



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

FINANCE COMMITTEE

Tuesday 5 October 2010

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FINANCE COMMITTEE

21st Meeting 2010, Session 3

CONVENER

*Andrew Welsh (Angus) (SNP)

DEPUTY CONVENER

*Tom McCabe (Hamilton South) (Lab)

COMMITTEE MEMBERS

*Derek Brownlee (South of Scotland) (Con)

Malcolm Chisholm (Edinburgh North and Leith) (Lab)

*Linda Fabiani (Central Scotland) (SNP)

*Joe FitzPatrick (Dundee West) (SNP)

*Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD)

*David Whitton (Strathkelvin and Bearsden) (Lab)

COMMITTEE SUBSTITUTES

Gavin Brown (Lothians) (Con)

Lewis Macdonald (Aberdeen Central) (Lab)

Stewart Maxwell (West of Scotland) (SNP)

Liam McArthur (Orkney) (LD)

*attended

THE FOLLOWING GAVE EVIDENCE:

Yvette Burgess (Housing Support Enabling Unit)

Jim Elder-Woodward (Independent Living in Scotland Project)

Paul Grice (Scottish Parliament Clerk and Chief Executive)

David Ogilvie (Scottish Federation of Housing Associations)

Gil Paterson (West of Scotland) (SNP)

CLERK TO THE COMMITTEE

James Johnston

LOCATION

Committee Room 2

Scottish Parliament

Finance Committee

Tuesday 5 October 2010

[The Convener *opened the meeting at 14:00*]

Scottish Parliamentary Corporate Body (Budget 2011-12)

The Convener (Andrew Welsh): Good afternoon and welcome to the 21st meeting of the Finance Committee in 2010 in the third session of the Scottish Parliament. I ask everyone to turn off any mobile phones or pagers, please.

I have apologies from Malcolm Chisholm. No other apologies have been received.

Agenda item 1 is to take evidence on the Scottish Parliamentary Corporate Body's budget planning for 2011-12. I welcome to the committee Paul Grice, clerk and chief executive, and Derek Croll, head of financial resources at the Scottish Parliament. You are welcome. I invite Paul Grice to make an opening statement.

Paul Grice (Scottish Parliament Clerk and Chief Executive): Thank you for the opportunity to brief the Finance Committee on our approach to setting the SPCB's budget for 2011-12 and subsequent years.

In the light of the anticipated reductions in public sector budgets, the corporate body agreed to take a strategic approach to implementing year-on-year budget reductions in 2013-14 and, if necessary, beyond. The process started back in January this year. The corporate body takes the view that it must play its full part in responding to the economic challenges that are facing the public sector, and it has agreed a responsible and pragmatic approach to doing so, based on an across-the-board review of all SPCB expenditure.

The corporate body is therefore planning on the basis that it will reduce its overall budget in line with any real-terms reduction in the Scottish budget, while seeking to deliver efficient parliamentary services to members and the public. The approach of tracking the Scottish budget is consistent with our approach in recent years.

We appreciate that the actual reduction that will be required will not become clear until the comprehensive spending review reports on 20 October. However, for planning purposes, we have assumed that a real-terms reduction of 15 per cent will be required from 2010-11 to 2013-14. Most predictions about the likely impact of the Scottish budget suggests that our planning assumption is defensible and prudent.

In undertaking the review of support to the Parliament, the corporate body recognises that changes to the shape and level of services might be required. We do, however, remain committed to the three overriding priorities of supporting parliamentary business, supporting members in undertaking their parliamentary duties, and engagement. That said, a key challenge for the corporate body is to ensure that the balance of resources that are devoted to those priorities is appropriate.

In April, having received corporate body agreement, I instructed my senior officials to identify options to achieve the level of savings required. We reviewed those options in June, and have been developing and discussing a number of them with the corporate body during the summer recess. That process is continuing and we expect to reach a conclusion to enable us to set out a detailed budget for 2011-12 in early November, together with a clear approach to meeting the required savings in the years beyond that.

We have, of course, looked at and are continuing to look at non-staff costs, and we expect to be able to make reductions in a range of such services by, for example, more efficient use of energy and reducing paper consumption, both of which also bring environmental benefits. In an organisation such as ours, staff is a major cost, and we can only achieve sustained budget reductions of the required order by reducing staff numbers. The exact reduction will depend on a number of factors including, in particular, future pay levels. I recently initiated the formal pay negotiations with the trade unions following the agreement of the corporate body, and I expect those to be concluded constructively, building on the good relationship that exists between management and unions in the Parliament.

In recognition of the need to reduce staff numbers throughout the organisation, we are running a voluntary early retirement/early severance scheme, and I am in the process of concluding that. It is too early to comment on the numbers that are involved, but I will be able to report further when we give evidence in November. I am hopeful that the scheme will help us to avoid the need for compulsory redundancies, but I am not in a position to give any guarantees.

