some exceptions.

You are also right that the issues of staffing and risk are key. Some of my colleagues did a report on care homes a while ago that said that a care home can feel like either a home, a hotel or a hospital. Going into some of the high-end ones is a bit more like going into a hotel. For the ones with a fairly medicalised model, it can be more like a hospital, and perhaps in those settings, limiting risk is seen as the priority. Probably what we would all want is one that feels more like a home. That means that they tolerate risks and allow people to have pets or to do certain things that we know can increase things such as falls risk. However, if we were to ask people, we would probably find that that is really what they want.

The Convener: That is a good point.

Heather Anderson: We have talked about budgets and percentages, and the other thing that we want to ask witnesses about is the best age range at which to intervene. The Scottish Government is talking about providing heart and lung MOTs with Chest Heart & Stroke Scotland, and we are talking about sending Christina cards, so that when women get to 50, they receive advice about what they should be doing. What are your views on the age range at which interventions would have the biggest impact? We know that health spending is high at the beginning of life, but then it starts going up at ages 60 and 70 and goes through the roof at 90. If we are trying to manage the budget to prevent that hockey-stick graph, where should we put our efforts in terms of working with the Scottish population to stop them needing more acute care?

Professor Feeley: If my former colleague Harry Burns was here, he would tell you that it is ages zero to three.

Heather Anderson: I know. When else, though? We know that it is zero to three, but where is the other intervention point? We are doing zero to three as best we can.

Professor Feeley: That might vary according to population need. There are bits of Scotland where people's health and social care needs arise much earlier than they do in other parts of Scotland, and that is largely linked to deprivation. I suspect that a definitive answer to your question is going to be hard to find. When it comes to social care, we are also not helped by the way in which our eligibility criteria work. You cannot get into the system, and have your need identified or measured, until you are in a critical situation. That presents a challenge as well.

Other than intervention in the very early years, I am not sure that an age-range approach is best. Maybe we should take more of a sub-locality approach, which works according to the population rather than age.

10:30

The Convener: I will come back to Professor Knapp, but I have a question about evidence relating to what you have just said, Professor Feeley.

We get a lot of clear evidence about people in deprived areas, who have much poorer health and so on. There is an argument, particularly in Scotland, that if you have major problems, you might end up in those poorer areas because your finances have changed dramatically over time. If you are fit at the age of 40 and then you get some chronic illness and do not work again, you are quite likely to end up having to move to a cheaper but less desirable area. I am interested in whether there is evidence about people's poor health. Some of the issues are obvious, such as drugs and alcohol, but aside from that, are there other factors? I am interested in correlations, not causation—that is the point that I am making. If anybody has any evidence on that particular aspect, I would be interested to hear it.

I will also come to Professor Knapp, who wanted to say something. I was very interested in your example about dementia, when you said that quite a lot of the prevention measures are quick wins, in a way, because they are happening as you are doing it. It is an interesting aspect. I do not know whether there is anything else that you would like to say on that.

Professor Knapp: I will make three points, and I will finish with the dementia one. First, a very good report was published three weeks ago by Professor Peter Fonagy and others on a review of prevalence in relation to mental health, which gives us a really good, clear steer that, if we are

thinking about mental health, which has sizable social care implications, the time to invest is in those teenage and early adulthood years. That is the key period. We have some emerging evidence in that area.

The second area is not age but a group of people whose needs get neglected over and over again. That group is people with learning disabilities and autistic people, who do not get the health checks and the follow-ups that they need. They continue to have a much, much worse life expectancy than the rest of the population. That is a group for whom intervening early and consistently will be important.

In relation to dementia, there is a very influential report from 2024 that was commissioned by *The Lancet*, which has a beautiful graphic showing where all the risk factors lie in relation to your life course. Lots of those risk factors are in midlife. When I am teaching my students about dementia prevention, I say, “Act now”. There are things that you can do now to reduce that risk, through physical activity and in relation to alcohol, smoking, hypertension and lots of other things, which are midlife factors. Investing in treating those things and taking action now will have short-term payoffs, as I said previously and in the paper, but it will also have the huge benefit of reducing the future risk of dementia and some other neurodegenerative conditions.

There is not an optimum age, but investing early—not just in the years from 0 to 3—will clearly be sensible for most of the problems that we are talking about.

The Convener: Of course, people in that age group have come through Covid and are maybe now suffering from lag effects of that. That is an important point.

Paul McLennan: If we are talking about social care reform, a key point is that what we need to do will look different in different parts of Scotland, and in different parts of the UK, whether they are urban or rural. I was reading about the report that the University of Birmingham produced on asset-based approaches and on how you can look at having a local solution, which will be different depending on whether it is for the islands, the north of Scotland or urban Glasgow, for example.

If communities feel that they are invested in what is in their area, there is more of a connection, which is important. Will you say a bit more about the asset-based approach and where you can see it working in Scotland?

Professor Needham: Some of this is about whether local variance is a good thing or a bad thing. To some extent, we have talked about it as being a bad thing here, but we know that allowing

communities the possibility of taking control and doing things the way they want to can be very powerful. We see that in relation to asset-based approaches, which, as you say, my colleagues have evaluated. Some of the barriers are very local, including getting healthcare workers and social workers on board and making sure that the referral patterns work.

The areas that really manage to do the prevention work and take a more asset-based approach take a whole-council approach. In Wigan, for example, which is one of the outstanding local authorities according to the regulator, it has been a 10-year journey around working differently with communities and working differently with the voluntary community sector. They have had what they called a Wigan deal to try to develop a different kind of relationship between the council and the local population and that has really borne fruit. For some of this, let us not just put “asset-based” in the social care budget line but recognise that there has to be a whole-council transformation with a focus on doing things differently, because that is when you really start to see the benefits.

The Convener: That is a really interesting point. I have a question for you, Professor Feeley, particularly because you are Scotland based. You mentioned the problem of scaling up things that are working well. I was down at NHS Borders last week and I was very impressed with what was being presented there, particularly in relation to getting people moved on quickly—it was not just about bed blocking but the work was being done across the council and NHS Borders. Of course, they are both serving the same area, which helps them, but it was very impressive. I am told by one of my colleagues who is an engineer that it is because they are using engineering principles to bring forward that work.

I came away wondering how on earth we can get that approach spread out more widely. It is not just about money, because they are doing it within the constraints that they have. How do we spread that approach, particularly to the bigger NHS areas, which are dealing with their own very significant public problems? There must be a way to go about that. “Suggestions welcome,” is what I am saying.

Professor Feeley: One of the things that we have developed in the NHS since launching the Scottish patient safety programme back in 2007 has been that improvement science application, which I suspect is the engineering approach that you have been told about. There is no equivalent methodology in social care, at least as far as I could find. There is no method for making improvement happen. In order to scale stuff up, in my experience—and in the work I did in the States after leaving the NHS, that is really what I did—you

need two things. You need a method—you need some kind of scientific approach to implementation that takes evidence and gets it applied at a larger scale. You also need socialisation—you need to bring people together to learn from each other. Again, there is currently precious little of that in social care in Scotland.

If we could build that capacity and capability in the system to have an embedded common approach to implementation and a means to learn and collaborate together, we would have a much better chance of getting some of those things scaled up.

The Convener: That is interesting. Thank you.

Joe Long: I notice that we are coming towards the end of our time, so I will take this opportunity to ask a final question. Professor Feeley, you have mentioned a couple of things from your review. We are about to embark on some big structural change but, as we have acknowledged, not everything requires structural change. In the conversations about a national care service, which became very much about governance and structure, what do you feel was lost from your review that we should go back to and hold on to? I open that out to our other guests today: what do we need to hold on to during structural change?

Professor Feeley: As I read through the report again in preparation for the committee meeting, one thing that stood out to me was that only about 20 per cent of what I recommended was to do with a national care service; the rest of it was not to do with that.

I have said consistently since we produced the report that the most important part is about changing the narrative. We need to start thinking differently about social care, what it is for and what it can do. If we stay in that old mindset about social care being a burden and it being about contracts and about helping people manage in a crisis, what we design to deliver that will not be fit for purpose.

