



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

WILLIAM SIMPSON'S HOME (TRANSFER OF PROPERTY ETC) (SCOTLAND) BILL COMMITTEE

Tuesday 27 April 2010

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**WILLIAM SIMPSON'S HOME (TRANSFER OF PROPERTY ETC) (SCOTLAND) BILL
COMMITTEE**

2nd Meeting 2010, Session 3

CONVENER

*Shirley-Anne Somerville (Lothians) (SNP)

DEPUTY CONVENER

*David Stewart (Highlands and Islands) (Lab)

COMMITTEE MEMBERS

*Nanette Milne (North East Scotland) (Con)

*attended

THE FOLLOWING GAVE EVIDENCE:

Iain Bryce (William Simpson's Home)

Dennis Canavan (William Simpson's Home)

Alastair Keatinge (Lindsays)

Jean Lyon (William Simpson's Home)

Des McCart (Falkirk Council)

The Rev Gary McIntyre (William Simpson's Home)

Marion Robinson (Forth Valley Advocacy)

Shiona Strachan (Stirling Council)

CLERK TO THE COMMITTEE

Ruth McGill

LOCATION

Committee Room 3

Scottish Parliament

William Simpson's Home (Transfer of Property etc) (Scotland) Bill Committee

Tuesday 27 April 2010

[The Convener *opened the meeting at 10:31*]

Decision on Taking Business in Private

The Convener (Shirley-Anne Somerville): Good morning and welcome to the second meeting of the William Simpson's Home (Transfer of Property etc) (Scotland) Bill Committee. I remind members and members of the public to turn off their mobile phones and pagers, if they have not already done so.

Agenda item 1 is to decide whether to take in private item 3, which is to consider written evidence, the evidence that we will hear this morning and our approach to the preliminary stage report. Do members agree to do that?

Members *indicated agreement.*

William Simpson's Home (Transfer of Property etc) (Scotland) Bill: Preliminary Stage

10:31

The Convener: It is a great pleasure to welcome to the meeting Jean Lyon, chief executive, and the Rev Gary McIntyre, chairman of the trustees of William Simpson's home, and Alastair Keatinge, partner and head of charities at Lindsays solicitors.

If the witnesses do not mind, we will move straight to questions. First, what is the bill's general purpose?

Alastair Keatinge (Lindsays): I guess that it falls to me to answer that question. The policy memorandum, which you will have seen, sets out the reasons why the promoters feel that a private act of the Scottish Parliament is required. In summary, they feel that it will improve the charity's ability to fulfil its charitable objects. It might also assist the committee if I point out that the precise legal reasons for the charity's coming to the Scottish Parliament are similar to those explained by the trustees of the Ure Elder Fund for Indigent Widow Ladies in promoting their bill, which were, I believe, accepted by the same committee members. We believe that, under the current law, this is the only way of amending the home's powers and charitable objects.

If it will help, I will comment on some of the other principal reasons why the promoters are seeking an act of the Scottish Parliament. As you know, the home was set up in 1864 by an act that is now almost 150 years old. We believe that, because of the restrictions that the Simpson's Asylum Act 1864 places on the home, the home's work can best be continued by setting up a new body, namely a company limited by guarantee. At the moment, for example, the 1864 act restricts the home's ability to choose people who might be the best trustees for the job. Two of the trustees must be the current sheriff principal of the area and the minister of St Ninians church in Stirling—both of whom, I should add, are doing an excellent job. Nevertheless, the provision restricts the ability to appoint other trustees and, of course, Alastair Dunlop and Gary McIntyre have other public duties and appointments to deal with and their successors might not always be best placed to take forward the work of the home.

Since 1864, there have inevitably been substantial changes in how charities operate. The Office of the Scottish Charity Regulator now regulates charities and the governance of charities has changed. That, in part, led the trustees to seek the assistance of the Scottish Parliament in

finding a more flexible solution, principally to the long-term management of the home, and in expanding trustees' powers, so that they can take the home forward. For example, there is a project to develop a new building, which other witnesses can talk about in more detail. We think that the 1864 act does not give sufficient or clear powers to allow such development. Governance needs to be modernised and there is a need for clarification of appropriate modern powers to continue the home's important work.

Let me differentiate between the approach of the Ure Elder fund and the approach that we are taking. The Ure Elder fund, which was also incorporated by an act of Parliament, wanted to take forward matters by virtue of a trust. Our proposal is different; we propose that William Simpson's home will operate as a company limited by guarantee, with no shareholders. Most charities in Scotland—if they are of any sort of size and employ people, hold property and enter contracts—choose to operate as a company limited by guarantee. A principal reason for that is that that approach gives the people who are involved in managing the charity the advantage of limited liability. In a trust, individual trustees would potentially be liable if there were financial problems in future, which is rather unfair. If the charity has any significant undertaking in the context of employing people, the safe course of action is generally to operate as a company limited by guarantee.

We think that the memorandum and articles of association—the constitution of the company—reflect modern governance for charities. In particular, we have been able to broaden the object that was set out in 1864, for example to bring in equality. The 1864 act limits our ability to help anyone but indigent men of a certain age; the revised approach will enable the services that the home provides to be open to women and younger people.