One of the key challenges in the coming years will be to ensure flexibility so that we can redeploy staff in areas in which fewer resources might be required to those where we have gaps to fill. Investment in training and support will be key to that, so although we will reduce spending on staff to help to meet overall targets, it is essential to retain enough resource to facilitate that process.

Overall, the process will be driven by a series of service reviews, some of which are already under

way. I have begun by reviewing my senior management structure. That will build on the review that was carried out last year in anticipation of the changing environment. I expect that second phase to be completed within the next few weeks. The result will be a group structure that is best suited to the challenges that lie ahead, and a further reduction in the senior management resource.

We have been working with office-holders over the past few months, and they understand the need to reduce their funding in line with the Scottish budget. There have been constructive discussions and we are looking to be in a position to bring forward proposals in November. The corporate body is meeting the office-holders tomorrow to take forward the discussions that have been begun at official level.

We are now moving to a period of engagement with members, staff and other stakeholders. I met the Conveners Group last week, and it was helpful to have its feedback. In the coming weeks, corporate body members will meet colleagues to discuss key issues. That feedback, too, will help us to shape proposals, which should underpin the budget for next year and our proposals for future years, which we look forward to bringing back to this committee in November.

The Convener: Can you give us an overview of the general approach? How are you approaching what are clearly extremely difficult times? What general principles will you apply to your decisions? Are you still planning on the basis of a 15 per cent reduction over three years, or is there any plan for the four-year period that the United Kingdom comprehensive spending review is likely to cover?

Paul Grice: The first principle that was agreed by the corporate body is that everything is on the table. It wanted us to consider everything, and that is what we have done.

We have looked at the key services in detail—we cannot escape a detailed analysis—to consider which of those services add the greatest value, where there is the greatest scope to deliver savings and what the process will be. We have run through all the key services, and my senior managers have produced a range of options that we can achieve over a period of years. We are currently working with the corporate body to develop those individual proposals into a more institutional corporate plan. That is very much what will underpin the proposals that we bring before the committee.

The 15 per cent is a planning target. As I have said from the outset, the actual reduction will depend very much on the CSR outcome and the impact on the Scottish budget. Obviously, we will have to substitute the actual figures.

If, as we expect, the CSR outcome is four years, we will come to the committee with a four-year budget. The reason why we have been working to three years is that we began this process before the UK Government announced that it was going for a four-year process. However, we will substitute the actual CSR numbers for the planning targets, and that is what we will bring before the committee in November.

David Whitton (Strathkelvin and Bearsden) (Lab): You have outlined your discussions with staff, trade unions and so on on voluntary redundancies. Are the other bodies whose budgets you are responsible for, such as the commissioners' offices, considering similar cutbacks?

Paul Grice: Yes, they are. With corporate body agreement, we set them exactly the same target, and we have had discussions with them about how they should achieve that. We also made available to them the voluntary early retirement/early severance scheme.

David Whitton: So all the commissioners are considering voluntary redundancies and cutbacks in their staff numbers.

Paul Grice: The commissioners have been given the overall target. The purpose of tomorrow's meeting with the corporate body is to discuss that in more detail. Like us, they have a range of staff and non-staff costs. Many of them have a very small number of staff. My colleague here, Derek Croll, chaired a shared services working group with the commissioners. It is fair to say that we will probably make the most progress across the piece in savings on accommodation costs, and in shared services such as the preparation of accounts. I am not yet in a position to say what the actual staffing impact will be in individual commissioners' offices, but I should be able to bring that information to the committee in November.

Derek Brownlee (South of Scotland) (Con): In previous meetings when you have come before us as part of the annual budget-setting process, it has been striking that quite a significant proportion of the budget of the Parliament is not within your direct control. A large chunk—I think about 50 per cent—is, in effect, under the control of individual MSPs and their groups. David Whitton has referred to the office-holders budget and there are other costs such as business rates. There is a relatively small controllable element unless you ask MSPs to share some of the pain. Is that part of the plan? It seems sensible, if it is. To what extent will that 15 per cent fall—I presume disproportionately—on the elements that are discretionary and not in the areas that would be passed on to individual MSPs to control? You have talked about staffing. Do you have a more

general feeling about where specifically the real pain is going to be felt?

Paul Grice: In the past, we have used the phrase “directly controllable”. You are absolutely right. Ultimately, it is the corporate body’s budget, but we must recognise that rates have to be paid, for example. We pay about £4 million in rates, which is non-negotiable.