The most important thing right now is investment in new thinking and proper investment in social care, and the committee can influence that through its advice to the Government on where to invest. It bothers me a bit when people say that we should invest in social care to save the NHS. No, we should invest in social care because people need good social care support. A good society in Scotland needs good social care support. That is why we should invest in social care. It is a good investment and the necessary precursor to any structural change. Let us first think differently about social care and then make the right structural change, designed for the new way of thinking, not the old way.

The Convener: You have anticipated that we are coming to the end of the evidence session—you were watching the clock.

Professor Feeley: I can see the clock clearly from here.

The Convener: You have made your pitch, which was very good and interesting.

What would the other witnesses like to leave us with? You can spend a couple of minutes setting out what we should remember and include in our letters to ministers.

Professor Needham: In relation to local authorities in England, which is what I know best, we know from the CQC process that neighbouring authorities with very similar populations and issues can perform very differently. The essence of the matter is what makes that difference. The CQC says that the difference is down to leadership, including good political leadership. The best performing places had leaders who had a clear mission that drove everyone and who were curious about performance and impact. Those places managed to move away from a blame culture in which people felt that they had to hide failures and keep them under wraps. That very much links to what Derek Feeley said about culture, narrative and leadership.

Professor Knapp: First, I absolutely agree that we should not see social care as being there to save the NHS. However, that narrative can sometimes be quite a useful Trojan horse, because riding on the back of that might help to make the case for more investment in social care.

Secondly, to pick up on what Derek Feeley said, I have always been allergic to the word “burden” in these contexts. We should see people as individuals, not as burdens on the system.

Thirdly, we should listen to the lived experience of people who have social care needs and draw on support. In whatever restructuring there is, we should not lose that—in fact, we should gain more of it. We should support family members and other carers, which can sometimes drop off the agenda.

Fourthly, as I have said, it is hard to define and identify prevention in social care, and it is hard to persuade decision makers and budget holders to invest in it, but that seems the key to heading off problems that our systems will face in the future.

The Convener: I thank all three witnesses for a very interesting session. I realise that you have made a lot of effort in sending us evidence and coming to the meeting. We appreciate that, and I am sure that we will remember some of those key points.

I note that, this afternoon, Adam Harley will be leading a debate in the chamber on neurodiversity

and the lack of leadership on that issue. If you have time to watch that, you will see what is being said on that in the Scottish Parliament.

We very much appreciate your coming to the meeting. Have a safe journey home.

We will take a break while our witnesses changeover.

10:43

Meeting suspended.

10:53

On resuming—

The Convener: I welcome our next panel of witnesses and thank them for taking the time to come here. We are joined by Forbes Dunlop, chief executive officer of sportscotland; Gregor Muir, acting chief executive of the Scottish Sports Association; and John Lunn, chief executive of Scottish Swimming. We are disappointed to see George Hunter, director of libraries, sport and physical activity and communities at Glasgow Life, because we have been trying to get women on this sports panel and he was supposed to be someone else, but we will forgive him for that—I am sure that he has a lot to tell us. We will just have to work harder next time. I am sure that he will talk to us about women and girls in sport as well as other issues.

I thank you all for your submissions. As you know, we are looking towards making pre-budget recommendations while finances are constrained.

We will move straight to questions. Unsurprisingly, the first questions are about funding for sport and physical activity. Kayleigh Kinross-O'Neill will start us off.

Kayleigh Kinross-O'Neill: This is a nice easy one. Thank you all for coming.

I will start with Mr Hunter and then we can maybe go along the line of witnesses. What are your thoughts on the impact of local government reform on funding for arm's-length external organisations? In the next few months, do you want to see anything in particular in relation to engagement or reform to support more sustainable funding and open that conversation?

George Hunter (Glasgow Life): Thank you for your questions. I have my views on how public sector reform might play out from a Glasgow perspective. Glasgow City Council is still to consider its position; I think that a paper on that is due to come to its city administration committee soon.

From a wider perspective, we would absolutely like to see more funding coming through the

system—I guess that there is no surprise in that. It would be great to see the current funding model become more multiyear, which was a key part of our submission.

I listened in on the previous evidence session, which was great and interesting. Some really good examples were given of linking prevention into the wider systemic development piece. In Glasgow, we have our physical activity and sport strategy for 2025 to 2035. We are working carefully across partnerships, the health and social care partnership and other council departments on the no-wrong-door single model, which it would be great to see. I have worked across Scotland and in other local authorities, and lots of work is going on in and around that. A previous witness mentioned the Wigan model and some of those developments. It would be great if funding came through to support that kind of whole-system piece.

There are also wider points about the way in which funding works. There is a lot of funding in the system just now. However, it would be fantastic to be able to provide longer-term contracts and working arrangements for core staff and to fund the programmes that we know work really well. We have a number of schemes that the committee might be familiar with, such as live well community referrals, which are really successful. It would be great to see perpetuity for that funding, in whatever model comes out of public sector reform.

The Convener: Would other witnesses like to comment on the specific point about arm's-length external organisations?

Forbes Dunlop (sportscotland): I am happy to say a couple of bits. All the different ALEOs and leisure trusts have slightly different responsibilities. Some have sport and physical activity and some have cultural activities. They have different responsibilities and delivery requirements, and it is absolutely right and proper for each individual local authority to have such arrangements in place.

The funding models for leisure trusts are also all quite different. One of the fundamentals that sit behind all of that, which I am sure that we will spend a bit more time on, is that the trusts are predominantly responsible for managing and running facilities. I have previously talked to the committee about the report that we published earlier this year on sports facilities across Scotland and the challenges in there. We might come on to speak more about that.

I simply want to recognise that the leisure trusts, which do a fantastic job, all have slightly different set-ups, structures and funding arrangements.

Kayleigh Kinross-O'Neill: That was useful.

Paul McLennan: I will ask a question on budgeting; it is probably for Forbes Dunlop or Gregor Muir. You get your budget from the Scottish Government from year to year. We will talk about facilities later, but we have talked previously about coach development and general development in sport. With a year-on-year budget, what issues arise in how you look at strategic development over five or 10 years, for example?

In our pre-budget discussions with ministers and the cabinet secretary, one of the key issues that we will be speaking about is how we can look at longer-term strategic development of sport in Scotland when budgets are on a year-on-year basis. What challenges do you face? Ministers would need to speak to the UK Government about giving reassurance for a three-year or five-year budget. What are the issues around that?

I think that it would be hard to look at the strategic development of sport over the next number of years. We had the summer of sport, which had additional funding. However, outwith that, it is about getting by, year on year, without the strategic development piece. That is the bit that concerns me.

11:00

Forbes Dunlop: The annual funding cycle is definitely a challenge for us. The approach that we take is almost one of hedging our bets because, although we are on an annual funding cycle and we never know what is around the corner, there is a reasonably consistent level of funding across the years.

I said that we hedge our bets. We work with local authority and governing body partners on four-year cycles. They tend to produce a four-year plan and, in principle, we invest against that. We can give a hard legal commitment for only one year, but we will, in principle, invest for a four-year cycle.

We are in a review period with the group of governing bodies that were involved in the Commonwealth games. They are coming in now, following the Commonwealth games, to talk to us about their plans for four years from April onwards and, in principle, we will commit to those plans, but that is only in principle.

I would like to see a longer-term commitment, which would give certainty of contracts, as George Hunter mentioned, and certainty for planning. That would enable us to start thinking about longer-term interventions.

I know that we will come back to facilities, but annual funding is no use at all for facilities, because those projects take many years to develop, bring to fruition and deliver.

Gregor Muir (Scottish Sports Association): I completely agree. Multiyear funding is pretty essential to putting strategic plans in place and getting to implementation. Lots of governing bodies have suggested that being on an annual cycle, even with in-principle funding beyond that, affects their capacity to offer permanent contracts or salary uplifts and to plan their staffing structures effectively.