The Convener: Thank you. You have raised a number of issues, which members will consider in more detail. You mentioned some of the restrictions that are placed on the trustees and the board of management because of the way in which the charity was set up. Will you give more detail about how such restrictions are affecting the effective running of the home? Perhaps the other witnesses will comment.

The Rev Gary McIntyre (William Simpson's Home): Good morning. What concerns me and the other trustee—the sheriff principal—is that in many respects we do not have the expertise that is required of someone who is actively involved in the running of a home of the nature of William Simpson's home. Even if we had the expertise, we

are limited in the amount of time that we can give as trustees.

We acknowledged that some years ago, in 2003, when we established a board of management, to which we devolved considerable responsibility for the day-to-day running of the home. That has been an immense help to the trustees, because we felt that we were unable to support the chief executive in her work. There were a number of issues in relation to the Scottish Commission for the Regulation of Care and we thought that having a board of management would help to deal with those issues and offer real support to the chief executive in her work.

The trustees think that it would be desirable for the new constitution to allow people who would have the required expertise and time to give to the task to be appointed as directors.

The Convener: Does Jean Lyon want to add anything?

Jean Lyon (William Simpson's Home): I endorse everything that our chairman said. The home is a large organisation that has developed considerably in the past 21 years. It has developed respite and day care and is a very specialised resource. We cannot expect professional trustees, who have their own onerous responsibilities in the community, continually to come in and take on the onerous task that they undoubtedly have.

Since 1993, under the National Health Service and Community Care Act 1990, social care has been dynamic. It changes all the time because the needs in the community and people's needs change rapidly. We are a highly specialised resource, dealing with alcohol-related dementia, which, sadly, is a growth industry. We are restricted by the fact that, under the 1864 act, we can take only men. We are about to embark on phase 2 of our development, which is a 60-bed development with en suite facilities. That is in keeping with the national standards and with the Regulation of Care (Scotland) Act 2001. The female population has a need for the structured social care that we currently offer to men, but we are restricted in that we cannot offer it to women.

The Convener: The promoter's memorandum mentions difficulties with the current constitution, which restricts the home's ability to obtain loans or enter into contractual relations to develop the home. You have mentioned some proposed developments and how you want to proceed. Will you go into detail about the restrictions that are in place and how they prevent you from entering into contracts or banking agreements?

Alastair Keatinge: When the 1864 act was passed, some of the tensions and developments that we now find in the governance of charities

were not anticipated, so the act does not set out that the trustees have power to enter building contracts or take loans. Charities that are set up today have those powers under companies legislation and in their memorandums. It is clear that the trustees are behaving within the spirit of the constitution in seeking the ability to take a loan from a bank, get bank funding and enter into building contracts. Those who might wish to contract with the home to allow the development are far more used to dealing with companies that have a constitution with clear powers and abilities. The structure of the current constitution is fairly unusual, so building companies or banks have to review the restrictions that are contained in it. We just want to catch up and have the powers and rights that a charity that was set up today in Scotland would have. Those powers and rights were not in the constitution in the first place.

The Convener: The promoter's memorandum has details on a petition to the Court of Session to develop the home. Is that another example of the type of restriction that you are talking about?

Alastair Keatinge: Indeed, it is. That follows on from a previous application to the Court of Session in 1996, I believe, when clarification had to be sought with regard to powers. Gary McIntyre can correct me if I get this wrong, but it was felt that there was a window of opportunity to obtain funding and to get contracts moving, so an application had to be made to the Court of Session. The application was granted without contest or debate in February. That has given the trustees the authority to proceed with the development without having to wait for the bill to be passed. One advantage of the bill is that we would not have to go through that process in future. We would not have to come back to the Parliament or to the Court of Session, because the powers would be much clearer.

The Convener: Is there anything to add to that, before we move on?

Gary McIntyre: No—the point that Alastair Keatinge made is appropriate.

10:45

David Stewart (Highlands and Islands) (Lab): I was going to ask why the route of charitable company was chosen, but Mr Keatinge has covered that.

Could you add something on what consideration was given to alternatives, for example the Scottish charitable incorporated organisation? I accept that that option is not yet fully available, and that there might perhaps be some criticism of the regulation by both OSCR and Companies House. Perhaps you could give the committee an understanding of

what some of the alternatives were, and of why you chose the route that you went down.

Alastair Keatinge: There were indeed alternatives. I have briefly spoken about the limitations of a trust and the potential personal liability for those involved. Under the Charities and Trustee Investment (Scotland) Act 2005, it is anticipated that the Scottish charitable incorporated organisation will come into being, but that option is not yet available, and we do not have a definite date for when it will be. The process that has brought us before you today started some time ago. The availability of the SCIO is getting closer, but if the promoters were to wait for that mechanism, it would mean waiting a further considerable time. It might be in place for our consideration in future, but it has not become available in the timescale within which we wished to move forward—and that was a sensible timescale.