We have focused very much on the controllable costs, and the corporate body is very clear that all elements of expenditure—including pay and expenses for members—are part of that. Those discussions are on-going. I cannot speculate at this stage, and it is not possible even to give you much of a feel ahead of those negotiations and discussions being concluded. Nevertheless, it is fair to say that the corporate body has taken the view that, to make that level of savings over a period of years, we must look across the entire range of expenditure. That certainly includes office-holders. They are within the corporate body’s budget, and the Finance Committee has made it clear in years gone by that although they have operational independence—and rightly so—the setting of their budget is a matter for the corporate body, this committee and, ultimately, the Parliament. The corporate body has very much taken that view and, to be fair, office-holders have generally accepted that view.

Derek Brownlee: Is the indicative 15 per cent reduction going to be applied to budgets or to, say, previous years’ spends? There has been quite a variance in some areas of spending. In particular, I have the impression—I do not know whether it is shared by other members—that some areas and some office-holders have been guilty of thinking that their budget was there to be spent, which is not the prevailing ethos that we would like to see for the rest of the spending review period.

Paul Grice: We are taking the 2010-11 budget as the baseline. The corporate body is furnished with information on the previous years’ spends, and it is entitled to take that into account—if I can put it that way—in agreeing individual budgets. The corporate body will agree individual budgets with individual office-holders but will also look across the office-holders budget as a whole. So, we will come to you again in November and present an overall budget, but we will also be prepared to explain individual budgets within that and, I hope, allow the Finance Committee to scrutinise that.

Derek Brownlee: In previous years, we have had quite a robust defence of the corporate body’s budget and an explanation of the cost pressures. The obvious question is this: if you are able to take out 15 per cent of cost without having any meaningful impact on the service that is delivered

to members, why has it taken the current financial circumstances to do that?

Paul Grice: There is a rather important “if” in your question. If that were true, that would be the case, but I do not believe that it is.

If any chief executive sat here and said that their organisation was 100 per cent efficient, you would want to treat that pretty sceptically. We are a pretty efficient organisation and we try to deliver the services that members want and that the Parliament needs. I do not think that making savings of the order of 15 per cent is going to be easy. On our side, we have a period of time in which to do that and technological developments. We also need to work with members. I think that we can get productivity gains over that period to achieve most of that. In some areas, we need to talk to members and other users about the exact shape of the services that we offer. It will be a combination of those things.

I do not think that it will be easy, but I believe that it is manageable. In my discussions with them so far, members have been very constructive. The unions have been constructive and the staff are up for this. So, I think that we can get there, although it will not be easy. Whatever the target is—whether it is 15 per cent or some other number—I think that we can achieve it over the period. However, you will see a different-looking organisation at the end of that.

14:15

Joe FitzPatrick (Dundee West) (SNP): The outcome of the voluntary redundancy scheme will be helpful in moulding what the organisation looks like in the short term. When do you expect to know how many people have accepted voluntary redundancy, and when do you think you can give us an update on the number of people who have taken up that offer?

Paul Grice: I am in the middle of that at present, so I am afraid that I cannot speculate today. I expect to be able to give you a precise number when I report back to you in November.

Joe FitzPatrick: You cannot before November.

Paul Grice: I may know the number before then, but I have to report it to the corporate body and work it through. I will certainly be able to give you a detailed report at that time, which will set it in the context of the budget. If that is acceptable, I can do it on that basis.

Linda Fabiani (Central Scotland) (SNP): One element that crosses over both staff costs and non-staff costs is something that we have always been very proud of in the Parliament—the outreach and engagement work that is undertaken beyond the Parliament. The education service is a

case in point, and there is openness and accessibility. I know that changes have been made, such as closing the Parliament on Sundays. However, for some comfort, I would like to know that the importance of that part of our work has been taken on board by the corporate body and those who are looking at options for reducing costs.

Paul Grice: I said in my opening remarks that the three strategic priorities remain, one of which is engagement. I hope that that provides at least a degree of comfort. From a personal point of view, I think that the way in which the Parliament looks outward is a hallmark. Whenever we have people visiting from other legislatures, it is what they remark on most. I do not think that the corporate body has any mind to move wholesale away from that; however, it obviously has to look at those services and activities individually and take a view on their relative priority. I do not think that you will see a mass movement away from that, but you will probably, in all honesty, see some changes. Corporate body members will be talking to MSP colleagues—I have spoken to the Conveners Group—to get a sense of which of those engagement activities members feel add the greatest value to the work of the Parliament.

I can give you a degree of comfort. When we come back in November, perhaps we will be able to talk about some more specific proposals and you will be able to challenge and scrutinise our individual decisions.

The Convener: There being no further questions, I ask our witnesses whether there is anything that they would like to add.

Paul Grice: No—except to thank you again for giving us the opportunity to come here today, although I recognise that I was unable to give an update in many respects. We look forward to giving evidence to you again in November.