More widely, how can governing bodies support clubs, development officers, staff, coaches, officials and all the wider infrastructure? That becomes a lot harder if those bodies are looking at an annual budget line and having to make decisions based on year-by-year reporting.

The Scottish Government has done a bit more work on piloting multiyear funding agreements in the wider voluntary sector, and the committee could probably consider how the learning from that could apply to sport and to governing bodies. There would be a different conversation about the national agency, but the Government could make a longer-term funding commitment that meant that there was a lot less short-term thinking and firefighting.

Some innovations and efficiencies take longer to embed. It might not be possible to make decisions within a one-year cycle, but if there was to be a return in three to five years and if sports had confidence that there was to be an uplifted multiyear budget, they might consider different models and ways of working.

Paul McLennan: I will follow up on that. There are two issues for me: one is how we develop participatory sport in the community and the other is elite development.

Do one-year budgets and a lack of strategic planning have an impact? We are talking about how to improve elite-level performance and how to get more people involved in sport. Does the lack of certainty about longer periods impact on elite performance? Does it impact on community participation? Those are the fundamental questions.

Forbes Dunlop: Short-term uncertainty impacts on both those things. We are so used to annual funding agreements that we almost ignore them. John Lunn can speak about this far better than me, but planning for Duncan Scott to swim at the Olympics does not mean thinking about the next nine months; it means thinking in four, six or eight-year periods. Athletes have to be quite single minded, and getting caught up in an annual funding cycle would distract them to the point that they would not be able to do what they do. Annual funding definitely has an impact.

The new investment this year has been very welcome, but half of that money—for the summer of sport—is one-off funding. We can talk about the impact that it has had. Expectations have been raised. People have been able to take up opportunities this summer, but parents are now asking, “What’s happening next summer? Is that funding continuing?” As things stand, it is not. That short-termism has been exposed in relation to the summer of sport investment.

John Lunn (Scottish Swimming): Gregor Muir and Forbes Dunlop have picked up on a lot of the issues. It is quite a mixed picture. From a governing body perspective, we are quite fortunate in that we receive money from sportscotland and from our British governing body, because we do really well at performance in particular.

As Forbes Dunlop said, we have in-principle commitments. We have a four-year in-principle offer from sportscotland, but it is subject to continued funding from the Scottish Government. We manage the situation by escalating the risk on our risk register, and we discuss it at board level. If we are early in the cycle and are pretty sure that the Government and sportscotland will not relinquish their commitment, we reduce the risk. We take it at face value that we will receive the funding for four years. As we get nearer the end of the cycle, we increase the risk and consider longer-term factors. We are halfway through our cycle—we operate on an Olympic cycle, which means that it is easier for us to align with the UK in that respect.

We also generate income through membership fees. In relation to Gregor Muir’s point, we are having to significantly increase those fees, because the funding support that we get from Aquatics GB and sportscotland has been flat—or, if it has increased, it has increased for a specific or additional activity, not to underpin or cover existing resources. Therefore, we are having to scale back some activities and manage staff costs and capacity.

It is a real challenge and a juggling act. At a strategic level, our board has to consider the overall balance of the risk register and the profile that we give such risks within it, which is very high.

Jack Middleton: In your submissions, you have all touched on the need to protect and modernise Scotland’s ageing sporting facilities. I will come to each witness in turn, so I ask for responses to be brief.

Mr Dunlop, I was particularly struck by the statistic that you provided that almost 40 per cent of Scotland’s sporting facilities are now beyond their anticipated design life. How concerned are you about the condition of Scotland’s sports estate? Do we need a significant dedicated

programme of investment to modernise and upgrade sporting facilities for the future?

Forbes Dunlop: Absolutely. We identify that as the number 1 risk over the medium to long term. The 40 per cent figure, which you mentioned, is quite worrying. We know that the older facilities are often not up to scratch or up to standard for inclusion and access. In relation to the climate challenges that we face, those buildings are not efficient in any way whatsoever, so the increasing energy costs are exaggerated, because heat escapes everywhere. That is a real challenge for us.

Sportscotland’s investment in capital projects comes from the national lottery. We invest Scottish Government and national lottery moneys, but all our capital investment comes from the national lottery—we have no capital funding from the Scottish Government. To provide some context, I note that our budget from the national lottery has just doubled from £2.5 million to £5 million per year, but that money has to cover every local authority, every sport and every club. It probably would not maintain half the estate that George Hunter and his team at Glasgow Life look after—in fact, it would not even come close to that. That is a huge challenge, so I would like there to be some dedicated resources for capital projects.

Jack Middleton: Mr Muir, your submission highlights the consequences, especially for grassroots clubs, in relation to increasingly higher costs and reduced availability of facilities. It seems that we are at risk of missing out on the next Caroline Weir or the Scottish Harry Kane. Are infrastructure issues among the biggest barriers to getting young people involved in sport?

Gregor Muir: Yes, it is certainly fair to say that. Schools provide big participation opportunities, but, beyond that, those opportunities are provided through the local authority estate and the wider infrastructure. There are community clubs in every town and village across Scotland but, if the gates are locked because people cannot afford to have someone working at the facility, because it is too expensive to run or because it does not meet a sufficient standard to be used safely, that is a massive barrier.

Some of the issues around socioeconomic barriers are compounded by the facility landscape. If facilities are more expensive to access, clubs have to put up their membership fees to try to cover those costs. Although lots of clubs and sports try to subsidise those costs as best they can to make things as affordable and accessible to as broad a range of people as possible, their having to increase those costs means that lots of children and young people cannot afford to access them. Their only provision is then found through either

school or subsidised activity, but as soon as they are out of that environment, no pathway exists to clubs and lifelong participation, which really make a difference in long-term health outcomes.

The cost is absolutely huge, and it is an additional burden to some underrepresented groups. We spoke in a previous meeting about the significant challenges for women and girls to get involved, so there is an additional barrier there; it is similar for currently underrepresented groups with regard to ethnic background. However you want to frame it, the availability of facilities is fundamental to an activity taking place. If you do not have the staff, the coaches and the officials to run the activity or somewhere to do it in, the sport cannot take place. As Forbes Dunlop said, it is pretty much the number 1 barrier to increasing the participation rate for lots of sports.

Jack Middleton: Mr Lunn, you have told us that 122 of Scotland's 295 public swimming pools are beyond their average expected lifespan and that we could face a

"a net loss of 150 pools by 2040".

How urgent is the need for a dedicated and specific investment to refurbish and replace Scotland's swimming pools?

John Lunn: It is critical. If we do not have that investment, those pools will close. Our estimates are that we will lose 150 pools by 2040, which is why we are proposing capital investment to support two strands—first, a swimming pool sustainability fund for maintenance, refurbishment, energy efficiency and transition support; and secondly, a pool development fund to look at replacements when there is appropriate evidence that a pool needs replaced. We think that that would be a responsible way to proceed and that it would support operators in maintaining and retaining the estate that they have while planning for the future.

Jack Middleton: Mr Hunter, I will give you the task of trying to sum up the contributions from other witnesses. The written evidence from your colleague Kay Morrison recommended a national sport and leisure estate renewal programme. Given what others have said, where should that be prioritised to give the greatest benefit to Scotland and encourage the greatest participation?

George Hunter: There is quite a lot to unpack in there. Undoubtedly, the city of Glasgow has some of the most notable facilities in the country, such as the Glasgow international arena, Scotstoun stadium and Tollcross international swimming centre. We have some big facilities that all require ongoing maintenance and investment. That is a priority, but we have to try to balance it against competing priorities across a capital estate

that involves many other things at a Glasgow level. That is why the annualisation of the funding and a core fund that would directly support that level of investment into those facilities, which others have mentioned, become really important—in that sense, it is no different from any other property portfolio, in that it requires maintenance and investment.

What we have become quite good at in the public sector over years has been what I would term "spend to save"—instead of cutting a budget, you invest in something, it creates more income and that in itself perhaps deals with an issue. In Glasgow, we have been really effective at doing that: our investment in things such as padel or reformer Pilates has driven significant income. There is a question there, to which I do not know the answer right now, about how we recycle that investment and put it back into the very facilities that you are operating those activities from. That could become a really good model.