The first choice of mechanism whereby charities in Scotland can incorporate is generally still the company limited by guarantee, as it has been for a number of years. It is perhaps not an ideal vehicle, but it is not bad. Its administration and organisation have been simplified. New companies legislation came in—the Companies Act 2006—which has tidied up some issues. As a professional advising the promoter of the bill, I felt that that was a perfectly appropriate vehicle, and the right one in the circumstances.

David Stewart: I understand the points that you are making. You cannot be criticised for not choosing an option that is not yet available. My understanding of it is that some extra costs would also be involved and that it is perhaps designed more for smaller organisations. Is that a fair assessment?

Alastair Keatinge: That is a fair assessment of the Scottish charitable incorporated organisation, apart from what you said about cost. I have been involved in the working party and the Government consultation, and I have given evidence on the matter. The vehicle of the SCIO will be open to all charities, but it is designed to be used by the majority of charities in Scotland, which are smaller than William Simpson's.

David Stewart: How do you envisage future members and directors being selected?

Also, going back to the original act, I know that William Simpson served in the navy and was keen to look after ex-servicemen. Do you see a role for directors with an interest in the services? I know that many of your current clients are ex-servicemen and women.

Alastair Keatinge: I will briefly comment on the legal aspect and my colleagues can then comment further on that point. The opening up of the ability

to recruit directors and members in the future is intended to bring in people who support the ethos, aims and objectives of the charity. The trustees and directors will have the ability to advertise for individuals who wish to be involved and give their support. It is envisaged that existing directors and members will seek new directors and members by various means, no doubt taking account of the original objectives and ethos of the charity when it was set up.

Jean Lyon: The central focus of any change in the organisation must remain the vision of our founder, who had care in his heart. We have continued and will continue that ethos. We cater and care for men who are very vulnerable and who are at risk if they are in the community, because of their alcohol-related dementia, which affects their short-term memory.

Care was at the heart of Francis Simpson's setting up of the trust. He realised the dream of his son, William, who had, like his father, served in the navy and had seen men coming home and living rough after serving their country. His vision was that there should be a place of all-encompassing holistic care for their physical, mental, emotional and spiritual health. That is still the positive focus of our organisation.

Gary McIntyre: We are very keen that the original purpose behind the home be maintained. I have experience of visiting a number of homes, and William Simpson's home is pretty unique in the clientele that it caters for. As the chairman of the trustees, I have always been greatly impressed by the care that is shown to the clients, a number of whom I do not think would be included in another kind of home.

William Simpson's is, in many ways, unique and I think would continue to be so. However, things have moved on since 1864. There have been many changes and there are different expectations, rightly so, with regard to the care of individuals. We feel that the new home will best meet the requirements of the day, but it is certainly the intention that we would, to quote one of the other trustees, "protect the DNA" of William Simpson's home.

David Stewart: That is a good point. Would you consider reserving one of your new directorships for either a user or a member of a user's family?

Gary McIntyre: That is certainly something that we would consider.

David Stewart: You indicate in the promoter's memorandum that you wish to develop the work of the home by offering its facilities to a wider range and a larger number of individuals. Can you expand on that point?

Jean Lyon: The reason for having phase 2, which is a new build of 60 single en suite bedrooms, is to meet the national standards with regard to the right of every service user to have their own room and their own private space. Phase 2 will encompass space and light and garden facilities; it will be state of the art, fit for purpose and will meet every aspect of the Regulation of Care (Scotland) Act 2001.

We also hope to expand our respite and day care service, which we developed in 1996. We currently have six respite places and 10 day care places per day. The move towards respite and day care came about as a direct result of the National Health Service and Community Care Act 1990, whereby unitary authorities provided care packages for elderly people to enable them and facilitate them to stay in their homes for a longer period. The need for respite and day care therefore grew, because many elderly people were being cared for at home by relatives. In order to give both a holiday and a rest, respite care grew considerably. We can boast 89 per cent occupancy in our respite facility.

The idea is that phase 3 will become the new respite and day care service, with 12 respite beds—en suite facilities will be organised—and 20 day care places per day. That is to meet the need in the community, because our day care facility is working to practically 90 per cent occupancy. We have to turn people away, because facilities are closing as they cannot meet national standards and social workers are looking for places, which are at a premium. We are moving to increase our resources to meet social need in the community.

Nanette Milne (North East Scotland) (Con): Good morning. You have given us a reasonable insight into the vulnerability of the people for whom you care. How will current service users and employees be affected by the changes to the charitable company and by the expansion that you describe?

Alastair Keatinge: I will touch on the legal aspect first. The bill seeks to confirm that all the contracts and assets of the existing home will transfer. The arrangements that all service users have will be transferred to the new organisation, all employees' contracts will transfer, and all employees' contractual rights will be safeguarded through other legislation. In the narrow legal sense, everything that is in place at present will transfer and everyone will have the same rights and contracts.

Jean Lyon will comment on the more important aspect.