The Convener: I thank you for your evidence today and for that future evidence. I wish you well in your endeavours.

There will be a short suspension to allow a changeover of witnesses.

14:18

Meeting suspended.

14:20

On resuming—

Preventative Spending Inquiry

The Convener: Item 2 is an evidence-taking session in our preventative spending inquiry. The theme of the session is housing. I welcome to the committee Yvette Burgess, the director of the housing support enabling unit; David Ogilvie, policy and strategy manager at the Scottish Federation of Housing Associations; and Jim Elder-Woodward, the convener of the independent living in Scotland project.

Our witnesses have provided us with submissions containing examples of preventative spending in relation to housing. Given current levels of public spending on housing, do the witnesses consider that there is scope for even more to be done? If so, what?

Yvette Burgess (Housing Support Enabling Unit): My interest is in housing support and the support that can help a great deal in terms of tenancy sustainment and ways of moving on from homelessness, as well as longer-term support for groups such as older people in sheltered housing.

The housing support sector has been facing reduced spending over the past few years, certainly since the supporting people ring fence was lifted. From the information that the enabling unit has gathered from service providers, it seems that many have been facing standstill funding or reduced funding and have been having to find ways of maintaining service volume. If we are thinking about increasing spending, housing support would be an obvious area to look to.

David Ogilvie (Scottish Federation of Housing Associations): I echo those views about the importance of housing support. I should declare an interest, as I am the SFHA representative on the board of the housing support enabling unit.

As the committee will appreciate, given the parameters of the submission, we could have ended up with quite a substantial tome if we had covered all of the issues relating to preventative spending and housing, so we decided to focus on three areas: housing support, adaptations and the wider role programme.

Last week, we had a wider role programme reception in Parliament to celebrate the achievements of housing associations and co-operatives across the country that have done immensely good work in community regeneration as a result of what is quite a small pot of funding—£8 million in the first year, £10 million in the second year and £8 million in the current year.

The additionality that they have achieved as a result of leveraging in additional finance has been considerable, but the social and cultural impact of many of the projects has been fantastic and has been essential to underpinning good will and the wellbeing of communities.

We need to focus more attention on the ways in which housing associations can use their innate skills to grow some social enterprises as well.

Jim Elder-Woodward (Independent Living in Scotland Project): Our submission focused on independent living, which is a much wider perspective than housing, but includes housing issues. The key message that I would like to get across this afternoon is about the principle of giving choice and control to disabled people. Choice and control are universal—everyone needs more choice and control over their lives. That requires opportunities—you cannot have choice without opportunities—but disabled people have few opportunities to exercise choice in the housing market.

We have found that a lot of people cannot find housing after an accident. We have a case in Falkirk of a young man with spinal cord injuries who languished in a generic medical ward for over a year because Falkirk Council could not find him a house. Joint working between departments is needed. It does not cost any money but helps to deliver the rights of disabled people.

In another case, a lady in Glasgow wrote to Baroness Wilkins in the House of Lords to say that she felt like a prisoner in her own home because she needed a wheelchair and a ramp at her front door and the only assistance she could get was two hours of home help a day. The provision of a ramp and a wheelchair would have required two discrete, one-off items of expenditure, yet she was given two hours of home help a day, which was a continual drain on social work resources and did not meet her needs.

There needs to be a more global look at how we provide services. We need to break down silos between housing and social work, housing and health and health and social work. Those barriers need to come down so that disabled people can express their needs within local housing strategies. We in the independent living in Scotland project have two co-production pilots in which disabled people sit down with local housing officers to develop local housing strategies. One pilot is in North Lanarkshire and the other is in Ayr and Argyll. In those pilots, disabled people can tell local authorities directly what is needed in their local authority area.

We need more co-production and fewer bureaucratic barriers.

The Convener: You have brought home to us the benefits of proper action in this matter.

After that exposition of the massive benefits to individuals that are involved, I hesitate to ask this question, but it concerns something that is bothering me. Why are benefits that result from housing support in England so much greater than the results that are obtained in Scotland? The Scottish benefits of £441 million, compared to a cost of £402 million, represent a 10 per cent return, but the English benefits of £3.41 billion from a cost of £1.6 billion represent a 100 per cent return. Can you explain why that is so? What do we need to do in order to improve?

14:30

Yvette Burgess: Two different exercises were conducted, and the models that were used in each country differed. If the same model had been used in Scotland, the benefits would have been £907 million as opposed to £441 million. That would have meant a return of 206 per cent as opposed to one of 10 per cent. In England, there were more robust data about the number of older people in very sheltered housing who were using supporting people services. In Scotland, we had a different set of information and we were using a different model.