I want to make another point on your question and I hope that my answer will be what you were after.

11:15

There is another side to this, which is the community facilities. We work closely with colleagues across the board on those. We have the people make Glasgow communities, or PMGC, process, which is essentially the community asset transfer process, although it is a bit different from such transfers elsewhere. We work to support and enable communities across the city that want to take on and run facilities to access our services and programmes; however, those facilities need investment, too. Traditionally, those types of community groups have relied on things such as the shared prosperity fund and, before that, European regional development fund and European social fund-type funding. That kind of funding was the core capital piece for the big flagship buildings that we manage as Glasgow Life. We also work in partnership across Drumchapel, Shettleston and Easterhouse—lots of areas in the city where there are groups that are taking on and running facilities. Any capital piece would require consideration of those other players, be they third-party voluntary sector organisations or community organisations.

I am not sure that I have entirely answered your question, but those are some thoughts on the subject.

The Convener: I want to pick up on John Lunn's drastic figure on swimming. The Scottish Government has said that every primary school child will get free swimming lessons. I am old enough to remember when that already happened,

and it happened for my children, so I do not know at what point that changed. Maybe I was just lucky where I lived, but I thought that that was standard.

How are the facilities for that commitment going to be provided? Is there a way to bring in significant capital spend in order to take that goal to fruition?

John Lunn: Those are important questions. We believe that the capacity is there. A lot of swimming pools are quieter through the day. A number of local authorities still provide primary school swimming provision, but not all do, as we have said.

However, we know that it can be done, and we would provide support for that. We would help local authorities with planning when they start to roll it out. We have looked at a phased roll-out, because we recognise that not everybody can start from scratch right now. It could require time, a bit of planning and some assessment of the competence that the children who would be benefiting from it would have at the start.

We believe that there is existing capacity. Having that happen would fill water space through the day, which is traditionally a quieter time, and it would provide income to those swimming pools. There are local authorities that deliver on that basis currently—I think that 10 or 12 of them already deliver full school swimming.

The Convener: What is the plan? Do they get 10 weekly lessons? Is the aim to get everybody able to swim, given that we live in a country where people can fall into water or might wish to go into water? Is that the kind of model?

John Lunn: I would love to think that we could get everybody swimming in 10 lessons.

The Convener: I realise that that is optimistic.

John Lunn: The framework is flexible, and that flexibility is part of the pilot process as we modelled it. We looked at rural models, city centre models, models with different kinds of mixed classes and so on to come up with our flexible approach. The baseline is that we would like to see every child get seven and a half hours of opportunity. Not all of that needs to be water based, because some of it will be about safety aspects, particularly in open water. We believe that the flexibility and the models are there to allow us to provide seven hours. Whether all the children would be able to swim at the end of that is a different issue, but they would certainly make some progress. The framework would capture the progress that the child makes when they get the opportunity.

The Convener: Paul, you wanted to come in.

Paul McLennan: Forbes Dunlop, sportscotland's estates review said that an

investment of £15.5 billion is required over the next 25 years. That is a big figure. This takes me back to the point about year-on-year planning. One of the roles of the committee is to challenge Government by saying, "If that is the amount that is needed, how are you going to achieve what you need to achieve with that?" How do we prioritise that? You say that you will need £15.5 billion over 25 years, but is there a piece of work in which you say, "In year 1, we need to do this, and in years 1 to 5, 5 to 10, 10 to 15 and so on, we need to do that"? What level of work do we need to do in terms of saying to the Government, "This is what the estates review is telling us, so what is the plan over the next 25 years and what are the priorities?" We need to look beyond one parliamentary session and into the next five or six sessions.

It also comes back to Jack Middleton's point that if we want to produce elite stars and increase participation, we will need that level of capital investment. How do we prioritise that? How do we get the Government to say how it will prioritise that over the next five, 10, 15 and 20 years?

Forbes Dunlop: We have increased our capacity to work with local authorities and local partners to get into the details, which is the next step. The weakness of any national survey is that in some ways you are generalising. What we need to do now—we do this anyway but we need to ramp it up—is sit down with local partners, and in the case of swimming pools that cross local authority boundaries, not be restricted by those particular lines, and discuss where the swimming pools are in relation to communities, because if they were built 40 or 50 years ago, there is a good chance that the communities round and about will have moved. What does that picture need to look like in the next five, 10 or 15 years? Which ones are at the end of life, and where should replacements be built?

We have those conversations with local authorities. We have just increased our capacity to ramp that up so that we can take the local community-level approach. We know the big, broad figures. We now need to go authority by authority and on a geographical basis to get into the absolute detail.

Local authorities are still spending a lot of money, so although that capital investment is needed, a proportion of it is currently being spent by local authorities. They continue to invest significant money in maintenance—perhaps not as much on replacement as they have in the past, but they still have big capital budgets. What we do not have is a significant pot of money at the centre of the table, which would allow us to be part of those conversations, have an influence and have conversations about access, inclusion and all the other things that we traditionally do when we invest

capital. We sit down and talk about pricing models and schedules, how local authorities engage with local community clubs and all those things. By investing in those facilities, it gives you a bit more leverage to influence the policies around them.

Paul McLennan: Have you had any formal reply from Government on that figure of £15.5 billion over the next 25 years?

Forbes Dunlop: We have not had a formal reply on the figure. We have had an acknowledgement that the matter is important and that it will need a different approach. It is not that the Scottish Government or local government is going to go and find that amount of money; there is an acknowledgement that we will have to work together and that there will probably have to be a different funding formula that goes beyond public investment.

The Convener: I have a question, which I exclude Mr Lunn from, and you will see why in a minute. This question is particularly for sportscotland and the Scottish Sports Association. Assuming that there is very little money around and that everything we want for swimming pools and other facilities is not forthcoming in the next few years, are there sports or physical activities that would be cheaper and that do not need such a lot of facilities? We are talking about prevention and getting people to do healthier things. We are particularly looking at keeping schoolchildren in sport, and girls doing sport is obviously an issue.

It is not a suitable activity for youngsters, but I am, for instance, thinking about open water swimming, which has expanded since Covid, and which people like me who have not swum for 30 years or whatever have taken up. I can see the women around me getting fitter. They lose weight and they get fitter. It is that simple.

I am looking beyond the two obvious things. Swimming is great, and football is very popular among women as well. It is the fastest-growing sport, I believe, but what is there that everybody can do that we could think about? We are talking about the poorer areas with less access. To be honest, certainly when my kids were young, if you did not have a parent who drove and could take you to things, you were not going to be in the girls' football club or whatever, but there must be other activities. Running is an obvious one. The run in the park is another example. I am interested in other examples.

Forbes Dunlop: There are other examples. Although we have focused so far in the conversation on the built estate, we also use open spaces and green spaces. Scotland has those fantastic resources, which could and should be better utilised. There are governing bodies for

several outdoor sports and activities, and they do a fantastic job, but we can always do more.

There is the other side of it. When we are moving into winter, it takes a certain mindset to go out in the wind and the rain and so on, so having covered pitches and indoor facilities remains essential.

As for the facilities stock—and accepting that outdoor open green spaces are being, and can be better, utilised—I would say that general sports halls will always be really important. Sports halls and other sports facilities that have halls, gyms, exercise areas or areas that you can set up for a game of volleyball or badminton or a spin class will always be of value.

The Convener: Mr Hunter, as a representative, in a way, of Glasgow, which has quite a lot of facilities, do you have any thoughts on how they could be better utilised at less cost? Have you expanded some areas in recent years?

George Hunter: We have expanded. In general, when it comes to sport and fitness, you have to be able to react to demand and give people what they want. Anecdotally, I would say that the evidence suggests that people tend to stick to things that they enjoy—perhaps we can all relate to that, in some way. We have tried to provide as much choice as we can across the estate, but the challenge, at times, has been one of affordability and access—in other words, making sure that people can get to the class or the facility.