Jean Lyon: We are fortunate as an organisation because we gained approved status for Scottish vocational qualifications in 1990 and we have

been an approved centre since then. We are also in the fortunate position of having a structured training programme. When new staff come on board, they go through an induction period of a year, during which they are taught the core values, policies and procedures. They then go through a specific values-based course, which again looks at core values. From the culmination of those two important training areas, we can select the staff who will be able to do an SVQ level 2 or 3. There is a requirement for at least 90 per cent of staff to be qualified and registered with the Scottish Social Services Council by 2012. About 90 per cent of our care staff are qualified. All our senior management are qualified, as are our shift co-ordinators.

We employ a robust recruitment process under our SSSC registration, with robust interviewing and enhanced disclosure under Disclosure Scotland to ensure that everything is fine, because our staff work with vulnerable and at-risk service users. We will continue to employ a robust training programme that incorporates the mandatory training that is required by the care commission.

Nanette Milne: You described major changes that include building and so on. What have you done to seek the views of employees, service users and service users' families?

Jean Lyon: There has been constant participation and discussion at all levels. On phase 2, we have sought advice from relatives and service users on how they wish certain aspects of the building to meet their needs. There has also been continuous participation and discussion through our residents meetings and contact with relatives as to why we need phase 2 and every aspect of how it is progressing, so that everybody knows exactly why we need it and why their input and participation are important. We have also involved service users with the care commission at design team meetings, and views have been taken there.

On our new build, there has been total participation of relatives and service users. They were lettered about the meeting that was held in the home and they are utterly up to date with what we are doing. We are a transparent organisation and we want to focus on the future for positive, continued care.

Gary McIntyre: There has been wide consultation with service users, their families, the staff and a number of others, and there is total support for the proposed changes. No one has spoken against the proposals. We believe that people realise that the proposals are in the best interests of service users. That has always been the trustees' aim, and it is our aim at this time.

Nanette Milne: Thank you for that. Finally, how do you envisage that your future service users will be selected?

11:00

Jean Lyon: I am sure that the process of referrals from 13 of Scotland's unitary authorities will continue, given the sad growth in cases of alcohol-related dementia. We have a very precise admission policy. Service users are normally identified by social workers in the respective unitary authorities. In the due process of a professional needs-led assessment, which my care manager does in conjunction with a key worker in the home, a visit is organised to the person either at home or in hospital. They are invited to William Simpson's home for a day to meet everybody. If they decide that the home is the way forward for them, an application process and an assessment is carried out.

Anyone admitted to the home comes in for a six-week assessment period. Within that period, we take their views about the delivery of care and how they feel, because, after all, the decision that they must make is a major one. At the end of the assessment period, we have a review meeting with the service user, their relative, a social worker, a key worker and the care manager. If the service user is at risk or has a vulnerability, we will invite the advocate from Forth Valley Advocacy to come along to ensure that the user's views are totally taken on board. The findings of the review meeting determine whether the service user will stay on with us.

Built into the review system is a six-month in-house review, which the key worker holds with family, service user and advocate, if one is required. On a yearly basis, we have a social work review, with the social worker present. The care plan and the risk assessment, which is a dynamic document that can change on a daily basis depending on need, are all discussed. The outcome of that meeting determines whether the unitary authority continues to have its contract and schedule of agreement with us.

Nanette Milne: Are the 13 local authorities self-selecting? When you expand, do you envisage that any more local authorities will approach you?

Jean Lyon: I envisage that there will be more approaches, because we will have a very modern, state-of-the-art building that will meet all standards and will, in many respects, be better than the standards. That was our plan, because there is no point in having a building that will become unfriendly and unwieldy when standards change 25 years down the road. We therefore took the opportunity to create a building that will stand the

test of time and any possible legislative changes that come along.

Nanette Milne: So there is no geographical constriction on who is admitted.

Jean Lyon: No, not at all. It is done purely on the basis of social need.

The Convener: That concludes our formal questions for you. Is there anything that you would like to add that you feel we have not covered in the questions?

Jean Lyon: No. We are quite happy.

The Convener: In that case, I thank you very much for your evidence. Feel free to take a seat in the public gallery, if you wish, while we move on to our next panel.

I welcome our second panel of witnesses. We have Dennis Canavan, who is a patron of William Simpson's home; Iain Bryce, the care manager of the home; and Marion Robinson, an advocacy worker at Forth Valley Advocacy. We will move straight to questions.

As an introduction, I think that the committee would appreciate hearing about your connections with the home, your experiences of it and what you can tell us about how the home is at present and its future development.

Iain Bryce (William Simpson's Home): I am the care manager and my role is to look after the running of the home on a daily basis. I deal with the staff and social workers from various authorities, take referrals and discuss possible admissions to the home. The chief executive has just explained the process in detail. I am involved in the nitty-gritty day-to-day stuff, such as discussion of admissions and the individual's background, making specific arrangements for people to come along to see the facilities at the home and talking about how things might pan out for them, to make their future life a quality life as far as possible.

The existing building was opened in 1836. It was built specifically for its purpose, but it is clearly at the end of its useful life and falls short of modern-day standards. We need to move forward. We certainly make a good job of what we have, but we could do an awful lot better with more modern facilities for the future.