The Convener: That is very helpful for our search for accuracy.

Linda Fabiani: We seem to have been talking for a long time about a lack of good information. To take an example concerning housing for people with disabilities, I remember being astounded on one occasion—at least 20 years ago—that there was not a local authority in the country that had a list of people with additional housing requirements. The base of information was very low then. Has it got any better across the various categories of people in housing need?

David Ogilvie: From a local housing strategy perspective, I am aware of some big issues around identifying the housing and support requirements of people with particular needs. Some years ago, I worked with East Lothian Council on a community care housing needs profiling exercise—one of two such exercises that took place at the start of the local housing strategy round, back in 2003.

A pretty useful matrix was developed when the supporting people programme was introduced, including monitoring and identifying housing support needs in the community, but that disappeared along with the ring fencing. That was one of the casualties, so to speak, of the concordat. After it came in, there was no compulsion on local authorities—to the best of my knowledge—to do that work. It was down to

individual decisions as to whether to follow it through.

Our submission in response to the consultation on wider planning for an ageing population said that the problem needs to be addressed. We are happy to work in partnership with local authorities to help with that. It is not good enough that there is a lack of good information.

Linda Fabiani: I cannot understand why a local authority would not think that there should be a compulsion for it to know the people in its area who have needs of various kinds. I am still stunned to discover that that is not apparent. How can we talk about preventative measures without the baseline information that allows us to work out what they should be—let alone measure the success of any initiatives?

Jim Elder-Woodward: I cannot talk about the global theme, but I can tell you about what is happening in Glasgow. The Glasgow Centre for Inclusive Living is run by disabled people, and I am its chairperson. We have a housing project that is funded by the Scottish Government and the European Union. The housing programme keeps a record of all the adapted housing in Glasgow. It also keeps a record of disabled people who are looking for housing. Our service helps disabled people to identify their needs clearly so that, using our computers, we can match their needs to what is available.

I do not know how many housing associations there are in Glasgow, but there are quite a number of them. They feed us their information, and we try to match that information with the needs that come up. We are unique in Glasgow—the centre for integrated living that was based in Edinburgh, the first such centre, fell by the wayside, because the local authorities in the Lothians would not fund it. The services that such centres provide are viewed by local authorities as peripheral services, rather than preventative services, yet we are preventing the build-up of a lot of need.

Getting housing authorities not to tear out the adaptations that they have already put in is another problem. If a disabled person cannot be found to fill a vacancy, the authorities will tear out £5,000 or £10,000-worth of adaptations and put an able-bodied person in, rather than going out to look for another disabled person. We help the housing associations in Glasgow to find a disabled person who needs accommodation where such adaptations are in place. We are saving the housing authorities millions of pounds every year—yet our funding situation is very dodgy, because we are in the third sector. Local authorities, because of the financial restraints, tend to withdraw funding from the third sector before looking at their own services.

Joe FitzPatrick: I think that it was Yvette Burgess who said earlier that, if it was possible to increase spending, this would be an area where you would want to do so. We are now going into a period where overall spending is reducing. Do the three of you have any ideas of areas within the housing sector in which money is being wasted? Are there activities that should be stopped and their funds more usefully diverted into housing support, for instance, so that we could get a much bigger bang for our buck? Although some things might have been nice in the days when we had lots of money, now that funding is tighter perhaps we should just stop doing them.

The Convener: Who would like to answer that?

David Ogilvie: Nobody likes that question. Are there areas where we are wasting money? The efficiency drive that is now upon us is something that housing associations and co-operatives have been trying to embed into their culture over recent years, and everyone has been under increasing pressure as a result of changes to the overall structure of the housing association sector. People are starting to merge, form group structures or whatever in order to deliver efficiencies.

I am more intrigued by the idea that, with the overall pot of funding that is available to us shrinking, housing should face that challenge alone. Without wishing to point the finger—but I will point the finger—I am greatly concerned when I hear rumours that the national health service budget will potentially be ring fenced, and I say that purely because so much of the work that we need to do to meet the demographic change that our society faces over the coming 30 years will be absolutely dependent on co-operation between all housing, social care and health care partners. People could go off into a huddle and say “No, that is our money”, but I would like to see NHS primary care trust chiefs round the table with local housing strategy partners and with housing association developers to say, “Let’s see how we can pool funds and come up with holistic solutions.” It is hard for me to point the finger and say, “There is waste over there.”

Jim Elder-Woodward: I will not be popular, but I think that one of the issues about financial waste is that home care and housing support are two powerful services. You are funding two powerful services. If you want to cut costs, you need to amalgamate them into one service. Having two powerful services is not cost effective. I would advocate moving housing support and social care into one basket.