That said, there is across the city right now a fantastic array of activities supporting a whole range of different groups. Glasgow club membership continues to thrive, and with the in-year funding that we have received, we have been able to provide referral pathways through active Glasgow and other aspects for those who need that sort of thing. That is really important.

I guess that we could all say that certain things are cheaper to provide, but the question is whether the demand would be there. We have found that in those areas where we have made investments—I am thinking of reformer Pilates, which is huge right now, and padel—demand is absolutely off the chart. Therefore, it would be really difficult for me to point to a sport or activity and say that it is the most cost-effective one, or the one that gets you the most bang for your buck. It is all about demand and giving people access to something that they physically want to turn up to and do three, four or however many times a week. That is really important.

The Convener: Thank you. Jack Middleton wanted to come back quickly on something.

Jack Middleton: Convener, I want to come back to a point that you raised with the panel about the cost of 4G pitches and other fancy facilities. I learned to play football on the street or in the park, where there were lots of big signs saying “No ball games”. In fact, in Aberdeen, Denis Law led an effort to get rid of such signs. Does that sort of disincentive to be active and play sport in safe, green spaces still exist in other local authorities across Scotland? If so, could we look at getting rid of it, given that the cost of doing so would be zero?

The Convener: So you just ignored the signs. Is that what you are saying?

Jack Middleton: I did, indeed.

The Convener: Hopefully, children will continue to do that.

Forbes Dunlop: I am sure that, if we took a walk around, we would still see some of those signs. I would like to think that we have moved on from that, but my honest answer is that I do not know.

Jack Middleton: Okay. Thanks.

The Convener: I call Heather Anderson.

Heather Anderson: I am just going to report Jack to the parky—or the municipal police.

Forbes Dunlop, the last time that you were here—and again today—you made a very strong case for the role of sport in prevention, and you mentioned the figure of, I think, 3,000 preventable deaths. I wonder whether you can help the committee to get a better handle on that. We talked earlier about identifying preventative activity and quantifying its impact, and I know that, for many of your organisations, there is a tension between the pressure to produce elite athletes and the need to provide, say, a stroke exercise class. Indeed, we have heard a really good example from Aberdeen in relation to swimming. What can you do in your portfolios to demonstrate that an activity is definitely preventative, and how might that link to social prescribing? I am not sure how the model works, but I think that there is definitely a pathway there.

I would like to hear from each panel member on that.

11:30

Forbes Dunlop: I would always say that anything sport related is preventative—and when I talk about sport, I mean physical activity, too. Any physical activity has a preventative impact.

In this respect, I quite often quote the country chief medical officers and their physical activity guidelines, which say:

“If physical activity were a drug, we would refer to it as a medical cure”.

At the highest level, it is undisputed that being physically active is good for your health, although I appreciate that there are a few exceptions to that. Sport is a component of physical activity. We understand the research, which is indisputable, but the data becomes quite hard to interpret because so many factors influence people's decisions. We have struggled with that. A range of factors impact a person's decision about whether to go to the gym, so sometimes it is hard to hone that information and get tight research or data on it.

Social prescribing work happens across all local authorities and leisure trusts. Again, George Hunter can speak to that in greater detail than I can. However, when those programmes are undertaken, there are opportunities to gather evidence, because the research that follows them is fantastic. It shows their impact.

Unfortunately, quite often those programmes are subject to annual funding, which goes back to the point that we discussed earlier about initiatives starting and stopping. Encouraging someone to become more physically active is a long-term process, so it is unhelpful when an initiative begins on 1 April and funding runs out in October, just as someone is building their confidence. We need long-term, sustainable funding for all aspects of social prescribing.

Gregor Muir: The health benefits of preventative investment in sport are probably easier to articulate. For example, it is easier to quantify reductions in the burden of non-communicable diseases and deaths related to physical inactivity. However, in recent years, some sports have been proactive in trying to capture their social return on investment. If we consider prevention in broader terms, community cohesion and the reduction of antisocial behaviour, for example, are preventative investments that make communities better places to live. Those things improve not only physical health but mental health. Lots of the factors associated with sustained participation in sport are harder to capture, but it is not necessarily clear what evidence Government needs in order to make preventative investment decisions.

The Government's prevention unit is considering public service reform and what that means for prevention. There is an opportunity for sport to play a major part in that unit's brief if it thinks broadly about the outcomes of sport. The benefits of sport are felt across policy areas, so we should consider how the impact of investment in sport can be articulated to Government to allow it to make more structured decisions for the long term. If there are benefits across the life course, how can we increase funding to ensure that as many people as possible can access those benefits?

As Forbes Dunlop said, a key part of social prescribing, and of any of those short-term investments, is considering how we connect them to pathways. How do we get someone who gets to come along to a sample session into the club environment where they are far more likely to participate on a sustained basis?

On the earlier point about the diversity of sports, sport is also fun. People like to do things that interest them, and having a broad variety of opportunities in the sporting landscape is positive. Sport provides many benefits for communities, as well as wider social outcomes. It is therefore important that we do not narrow the sporting offer.

However, it would be interesting to consider sports that reach particular target groups. As was mentioned, there is significant investment in children and young people, and although I do not think that we should disinvest in them, there is potential for other groups not to get as much support. Older adults are one example, and some sports are particularly accessible to them. If we want to reduce the long-term burden on the care system, we need to keep people healthy and active for as long as possible and out of both the care system and hospital settings. To do that, we need to invest in opportunities throughout the life course.

On the point about social prescribing and health interventions, we should consider how we can better inform health providers, who work in a very pressured environment and have to deal with lots of other things. We want to reduce the long-term burden of health issues. Work is ongoing with Public Health Scotland to improve social prescribing and to articulate the benefits of physical activity, but we should also consider how sport can support that work and how we can better inform Public Health Scotland about the pathways that will allow us to move people from initial interventions into sustained participation.

John Lunn: A lot has already been said by Forbes Dunlop and Gregor Muir. I will unashamedly drill straight into the swimming-specific points and aquatics activities. We have some data—and some of it is not from Scotland; some of it is from England.

In our written submission I referred to the “Value of Swimming” report, which Swim England commissioned in 2022. It estimated that 78,500 cases of ill health can be prevented through swimming, and it gave the figure of 2,500 cases of dementia that were prevented or positively impacted through swimming, which saved the NHS £106 million a year. The report estimates that swimming helped to prevent 22,500 cases of type 2 diabetes, which saved the NHS £103 million a year. The case for prevention does not need to be

remade. What we do not have, however, is the data and information that we need in Scotland.

We celebrated the 10-year anniversary of our learn-to-swim framework last year, and we commissioned a piece of work on it. Around 88,000 children and adults in Scotland take part in learn-to-swim activities and community programmes that we are connected with. The social value of that is £15 million a year for the children. That is not a health benefit; it is directly related to their wellbeing, their social connection and their social interaction. We know that there is tremendous value in those activities and, in some cases, we can put a value on it.

We also know from our own health survey that swimming is the second most popular activity and is the most popular activity for those with a disability. It overindexes for females, and our membership overindexes in terms of female membership and participation. The evidence base is starting to build, and we would be happy to contribute more to it in order to strengthen the case—to provide a stronger voice—for prevention and investment in prevention. That is the only way we will get a longer-term shift in public health.

The Convener: Mr Hunter, do you wish to add anything on that specific point?

George Hunter: Yes—there are a couple of things. Across the wider local authority network and the ALEO network, people are doing a lot of good stuff in and around the prevention agenda. There is something here about how it ties in with the wider system model. For me, local outcome improvement plans, community planning partnerships and community learning and development are really important in this agenda.

In Glasgow, we have our physical activity and sports strategy, which is still reasonably new. It brings together the right partners from across the community planning partnership model. The strategy asks where the additionality lies in what we can bring to the prevention agenda. In years gone by, we in the public sector have perhaps been guilty of doing a bit of double counting across organisations.

However, our strategy is very much focused on genuine additionality. That touches on a whole range of issues; it becomes about people’s points of access in relation to prevention. For some people, their point of access is through community activity or active travel. For others, it means links through health and social care partnerships, places of learning and workplaces. We need to wrap a whole-system approach around people’s different points of entry.