Marion Robinson (Forth Valley Advocacy): Forth Valley Advocacy has been around in the Forth valley since 1992; we have worked with the over-65s and those with mental health disorders, so my colleagues and I are familiar with William Simpson's as a care provider. Our role is often to do with safeguarding, when somebody lacks capacity and needs to have their voice heard in decision making about their care. We are well

known at William Simpson's. I have been with Forth Valley Advocacy for seven years and I can recall only one occasion on which somebody felt uncomfortable and wanted to move on from the home and try somewhere else.

The home is a unique setting, which is greatly in demand. The tragedy is that there are not enough beds. As Jean Lyons said, there will be growing need in the area of alcohol-related dementia, so expansion can only be a good thing.

I have met service users to discuss their views on the proposed changes. Obviously, many people who lack capacity cannot express a clear thought, but nobody has been against the changes. Some people who live in the home have worked on building sites in the past and are looking forward to watching the spade go into the ground, because the changes will be more meaningful to them then. However, those who were able to give me views agreed that they had been consulted and lettered, and there is a positive feeling about the future.

Dennis Canavan (William Simpson's Home): My direct or indirect connection with William Simpson's dates back over several decades. For the past 40 years, I have lived within about 3 miles of William Simpson's home in Plean. In 1974 I was elected as the member of Parliament for West Stirlingshire, which at that time included the village of Plean and William Simpson's home. At that time, Plean was a mining village with a strong sense of identity. As the local MP not only did I visit the home and speak to the residents and management, but I was always conscious of the strong links between the community and William Simpson's.

In 1983, I was no longer the parliamentary representative for the home following changes in parliamentary boundaries, but I still had indirect links, in that many of my constituents in the Falkirk area had friends or relatives who were service users at William Simpson's. I should also declare a family connection. My brother, the late Ian Canavan, spent two periods in the respite care unit at William Simpson's when he was suffering from a terminal illness. I and other members of my family can vouch for the fact that the standard of care that is provided at the home is excellent.

Shortly after I retired from the Scottish Parliament in 2007, I was invited by the board of trustees and the board of management to become the patron of William Simpson's home. I was pleased and privileged to accept that appointment. The patron's role is to help to raise public awareness and understanding of the services that are provided at the home, and to encourage the outside community to aid and support the organisation and those for whom it cares. My role, which is fairly diverse, involves visiting the home

and supporting fundraising activities. We are currently involved in a new building project that will cost at least £4 million. Obviously, raising that money and organising fundraising ventures is a big task. Part of my job as patron is to help along those lines.

The Convener: Consultation has been touched on. One of the duties of the promoter of the bill is to ensure that consultation takes place with those whom the bill affects. Perhaps that is particularly difficult given some of the service users and their families who are involved. The committee is keen to ensure that as much meaningful consultation as possible has taken place with service users, their families and the staff in the home. What are your feelings about the consultations that have taken place? How effective have they been?

Iain Bryce: Initially, there was a meeting to put forward the proposals for changing the constitution; everybody—the staff, trustees, board members, families and service users—was invited and the meeting was well attended. To carry matters forward, we have, for example, a full schedule of in-house staff meetings involving everybody across the board, from management to seniors, care staff and domestics. Basically, the constitution and the new home are on the agendas of every meeting among day-to-day business activities. That means that any developments are passed across and discussed, and views are exchanged every month at least. There has been absolutely no adverse feeling about what we want to do.

We have a key worker system, in which a member of staff looks after two or three specific service users. They hold monthly meetings as well. Basically, time is taken in one-to-one situations to explain what is going on on a day-to-day basis and to allow people to express their views on a range of matters to do with their individual care. It is also ensured that individuals are told about what is going on at a strategic level, in simple terms and at a pace to suit them.

On service users' representatives, I have good links with pretty well all the relatives, many of whom approach me and ask for clarification on aspects of the day-to-day running of the business. The proposals relating to the new home and the constitution have been of interest to two or three of them in particular, and they have been given detailed explanations and clarifications to their satisfaction. Over and above that, I produce a newsletter from time to time that is available on the desk for any visitor to the home to pick up. The newsletter is also given out to individual service users and their families, and to staff.

We have used a range of different means—our website also puts information into the wider public domain—to ensure that all the angles are covered.

We have tried to do that in as simple and straightforward a manner as is possible. If people want to take the time and trouble to discuss matters on a one-to-one basis in an informal setting, they are also welcome to do that.

11:15

The Convener: Marion Robinson touched on consultation in her previous answer. Does she have anything to add to what she said?

Marion Robinson: Let me give two specific examples. A volunteer with our organisation is matched up with a man who lives in the home. Over about 18 months, our volunteer has followed that chap through from respite care into living in the main building. He has also been involved with the consultation process.

Also, I currently work with someone who stays in the respite unit. He has not moved into the main building but is actively looking for the new building, which he wants to move into when it becomes available. For whatever reason, he does not feel comfortable in the main building just now. I know that he has worked on building sites in the past and he is interested in moving forward with the new building. He has been there for quite a while now and is very keen to get moved on.