I also think that if you are to stop waste, you should stop taking adaptations out of houses, because that is a waste of money. If you want to save money, you should build more houses with wider doors and more accessible rooms. Build

houses for life, not because they are more economic. My wife and I are both in wheelchairs. Twenty-five years ago, when we were getting married and were looking for a house for ourselves, we went round Wimpey and Bovis houses. You could not swing a cat, never mind move a wheelchair. We bought an 1898 coach house that had an open-plan ground floor and we are now living quite comfortably in an open-plan house, with no doors and no narrow corridors; it is fully accessible. We had to go back to 1898 to get a suitable house. We should build for life.

David Whitton: That brings me to the question that I wanted to ask Mr Ogilvie anyway. When housing associations are planning developments and so on, how much attention is paid to the fact that a certain percentage of the houses should be adaptable for disabled use?

David Ogilvie: As I understand it, all housing associations are working towards housing for varying needs standards, so in fact—

David Whitton: I am sorry to interrupt you, but the key two words in your response were “working towards”. That indicates that they are not doing it yet.

David Ogilvie: I am hedging my bets because I do not have the statistics with me—I will look into the statistics and come back to you. I will go all the way then. As I understand it, they are expected to do so. I will check exactly to what level they are doing that. I would expect there to be full compliance with that, but I am mindful of my environment, so I want to double-check my facts.

David Whitton: We are looking at preventative spending, and all the evidence that we have from you is that investing in this type of housing keeps people out of hospital and care homes, so it is obviously a cheaper and more cost-effective option. I would have thought that, if you believe what you say in your evidence, in all the plans a certain percentage of housing stock should be disabled compliant.

David Ogilvie: I believe that that is the case. It is built into the affordable housing investment programme that each local authority will identify how much affordable, accessible housing they need and that percentage is brought forward under the affordable housing policies.

14:45

David Whitton: The point is not just about disability, of course—old age brings its own issues. I have helped a number of my constituents to have special adaptations put into their houses, which Mr Elder-Woodward referred to. However, as he pointed out, if they pass away, the equipment is then ripped out of the house and it is

returned to its previous state. He said that his organisation keeps a list of houses to which adaptations have been made and then, if one becomes vacant, the organisation tries to match somebody to that house. That is in Glasgow, I think. Is that how it works?

Jim Elder-Woodward: That is how we tend to work. We have very good co-operation from all housing associations and Glasgow City Council to ensure that the data that we keep are up to date, because the data are only as good as what is put into the computer.

David Whitton: One lady in my constituency moved into a house that was specially adapted for her needs after she had become homeless. Then she moved to another house, which also had to be specially adapted, so there was a double hit on the council for the adaptations with which she had to be provided. However, that was her choice. I do not know but, in some ways, is there a responsibility on a disabled person, once they have had adaptations made, to stay where they are?

Jim Elder-Woodward: My understanding is that people can have only a certain amount of money per year. I do not know the figure, but I have a feeling that it is about £25,000. People can gain access to only that amount. I would not want to deny that lady her freedom of movement, and I hope that you would not want to do that. The fact that she moved into a non-adapted house indicates to me that we need more adapted houses to meet demand.

David Whitton: I also want to ask about the pilots in North Lanarkshire and Ayrshire.

Jim Elder-Woodward: It is North Lanarkshire and Argyll.

David Whitton: Sorry. In those pilots, disabled people are having a big say in what is happening with the housing stock. How is that working?

Jim Elder-Woodward: The work began just last month. I was talking to the researcher only yesterday. The Scottish Government has asked a company called Anna Evans Housing Consultancy to evaluate the projects. We are just beginning and we have to finish before March, because the local authorities have to submit their local housing strategies by March. So it is a very tight timescale. There are problems, which I do not want to go into at the moment, but we are hopeful that the outcome will be much better than the previous local housing strategies. One of the aspects of the research is to do a comparative study with the previous local housing strategy to find out what changes have been made. We are at the beginning.

David Whitton: I have a point for Ms Burgess. I guess that most councils' adaptation budgets are a bit of a moveable feast. In my area, that seems to be the budget that goes most quickly. However, it follows from the evidence that we have heard about spending more to keep people in their own homes that housing adaptation budgets should rise in comparison with other budget lines in the housing sector.

Yvette Burgess: I am not an expert on housing adaptation budgets, but housing support can be effective in helping people to work out what adaptations might be needed and how they should obtain them.

David Whitton: How much of a crossover exists between home care and health care, to which Mr Elder-Woodward referred? An occupational therapist might have a different view on what a suitable adaptation is from somebody from the council.

Yvette Burgess: In relation to what their budgets should be used for?

David Whitton: Yes.

Yvette Burgess: I can imagine that discussions could take place about that.

David Whitton: Do you see merit in the two services getting together?