I would like to make a point around social prescribing: community planning, LOIPs and

community learning and development can play a really strong role in helping to drive sporting attainment. Glasgow is a great examples of that, but there are other such examples in Scotland.

The Convener: I am glad to hear several of the witnesses mention that this does not just concern younger people. I would put in a plug for bowls. There is a struggle with bowls clubs' facilities, and clubs are facing challenges in many areas, but bowls is a very accessible activity. It is accessible to older people who have given up golf—as in my husband's case.

We need to look across the piece and make the case for giving people as many opportunities as possible to take part in a variety of activities. As somebody said, they have to want to do it. People keep recommending Pilates to me, for example, but I have no interest at all in paying to go into a hall and do whatever it is. It is about giving people opportunities.

Joe Long: I think that we would all agree on the importance of having a preventative agenda, and we will all recognise Mr Dunlop's statement that all sport is, in some way, preventative. However, we are in a budget process right now, and we need to look at budget tagging and at lines and sub-lines in a budget. Therefore, I will get a bit more granular with my question. If we are considering, for example, widening participation in areas of socioeconomic deprivation and inequality, what would budget tagging that takes account of that and ensures that investment is in place look like? I would be interested in hearing how your organisations do that. How do you identify, ring fence or determine the proportion of your spend that goes into widening access in those areas? What should that look like in a Government budget?

Forbes Dunlop: We do it by talking about the sporting system and the importance of schools and education settings, which are not exclusively about participation but about giving people opportunities. We then talk about the club and community environment and performance sports. We proportion our investment against those three strands, and we give the money to local authorities and governing bodies and essentially ask them to activate that participation.

We are really proud that we have now been investing in schools and the active schools network for 20 years. To return to the point about continuity and start-and-stop investment, that is an example of where 20 years' worth of investment in every local authority has now led to the employment of 400 active schools co-ordinators. All active school activity is free. It takes place before school, at lunchtime and after school. It is

free because it is delivered by 20,000 volunteers, a high proportion of whom are young people.

We are continually making a judgment on how much of our investment from the Scottish Government and the national lottery we put into active school activities and getting young people more active versus the other end of the equation, which is performance, if you want to talk about that. We are always trying to get the balance right. There is many an argument that says that all investment should be at one end. There is another strong argument, which you will hear from governing bodies and the performance athletes who represent us very well at the Olympics, Paralympics and Commonwealth games, that says that athletes are underfunded—many athletes represent Scotland by paying out of their own or their families' pockets.

Joe Long: What does the proportion of that investment look like right now in your organisation?

Forbes Dunlop: This year is a bit distorted because we received some one-off money in our budget. However, in previous years, when our budget was more stable, the proportion was split almost into thirds, although there was probably less than a third for performance.

Joe Long: Thank you.

Adam Harley: Mr Dunlop, you mentioned the good work that volunteers are doing. A lot of these services would not be provided without volunteers turning up to deliver them. I am thinking of some really good local grass-roots sporting clubs in my constituency, such as rugby and football clubs, which might, for example, rely on a volunteer coach working with a group of youngsters. However, people's lives change and the coach might have to stop, perhaps at quite short notice, meaning that the team cannot continue for a while. Some people might then drift away from the sport and never come back. Is there an argument for funding more paid coaches? Would that represent a good investment in the budget?

Forbes Dunlop: Yes, absolutely. It is a fine balance to strike, but many sports and an increasing number of clubs are now paying coaches. The reason why I say that it is a fine balance is that we do not want to put off volunteers, because volunteers will always be the predominant deliverers in Scottish club and community sport. However, of the new funding that we received this year, we are investing £5 million in clubs, some of which will go towards paying coaches. It will also go towards paying part-time administrators: people who are happy to do the protecting vulnerable groups checks and ensure that the pitch is booked and fixtures lists are up to date. That allows volunteer coaches to be pitch

side, poolside or court side and to do the bits that probably drew them to coaching in the first place.

That £5 million investment has now gone out the door to clubs through governing bodies and local authorities. We need to see the impact of that money, but we know that the demand for it was far beyond what we were able to invest. Therefore, further investment in club and community sport would be very welcome.

Adam Harley: Thank you.

11:45

The Convener: Paul, do you want to come in?

Paul McLennan: Yes. We have spoken about the need for investment in facilities and general development. Gregor Muir made a point about strategic return on investment and John Lunn touched on some of the work that has been done in that regard. Is there a need for broader work across Scottish sport to look at what the social return on investment should be if we are going to invest that £15.5 billion? If that work is required, who would do it? Would it be sportscotland, sports associations or the Government? There should be a way to quantify the return on investment over time. If we are going to invest that money, what would we be getting back? That goes back to Joe Long's point about the budget. We need specific figures so that we can say what the return on investment will be. How do we tie that together?

That question is for Forbes Dunlop and then Gregor Muir.

Forbes Dunlop: That is a good question. The idea of social return on investment has been used by lots of different sports and institutions. The most recent information on the social return on investment in sport that I saw was from the University of Edinburgh. We are increasingly seeing such figures being used.

We have been trying to ensure that there is consistency in methodology, because we sometimes see figures and do not know where they came from. The experts on that are at Sheffield Hallam University, and we have been working with them. We have also invested in a new system that speaks to many of the data and evidence points, so that, when we invest in the active schools programme or in governing bodies that give us membership returns, all that data can be plugged into one system that has a built-in social value calculator. That is based on the work done with Sport England at Sheffield Hallam University in the past five years. It will take a wee bit of time for it to come through, but we will implement that—that is in motion.

Paul McLennan: Do you have anything to add, Gregor?

Gregor Muir: I concur. Prevention is difficult to measure because it is essentially about demonstrating that certain things did not happen as a result of investment, and that is hard to prove. When it is possible to be more specific, for example when the Sport England report that John Lunn mentioned showed the specific impact on particular health conditions, that is easier to measure.

We might be able to draw on some international work. Many of the Scandinavian countries have generally higher levels of investment in sport and physical activity and there are other international investment frameworks. In Australia, the Victoria early intervention investment framework looked specifically at how to ensure that public investment is directed at early intervention and prevention and that the ambitions that programmes are intended to achieve are built into their funding packages from the start.

Budget wrangling is difficult. When we are looking at social return on investment, it is possible to come back with a number but not be quite sure what it means. It can be hard to know how to apply that to an annual budget commitment or to say how much we will save if we spend a certain amount. It is difficult to do that, particularly when we are talking about long-term prevention. We could ask how much it costs to have a certain number of people in care or to have someone in a hospital bed for a week, compared with how much it would cost to support that person to be a bit more active for the 10 years prior to that, and what the benefit of that would be.

Not many people in the sport sector have the resources to make that research happen. There are pockets of research, and it might be possible to bring the numbers together, but I do not think that anyone within sport has the resources to do that. The other question is whether Government needs that to help it to make decisions, or whether it is enough to say that we know that there are positive outcomes when people are healthier and more active. We know that that is a good thing and delivers benefits, but do we need to quantify it with a specific number to agree on what we need to do? To a certain extent, you just need to say, "Okay, we know that this is important, so we will start doing it, and we know that we will see a return". Whether we quantify that return in this budget line or in five or in ten years is possibly a secondary consideration.

The Convener: I think that that also applies directly to the health issues themselves. If you pay somebody to do something to prevent cancer, how do you prove the outcome? If somebody has

cancer and is cured by surgery, people know that that has happened. It is a broader problem.

Heather, you wanted to come in.

Heather Anderson: I just wanted to say that we are struggling with exactly what Gregor Muir is talking about—getting that number. However, you might have a number in relation to rehabilitation, which is about future proofing prevention. If somebody has had a stroke, we must be able to track that. There seem to be very few opportunities for anybody who has had a stroke to get physically fit. In Dundee, there is one such exercise class, but it is hugely expensive for people to get to because they have to pay for a taxi.

Is there mapping that we can do of what we are spending to help people to regain some health? Is that easier to identify in order to prevent future hospital admissions or longer-term hospital stays?