Dennis Canavan: I have not been involved directly, but as far as I can gather the consultation has been extensive and has received a positive response. Despite being retired, I am still very much in touch with the residents and their families and I certainly have not received any complaints from them. If there had been any complaints, I think that I would have heard of them. On the contrary, most residents and their families—if not all of them—are very conscious of the management's efforts not simply to change and modernise the constitution where that matters, but to improve services for service users. I think that the local community, including the families of service users, realises that.

David Stewart: As we heard earlier, alcohol-related dementia is a growing problem in Scotland. Clearly, your aim is to increase the size of the establishment and the range of activities that it carries out. Given that Scotland has comparatively few establishments like yours, will the home perhaps appeal to more and more local authorities throughout Scotland? As we heard from your chief executive earlier, people are admitted on the basis not of geography but of their need for social care. Can you continue to have growth while maintaining the ethos of the original act?

Iain Bryce: Yes, I think that we can. We currently contract with something like 11 or 12 local authorities, but I continually get referrals and inquiries from elsewhere, mostly from central and

north Scotland. We already contract with all the city councils. Word gets around as social workers move around, and because there are few facilities like ours—things are especially bleak in our part of the country—we find that our service is very attractive.

Korsakoff's syndrome and alcohol-related dementia tend to affect people at a younger age. Those people simply do not fit into old folk's homes, as they do not have the patience or the concentration to live alongside elderly people with dementia. Also, they have a history of drinking. Once their nursing needs have been met and rehabilitation starts to take place, those people become a lot better and physically more active but the brain damage that has occurred leaves them vulnerable. They can function physically pretty well within our grounds and they can interact reasonably well with one another, but they would not fit well within an old persons home. In the past, that area of care was not seen as attractive. That is why—I do not say that we are unique—there are very few places like ours. I am pretty sure that we will continue to attract referrals from across the country.

David Stewart: Of course, as we heard earlier, legislation is constantly changing, so even if you did not expand, you would presumably look at upgrading your facilities to comply with legislation.

Iain Bryce: We would most certainly need to upgrade our facilities to meet modern-day and future standards. The alcohol problem is extensive—it is widely publicised in Scotland. One sees day to day that alcohol is affecting people at a younger age; I think that that trend will continue for some time to come, until the issue has been addressed.

David Stewart: Do you see the average age of residents decreasing after you have expanded?

Iain Bryce: Yes. That is happening just now and I think that it will continue.

David Stewart: Does Marion Robinson wish to add anything?

Marion Robinson: When I work with a younger person in the hospital, with whom my colleagues are perhaps working, too, as soon as they are labelled as having an alcohol issue, William Simpson's becomes the place of choice and my heart sinks because I know that there will be a waiting list—there is always a demand.

David Stewart: Mr Canavan, you have been involved for a long time. To what extent do you feel that you can have the expansion but still keep the ethos of the original act?

Dennis Canavan: I think that that is possible. The expansion will not be massive. At present there are approximately 40 residents in the home

and the plan is to increase that number to about 60. With additional staff, it would be possible to expand the provision while keeping the original ethos. It is important to remember that the original act of the Westminster Parliament, which was passed nearly one and a half centuries ago, states that its purpose was

"to establish an asylum ... for the reception, residence and entertainment of indigent or reduced men of advanced age."

I think that we can all see that that is now rather out of date.

We want to expand our services. Reference has been made to the home's expertise in serving people with alcohol-related problems, but the services that the home provides are not confined to people with such problems. We want to extend our services to younger men and to women. Some of them will sadly have alcohol-related problems, but others might have other problems, mental and otherwise.

David Stewart: My final question is about the route that was chosen to upgrade the structure of the home. Are you content with the approach of establishing the home as a charitable company?

Iain Bryce: I do not have any adverse observations on that. My understanding is that it is a sensible way forward as it will give us the flexibility to do what we need to do as an organisation for the future.

Marion Robinson: I cannot comment on the business as such; I can comment only from the residents' point of view.

Dennis Canavan: The vehicle that the trustees have chosen—to set up a charitable company—is probably the best option. The present constitution is far too rigid and restrictive. Having a company with members and directors would provide more flexibility. I mentioned the great ties between the community—particularly the village of Plean—and the home. People in the community might be interested enough to become members of the company. It would be up to any individual to express an interest in becoming a member and to apply for membership; it might even be possible for such a person, if they had the right credentials, to become a director of the company. Mention was made about the importance of the residents and/or their families having an input in the running of the home. That might be difficult for most of the residents, because of their incapacity, but many families would be interested in having such a representative. The charitable company option is probably the best.

Nanette Milne: My questions are principally for Dennis Canavan—it is nice to see you. If the other witnesses have anything to add, please feel free to

comment. How will the proposed changes impact on the future of the home and its residents?

Dennis Canavan: This is surely not a change for change's sake. The basic question we should ask ourselves is what the change will do to improve the quality of service for the people who use William Simpson's home. I feel that it will improve the quality of service, because it will mean broader representation on the board of directors and a broader membership of the company that it is proposed will be set up; we will also be able to extend our excellent standard of service to people who were hitherto precluded by an act of the Westminster Parliament. In other words, instead of specialising entirely in men of advanced age, we will be able to extend our services to younger people and to women. It is a win-win situation.