Yvette Burgess: If I recall correctly, Mr Elder-Woodward pointed out that care at home and housing support seem to collide and work with the same individuals in some circumstances. When that happens, room exists for rationalising services. Now that the ring fence has been lifted from housing support—the supporting people funding—the criteria for housing support are no longer as rigid as they were. That means that it is perfectly possible to use a single pot of money—the local authority's budget—to fund a service that incorporates care at home and housing support.

Many other services focus simply on housing support, such as sheltered housing. What is often called low-level support helps people to maintain independence in their later years. Just today, I read impressive figures from a housing association that surveyed 1,000 tenants. Of them, 64 per cent said that their physical health had improved since moving into sheltered housing and 72 per cent said that their independence was being maintained longer than it would have been if they had stayed where they were before. Housing support at that fairly low level in sheltered housing can play an important role in the preventative agenda.

David Whitton: Several local authorities provide sheltered housing or housing that is designed for pensioners. Should such accommodation be taken out of the right to buy?

David Ogilvie: Yes—absolutely.

David Whitton: That has not been done in my area.

Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD): I was very interested in the reference in Yvette Burgess's submission to the Department of Health's key questions for decision makers in relation to preventative health measures, which apply in England and Wales. Has the NHS in Scotland or the Scottish Government done equivalent or parallel work to ask similar questions?

Yvette Burgess: I was not aware of such work when I did research for the submission. The document to which I referred was written up fairly recently, so people are focusing on it.

Jeremy Purvis: We can consider that in more detail.

I will take a step up. Forgive me for asking about bureaucracy and how budgets are put together, but David Ogilvie made the point that, when people are around the table, agencies are on the same page in making budget decisions, setting budgets or setting priorities. Would it make sense to have a combined budget and process for social work and health? Is the issue partly structural, because housing and social work issues are often separate from what a health board deals with?

David Ogilvie: I would be reluctant to say "yes" whole-heartedly. We have varying reports from our members nationwide about the degree to which they are engaged successfully in the community planning process, which, as you will be aware, is very much driven by local authorities and their national health service partners. If housing partners are not at the table, they will not be able to deliver the new forms of housing for older people, for example, if they are looking for health funding to make it work. If they are not at the CPP table, that will not take off. We have had anecdotal evidence that that is the case.

Without taking a swipe at local authorities, the CPP process is very complicated, because there are so many partners with which to engage. Perhaps there is a bit of a selling job to be done. Some housing associations are better than others at putting themselves forward. The SFHA will continue to support those who have issues with the process. When the concordat, the CPP process and the new national performance framework emerged three years ago, it all happened at such a cracking pace that it caught a lot of people unawares. Those processes have now been set in stone. We are now in a situation where we would like to get to the table, but we cannot. We are now, in effect, locked out.

Jeremy Purvis: When I was elected seven and a half years ago, I had a briefing from the health board on joint futures, which was the big idea of having aligned budgets and moving towards joint budgets. I know of cases in which a council occupational therapist and a health board occupational therapist delivered services at different times to the same household and often to the same constituent but, because of the different budgetary years, could not align their budgets. We still have that situation in effect. We are talking about making a step change in approach towards preventative spend, but we might be here in another few years having the same kind of discussions about the local government agenda, whether or not it has a different relationship with the Government and whether or not there are single outcome agreements or a successor to them.

Yvette Burgess: I think that that is right. In housing support, the cost benefits are often in the use of health care services, particularly emergency beds. In a period when public finances are so stretched, the fear is that local authorities will be forced back to looking after their statutory duties, which might mean that they cannot focus on funding the things that would lead to savings in the health service. For that reason, aligning budgets would make a lot of sense.

Jeremy Purvis: The committee has heard interesting evidence from other organisations about different ways of delivering budgets. That might involve direct payments—I do not know whether there is any feedback on how they are going. Rightly or wrongly, the council in my area has been looking at transforming older people's services. The health board was not part of that decision-making process; it was simply consulted. That emphasises the point that David Ogilvie made. We have looked at areas where funding might be provided direct to individuals, so that they can choose how they purchase or commission services, or to representative bodies, community care forums or other consortia of voluntary bodies. Would that help you in thinking about the future of preventative care, because there would be much more focus on the user? Alternatively—I guess that there is a perverse element—might they just want more and more money? Is anyone considering that?

15:00

Jim Elder-Woodward: The personalisation policy that you have been alluding to is taking off more in England than in Scotland. The personalisation policy is that a person has what is called an individual budget, which comprises social care, health care adaptations and independent living fund money all in one pot. It is

up to individuals themselves, with advice from the council and others, to decide how to spend that money.