Forbes Dunlop: A piece of work is being done just now by Community Leisure UK, which is the membership body for the leisure trusts. A number of the Scottish leisure trusts are signed up to a project that has Edinburgh Napier University support. In a consistent way across the trusts, it is collecting the data about their intervention programmes exactly as you describe. We are coming to the end of the first year of that piece of work, and it will be interesting to see whether the report starts to give us the hard-facts data to support the case.

As Gregor Muir says, everybody agrees that being more physically active is good for your health. That is why I quoted the chief medical officer earlier. However, how you quantify that is the bit that we are all really struggling with. It will be interesting to see whether the work that is being done by CLUK and Edinburgh Napier University provides some more data on that.

Heather Anderson: Presumably, that information would allow you to track people who attend a class, such as the wheelchair yoga class in Dundee for people who have diabetes and have had amputations, and compare them with other folk within their cohort who do not go to the class. That would evidence a definite correlation with savings.

Forbes Dunlop: Absolutely. I am just checking—Edinburgh Napier University is doing that piece of work with CLUK, and I have a list here of all the different things that they measure when a person is referred. They then repeat that measurement.

The Convener: Would it be possible to share that information, or is the work ongoing?

Forbes Dunlop: As soon as the first report comes out, we can definitely share it. It is not quite

there yet, but I have been given an update on the piece of work. When the first report is available, it can be shared.

The Convener: Thank you very much.

I want to ask about linking schools and organisations to keep people in sport. I do not think that anyone has specifically covered that point. It is interesting to hear that the active schools programme has had extra money. With that programme, you have pupils doing an activity. With football, for example, there is often a more obvious path for them to follow, but a lot of the time, after children get to the stage of moving to the big school or leaving school, they might never do sport again. Are you aware of anything that is in place to keep them interested? Is there an easy, known link that would enable that? Athletics is quite a common example; people might need to know that there is a stadium somewhere that runs classes that they are allowed to join.

Forbes Dunlop: One of the big strands of the active schools programme is school-club links. If we introduce an activity in a school, the pupil can ask, "I have just been introduced to sport X and I am really interested in it, so where do I go next?" The school-club links are a big feature of the active schools programme, although the programme also recognises that a number of young people might not want to move on to a club environment but are happy doing some after-school activity. We cater for those who do move on, and there are indicators to measure them.

I would point, again, to research that shows what happens if young people are given the confidence and competence to be physically active when they are young. There might be periods in their lives when they are less active, but, if they get the basics when they are young, they are much more likely to come back to activity later in life. That is really important. We are always going to see some drop-off at the transition points, but we need to be confident that young people are getting enough of a positive experience that they come back to activity when it is right for them.

The Convener: You have made a very relevant point. I can think of various examples to back it up, and one that I always come back to is working outdoors. As we have been saying, the outdoors of Scotland is available to everybody. When I worked in that field, it always seemed to me that a lot of people—those living in cities and towns, for example—who did not have the same experience of getting out to go mountaineering, rambling or whatever when they were young or, at the very least, when they were students never thought of doing those things in later life. That might not be true—it is just anecdotal—but it seemed a clear indicator to me. Whenever I met somebody who

was enthusiastic about that sort of activity and I asked them when they started, they would always say that they had had that experience early. I think that the same applies across the board, so what you said was interesting.

With regard to the active schools link, are there people employed specifically to do that work beyond the school? You said that that activity happens outside school hours.

Forbes Dunlop: There are 400 co-ordinators across Scotland, and they are all employed by local authorities, which, I should point out, have almost matched sportscotland's investment of just over £12 million. At the start of the programme, 20 years ago, it was predominantly funded at a national level, but, over that time, local authorities have invested more, met increments and so on, so the funding for that network, which comprises 400 people across and connected to all local authorities and all schools in Scotland, is now almost 50:50.

The Convener: I would be interested in seeing a short write-up with more detail on that.

Time is moving on and we have about a quarter of an hour left. Unless I have missed anything, we will move on to talk about large-scale sporting events.

We have had evidence from some of the panel and others about the events that happened this summer and where the money came from. We are aware that there was extra money for those events, but we also took evidence on the different model that was used for the Commonwealth games, and we heard that the way in which it was run was seen as a success.

I will start with a general question. Do you see large-scale events coming to the country in what might be called the old way, with the Government finding money and saying, "Yes, we'll host the Commonwealth games" or whatever it might be? Do you see that sort of thing happening again, or are there other models that we can look at? Obviously, it is quite important to the country that we host some of these events—I understand that the Euros are coming and, possibly, the women's world cup—so can you speak to that issue?

I do not know whether you want to start, Mr Hunter, given that you come from Glasgow, which has a lot of those facilities.

George Hunter: Thank you for the question. I think that there are two parts to it. First of all, I would say that success does breed success. I think that Glasgow has some of the best facilities; we certainly have a good wraparound of great facilities that can bring in and host major events. I think that that is attractive, and there is value in that attractiveness, isn't there? After all, people—

presumably the organisers and the people with whom we negotiate on events—are prepared to pay to use them.

There is another element to your question, and I am not sure that I know the answer to it. The question is this: is there going to be funding to support that activity? I would very much hope that the answer to that question is yes, but I think that this is also about the proposition that we have. Is that proposition competitive both nationally and internationally? Absolutely, and the hope is that people will pay to have access to that facility and to bring in those events.

The Convener: Thank you. Does anyone else want to comment?

Gregor Muir: As we saw with the Commonwealth games in Glasgow, there might be more of a move, in the future, to utilise existing facilities better for major events instead of their necessarily being attached to new capital infrastructure, given the costs associated with building new facilities. There is an environmental impact model relating to how that money is spent on securing events.

12:00

From the point of view of our international standing, having major events in Scotland is a huge benefit, and it is not just sport that sees that benefit. When the men's football team qualified for the world cup in the summer, the Scottish Government undertook a lot of associated activity around that period to do with the soft power elements of sport. Sport was essentially the vehicle for conversations with international partners, but, as opposed to our saying, "We've secured X investment, which will go back into sport," the impact is felt in trade agreements.

A few events are coming up in the calendar—for example, the grand départ of the Tour de France, and I think that the Ryder cup is coming up. There is a lot on the agenda for the next couple of years. Having a pipeline of events that ensure that Scotland is seen as a top-tier sporting location not only will attract external investment but will have a huge impact on tourism. Lots of people want to come to the country to play on our golf courses, for example. There are lots of interconnected elements that the major events add a benefit to. The interesting question for the sector is how we can leverage that attention from Government and international partners and ask about participation among the local population. How can we use the amazing photo op of people getting medals to say, "If you want more of this, the whole system needs investment"? By investment, I mean facilities, coaching and all of the other interconnected bits that we have already talked about.

The Convener: Indeed. Many would suggest that it is about what people can see, so there is an issue about whether those events are on television. There was a whole issue about the Commonwealth games and terrestrial television that affected those who do not watch BBC Alba. I have been told that cricket has become almost invisible because it is not on TV much. That is a difficult one, because there is already a decrease in terrestrial television, but it suggests a direct link between people knowing about something, when big events are advertised, and watching something. If it is not too expensive, they might think, “I’ve never seen that before, so I’m going to watch it.”

Jack Middleton: The Scottish Government invested £12 million in the summer of sport, which, according to your submission, Mr Dunlop, generated just shy of 300,000 attendances. That is welcome, but you referred earlier to an expectation that that level of attendance will continue. How can we use events that are coming up in 2027, such as the Euros, the matches at Hampden and the grand départ, to continue to build attendances in sport? What financial support is needed from the Government and where would you want that to be spent?

Forbes Dunlop: First, I am a sports fan generally and a fan of major events. When we join everything up and get it right, that is when we have an impact. There are fewer and fewer instances of a stand-alone event with no wider investment around it. A really good example would be cycling and the UCI road world championships in 2023, when there was £8 million of capital investment into cycling facilities throughout Scotland. That was really significant. That £8 million leveraged another £8 million, and there are 50 cycling facilities that there would not have been otherwise. That is when it works really well.