Iain Bryce: One of the core aspects of the new vehicle will be the opportunity for the participation of service users and their families, and of folk who are directly interested and have the skills and wherewithal to contribute to the successful future management of the home. As Dennis Canavan said, the existing constitution is restrictive. At present, someone could take on a role and, by default, become the chairman of the home although they may or may not have an interest in the home. The new vehicle will ensure that people who come on to the management side of things in the future will have been invited to do so, or will have expressed an interest in being involved in the running of the home. That can only be a good thing.

Nanette Milne: The previous panel outlined the process of selecting the directors and members. What are your views of that process?

Dennis Canavan: I would like to see as broad a representation as possible among the members. As I understand it, the proposed constitution of the company is such that anyone will be able to apply for membership and, if the person is accepted into membership of the company, it will be up to the members collectively to decide whom the directors of the company will be. That will facilitate the involvement of the residents, their relatives and the community. At the end of the day, instead of being run by a very small board of trustees and a comparatively small board of management, William Simpson's will have a broader interest and accountability, and the people who will benefit most from that will be the home's service users.

Nanette Milne: So you think that the governance of the home will benefit.

Dennis Canavan: Yes. The local community and, indeed, the relatives of service users will see more of a link between themselves and the home and, instead of seeing the management as

completely separate, people will have more of a sense of ownership.

The Convener: That concludes our questioning, unless the witnesses have anything else to say.

Dennis Canavan: I just want to thank the Scottish Parliament for finding the time to deal with this bill. As you know, I spent a quarter of a century at Westminster and, even though the 1864 act that set up the home was passed by that Parliament, I doubt very much whether it would have found the time that you have found to consider this bill, which will be very important for the service users at William Simpson's. Thank you for hearing us.

The Convener: Thank you very much for attending.

I suspend the meeting briefly for a short break and a witness changeover.

11:31

Meeting suspended.

11:33

On resuming—

The Convener: I welcome our third panel of witnesses: Shiona Strachan, service manager with Stirling Council, and Des McCart, service manager with Falkirk Council. Thank you very much for taking the time to come along.

The committee thought that it would be interesting to get some background information on how Stirling Council and Falkirk Council interact with the home in obtaining its services and on the work that your councils do with it.

Des McCart (Falkirk Council): Eighteen people from the Falkirk area are resident in the home, so the service is sizeable for us and we rely greatly on it. As was said, the home provides a service that is a specialist resource, if not unique. Our trouble is that, when we want to make referrals, the service tends to be full.

We access the service through care managers, who identify the need for such a service. We have resource panels that agree the allocation of funding to secure a place in the home.

Shiona Strachan (Stirling Council): I am Stirling Council's service manager for assessment and care management and I manage the mental health teams as well as the referring social workers. Stirling's process for obtaining services is similar to Falkirk's, as it involves a commissioning and purchasing mechanism.

Stirling Council is the host authority for William Simpson's home, so it liaises more with the care provider. We take the lead for all Mental Health (Care and Treatment) (Scotland) Act 2003

applications and for adult support and protection, and we provide the interface for contractual arrangements, which sometimes involve the other placing local authorities.

Des McCart and I represent the Forth valley-wide alcohol-related brain damage group, which is considering capacity planning throughout Forth valley, including in all national health service facilities, and which seeks to develop a commissioning framework for ARBD services.

The Convener: If the bill is passed, the new structure is adopted and the service is expanded, will the role that you have described change?

Des McCart: I do not see the role changing. The new structure would provide wider availability. One point that the Forth valley group that Shiona Strachan mentioned has picked up is that we will have far better capacity to meet demand from client groups that we have had extreme difficulty in placing—particularly women, who are still in the minority but who are increasingly becoming a demand area for us.

Shiona Strachan: I echo what Des McCart said. Several care providers in Stirling have closed. They were similar to William Simpson's in that they had listed buildings that they could not bring up to the required Scottish Commission for the Regulation of Care standards. In its current format, William Simpson's runs fairly close to a viability level. A 60-placement unit makes more business sense and we are keen to support that development.

The Convener: You will see from the bill and the accompanying documents that the proposal is to change the home from a charity to a charitable company. What are your views on that?

Des McCart: What is proposed will not significantly change the contractual relationship for us. Paperwork would have to be updated, but no fundamental change would occur in how we relate to the home. We already contract with a number of charitable companies, so that involves nothing significant.

Shiona Strachan: We have a positive relationship with William Simpson's and have been party to discussions with the care provider about the bill. I do not expect the bill to change the contracting and commissioning relationships particularly.

Nanette Milne: To an extent, you have answered my first question. Have you anything to add to what you have said about the plans to develop the infrastructure and expand the service offered to service users?

Shiona Strachan: The previous witnesses made it clear that prevalence rates are increasing, particularly among younger groups of women. We

expect that to be the pattern going forward. We have nothing to add other than that we support the expansion. One positive aspect is the development of outreach and rehabilitation services, which will be possible from a new build and an expanded base.

Des McCart: I mirror that. In an environment in which the financial demands on local authorities to deliver services will be increasingly hard, a more robust model makes much more sense. From a commissioning perspective, we certainly support the home making itself future proof, given the demands that it will face over the coming years.

Nanette Milne: How are service users currently referred to the home? How do you envisage that happening in the future?

Des McCart: The current method is through care managers working with individuals and identifying the appropriate resource. Given the relatively unique nature of the service, demand for it comes up regularly, which is reflected in our level of usage of the home. We identify it through a resource panel, through which the council identifies from a broader perspective the most appropriate use of resources and how we access them. That process will continue, because we always seek to ensure that needs meet resources and vice versa.

Shiona Strachan: The pattern is very similar in Stirling—there is little or no variation.

David Stewart: How were you consulted on the proposed changes?

Des McCart: We received two or three formal notifications in writing at various stages, so we have been kept up to date on the process that the home has gone through and have been asked for our views. Again, we gave written responses to those communications over the period of the consultation.

David Stewart: Was your response very much in keeping with the promoter's suggestions for change?

Des McCart: Yes.

Shiona Strachan: The pattern was similar in Stirling. In addition, William Simpson's is part of our care providers group. Changes to any form of service are discussed at that wider group.

David Stewart: I have a couple of questions on the back of that. How widespread are facilities in Scotland for women with alcohol-related dementia? I appreciate Dennis Canavan's point that the establishment provides more than just that, but I am interested in that particular issue.

Shiona Strachan: Provision is extremely poor in that there are very few facilities for such women. However, there are very few facilities for younger

males as well. We tend to find that—Jean Lyon referred to this earlier—if there is no specialist unit, younger people with a certain level of cognitive impairment and physical disability will be placed inappropriately in older people's care provision. That means that they do not get the level of stimulus that they require, and they certainly do not get the level of rehabilitation services that William Simpson's home can offer. It is a unique provider in the current market.

Des McCart: I echo that view. NHS Forth Valley is also part of the group that we represent. Certainly, one of the things that we pick up is that the health board's rehabilitation wards in the area are under pressure because of the number of people there and the lack of options for people to move out. In effect, some people remain in a hospital environment for much longer than is beneficial for rehabilitation.

David Stewart: Finally, to what extent are you aware in your local authority areas of the special needs that ex-servicemen and, indeed, ex-servicewomen have after returning from conflict? Have you been particularly aware of that from feedback from staff and referrals to your organisations?

Des McCart: I cannot say that I have had specific information on that demand, but there is certainly anecdotal and generic information that indicates that it is increasing. It is hard to put figures on that—it may involve relatively small numbers—but the demand is becoming significant. Again, the appropriateness of resources is particularly difficult; it does not take many to make it a difficult situation to deal with. That is certainly our position in Falkirk.

Shiona Strachan: Stirling is a garrison town with a long historical relationship with the armed services. We have also had a long history of providing services to ex-servicemen, who are treated as a priority at all points when they come forward. Des McCart has reflected that there is a growing prevalence rate and incidence of requirement and need among ex-servicemen. Again, that is something that we will monitor through the commissioning frameworks.

11:45

The Convener: Nanette Milne has a supplementary question.

Nanette Milne: It is a small question for my personal interest. What age group are you talking about when you say that a younger age group is coming forward?

Shiona Strachan: Do you want to discuss males or females?

Nanette Milne: Both.

Shiona Strachan: Females are not as physically able to cope with alcohol or drug misuse. As we begin to see younger females drinking, there is deterioration in that grouping, probably by the early to mid-30s, and in the complex care group that William Simpson's covers, by the mid-40s to early-50s. There is a similar pattern for males, but they tend to be slightly older by the time they have complex needs.

Nanette Milne: So it is really an alarmingly young age.

Shiona Strachan: Yes. We are beginning to see that, particularly in the acute admission units within NHS Forth Valley.

Nanette Milne: Thank you.

The Convener: At present, the home is a male-only facility, but the plans extend the service to women. Are you satisfied that the service will deal effectively and adequately not only with the men who will continue to use it in future, but with women? Are you content that it can be used as a mixed-sex facility and provide a high standard of care to both sexes?

Des McCart: We already use the facility for respite care for women and there have been no issues. It performs well in addressing women's needs on a respite basis, so there is clear evidence that the staff have the skills to manage the balance of demand.

Shiona Strachan: William Simpson's has a high care commission grading. That is a fairly constant feature of the care provider and we do not anticipate that the grading will move down in any way, shape or form. There is enough land and the building plans are sufficiently robust to meet the care commission's standards and provide the required levels of care.

The Convener: Thank you. That concludes our questions for this morning. Does either of you have anything to add?

Shiona Strachan: No.

The Convener: Thank you for your evidence, which we will consider later in our meeting.

That concludes today's evidence-taking session. I thank all the witnesses who appeared before us and gave evidence to the committee. In accordance with our earlier decision we will take item 3 in private.

11:47

Meeting continued in private until 11:58.

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