Going forward, I would like any major event that is coming to have a clear strand of investment that links to the long-term development of that sport. If an event comes to town and leaves while, at the same time, the local swimming pool or ice rink is getting shut, that is a missed opportunity.

Jack Middleton: In the upcoming Scottish Government budget, you would hope to see specific investment in football and cycling.

Forbes Dunlop: Yes. To be clear, £1 million of investment has been given to Scottish Cycling this year to build on the social impact of the Tour de France grand départ. There is also an investment stream connected to the 2020 European football championships. We want to see more of that.

Just to be clear, we would like to see the £12 million summer of sport funding moved into core budgets so that we can invest in club and

community sport across Scotland on a continual basis. We have worked really closely with governing bodies and local partners to consider how best to use the one-off £20 million investment—it is actually more than £12 million because there are a few other components—that has been in the system this year.

The Convener: We are running out of time, but I want to circle back to a point on prevention and ask about social engagement. Some of your submissions referred to these two aspects.

First, antisocial behaviour is of increasing concern to people in many areas, particularly more deprived areas where there might be fewer opportunities for young people. I think that Mr Muir’s submission mentioned that, and I am interested in whether there are specific sporting programmes that are aimed at addressing the issue.

I also want to ask about the focus on keeping girls in sport and physical activity, particularly around puberty and the transition to a new school. My unsupported observation is that, in mixed sports in which not many girls participate, girls can be more likely to drop out. Are there specific programmes aimed at addressing that? Could you say a couple of words about that?

Gregor Muir: I am happy to talk about that. On antisocial behaviour, there is an opportunity to shape funding in advance of delivery to a greater degree. The summer of sport budget uplift, for example, came quite late in the day. It emerged in budget discussions in November and was announced, but it then had to go through an internal process to work out how it would be allocated to governing bodies, and by then we were in the annual funding cycle when it came to getting it out the door.

That process means that you are almost obliged to use existing pathways, so you are unable to create a bit more capacity and tee up clubs and the volunteers who support them in the longer term. As much as people in the room can agree at that point, getting the money to where it actually reaches the point of delivery has a much longer tail. It is not simply a case of signing off the agreement; the funding then needs to be spent, and you have to juggle that in-year as a financial uplift. It is about giving governing bodies and the sporting sector more generally a longer lead time to be more involved in the development of those financial ambitions.

If the ambition is a specific targeted reduction in antisocial behaviour, certain sporting bodies would be able to say, “This is what we think we could do on that through our community reach—here are the sorts of things that we are currently doing that could be expanded, here are new programmes

that we could do and here is what we think we'd need." That would be preferable to having to reshape proposals around a funding commitment and trying to make programmes fit potentially more restrictive funding terms that have already been agreed to. Involving sporting bodies earlier in establishing the outcomes that the Government is trying to achieve and therefore the contributions that sport can make against those outcomes would be positive.

On the women and girls piece, sport has come a long way. Next week is Scottish women and girls in sport week, which has run annually for 10 years. About two and a half years ago, this committee's predecessor did a report on the participation of women and girls in sport and physical activity. It contained a lot of recommendations that are still relevant: women and girls still face additional barriers to participation; there are drop-out points that are more specific to them; and many of the barriers that affect both men and boys and women and girls are exacerbated for women and girls. As I touched on earlier, the affordability of facilities and coaching capacity remain barriers. There might also be a need for more female coaches in the system. Those issues affect participation across the board, but particularly for women and girls.

That report's recommendations are worth revisiting to see whether they contain elements that it is worth pushing the Government on. However, it is a long journey, and one of the big challenges is that, if you want the capacity to improve participation among women and girls, all the things that we have talked about need to be there, in terms of having the facilities and staff available and having volunteers whom you can support to do that, so that you are not pushing out people who are already active. It should be an additionality ambition, so the question is how we grow that, rather than necessarily saying, "Okay, we've only got X amount of availability, so we're going to have to stop this to start that," which is a bit more challenging.

The Convener: We are running out of time, so if witnesses have a couple of sentences that they want to leave us with, now is the time to do it.

George Hunter: My key messages are about the need to recognise sport and physical activity as essentially preventative infrastructure and methodology, and the need to provide sustainable multiyear revenue and capital funding, which we have covered well today.

The third piece for me is some of what I spoke about in relation to wider community planning, partnership working, local outcomes improvement and the CLD piece, particularly around the alignment of health, local government, education

and that community transport investment piece. It is about bringing all that together, so that the CLD work links in strongly through the physical activity and sport strategy in Glasgow with the work that we are advancing. Recognising that and perhaps looking at how we can progress that work nationally is important.

The Convener: So it is about expanding that work elsewhere.

George Hunter: Yes—expanding that piece.

The Convener: Thanks very much.

John Lunn: For me, the key point is that funding decisions need to be based on evidence of need. If you are looking at facilities in particular, you should look at public value as a whole and not simply today's operating costs. We are too focused on short-term operating costs and need to start investing in the infrastructure with sustained capital, whether it is for rebuilds or refurb. Also, capital and revenue need to work together on that basis. As George Hunter said, multiyear settlements will enable planning and maintenance to be sustained, and planning must be joined up across health, local government, education and sport with national direction, but it needs to be locally designed for local people.

If we are serious about widening access and reaching those who we do not currently reach, that will require investment in people and places, but sport also needs to be affordable and accessible for those with a disability, and we need to invest in the workforce, the clubs and local transport while also reaching out to those people rather than expecting them to come to us.

Gregor Muir: I echo the point that multiyear funding is pretty fundamental to overcoming some of the challenges around capacity building. The uplift in the most recent budget has essentially backfilled a flat budget of several years, so unless there is an uplift in upcoming budgets, you will be in the same position in two or three years' time, having to fight fires, consider staffing costs and everything else, and you will ultimately end up where you started. Building in budget uplifts over the next few years would be welcome.

Greater governing body and sport involvement generally in targeting some of the outcomes that we are trying to see at a national policy level would be beneficial. If sport is to be asked to achieve some of those delivery aims, how can we better work collaboratively with the Scottish Government, the national agency, the Convention of Scottish Local Authorities and local government on what sport needs to achieve that? If that is an area in which the Government is genuinely trying to improve, what does sport need to help make that happen?

There is also the burden of bureaucracy in terms of funding applications. A lot of resource in the sector goes towards managing funding. That is partially an issue with annual funding cycles, because you spend a lot of your time reporting and then getting prepared to apply again for the next round. There are perhaps some ways in which we could spend that money more effectively by having funding over a longer period, during which the investment can be a bit more impactful.

Forbes Dunlop: I agree with colleagues on the panel, so I will not repeat their points. The only area that it might be worth mentioning in my closing remarks, although I know that we do not have time to get into this, is local funding for sport and leisure. We are rightly focusing on Scottish Government budgets but, in the submission that we provided, we referred to the EKOS report that was produced a couple of years ago and focused on local funding for sport and leisure.

Although we are talking about a £20 million increase from national Government, that report demonstrates that there has been a 25 per cent decrease in local funding for sport and leisure over 10 years. We always talk about local government providing around 90 per cent of the investment in sport and leisure. Scottish Government budgets are a relatively small part of the overall investment in sport and leisure. I agree with all the closing statements that others have made. However, it is worth remembering that we are still talking about a small percentage of the overall investment when we are talking about national budgets.

The Convener: That is a good point. We will take away the multiyear funding point, which is often well made, but it is interesting to hear how you have creatively worked around that by assuming that you have four-year funding. I commend sportscotland for doing so, because that approach has helped. Mr Muir also made an interesting point about increased bureaucracy and continually applying for money.

I thank all the witnesses for your work in providing written submissions and for coming along today. A lot of interesting points have been made. I am sure that we will take what we can from them and that they will come up again.

Next week, we will complete pre-budget scrutiny. We will hear from the Scottish Government and will then submit something to make a few key points to the Government.

We now move into private session.

12:15

Meeting continued in private until 12:36.

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