Two things have occurred. One is that the outcomes are more adventurous, in that people have been able to do more with the money than would have been done previously. Secondly, disabled persons have been found to be participating more in community life and the labour market. They have been able to get jobs and go out or join voluntary groups and participate in the community that way.

The personalisation agenda has some merit, but the problem is how the amount of money that people receive is determined. How much they receive depends on the number of points they accrue—with more points they get more money. It is the assessment of how people get the points and the amount of money that is allocated to each point that is the problem. For example, I could have 25 points; in one local authority, where each point counted for £10, I would have £250, but another authority might allocate only £7.50 a point so, for the same number of points, I would get about £180. The need would be the same, but the amount of money that I would get would differ. That is called a resource allocation system, and there is no unity or commonality among those allocation systems. That is one problem that we found down in England. We need what we have called a standardised RAS.

I am sorry—that was very technical. I hope that you followed.

Jeremy Purvis: I did. You give the impression that the fact that the process is preventative is almost a positive by-product because it is focused on what the individual needs. People can make the decision that is in their best interest.

Jim Elder-Woodward: People are able to choose items and provisions that are not commonly available. For example, they are able to buy a fan to reduce the heat in the house. Our home care service people would not be able to buy a fan for someone, but they would have to attend to the outcome of the individual's sweating. Those new ways of meeting needs are more available under a personalised agenda than they are under a ring-fenced-budget approach. I hope that that is clear. I am not very good at explaining the RAS. Actually, nobody knows what it is.

David Whitton: In paragraph 7.7 of your submission, you state:

"one Scottish local authority acted on what their clients with learning difficulties were telling them".

The local authority switched them from going to day centres to employment, but you do not tell us which local authority it was. Which one was it?

Jim Elder-Woodward: It was North Lanarkshire.

Linda Fabiani: There are potentially two elements of preventative spending under the subject of housing. The first is to do with infrastructure. It is about the benefit of housing—the house itself—and the ways in which that is preventative, be that in the design of the house, its size, the fact that it is barrier free, or the whole-life approach that we have spoken about. Personally, I believe that good design goes a long way towards increasing wellbeing, so spending on it is therefore preventative spending.

Preventative spending on housing also has potential for everyone, whether it be the child who has a good environment in which to do their homework, or whether it is because there are good insulation standards. I would like to hear views from the housing people on why preventative spend is valid in relation to housing—in relation to the building of housing and the creating of the places where people live.

David Ogilvie: One of the bold targets that the Scottish Government and indeed the Scottish Parliament have set out since 1999 is the 2012 homelessness target. The Parliament can justly be proud of that target. However, in terms of preventative spending, there are grave concerns that, if we make the wrong cuts, we will not meet that target. The SFHA strongly advocates investing in housing and increasing housing supply, not least because it helps to meet housing need across the board, whether it be what we call general housing need or specialist housing need, but also because, in that process, there are opportunities to create jobs.

There are opportunities to underpin the construction industry, which we all know has had a pretty torrid time over the past three to five years. There are also opportunities to engage local communities in taking control of their own destinies through community regeneration activities. There are opportunities to meet the 2016 fuel poverty target through investing in the retrofit of existing stock, in renewable energy and in microrenewables. There are other things that we can do such as providing employability skills and training to people who are socially excluded. Every time we put a house on the ground, those opportunities present themselves as long as other funding streams such as the wider role fund remain available. We have a great amount of things that we need to protect, which is why we are so strong on preventative spending.

Yvette Burgess: It is important that a range of housing types is available to people—particularly people who have support needs. Thinking about one of the examples that I have been able to call on, I am greatly indebted to Jane, who allowed us

to share her experiences. We know that supported accommodation plays an important part in helping people to move through unsettled periods of their lives. When it comes to housing, it is not just about providing self-contained accommodation; we need to have supported accommodation where there is scope for people to provide support. It is also important that we have smaller units of accommodation to allow individuals to develop the independent living skills that they have not previously had a chance to develop.

Jim Elder-Woodward: I think that it is important that we build for life because that will allow people to move into independence more easily. I am working with Capability Scotland on its efforts to move people out of long-term care back into the community. One of the major problems is finding suitable housing for such people. Fortunately, we have come across a local housing association that might be able to help, but that is after years and years of talking to local authorities that promised to find housing for such people in Renfrew. If there were more such housing, that would allow greater freedom of movement for disabled people and would allow them to remain in the community for much longer than they do nowadays.

Linda Fabiani: I want to come on to the other element of potential preventative spend. If we are saying that, in the longer term, decent housing has knock-on benefits for everyone who has a need for shelter, including educational and health benefits, we need to address the lack of joined-up working, which has come up with other panels that we have spoken to about preventative spend. I think that it was Mr Elder-Woodward who mentioned bureaucracy. We seem to have a bureaucratic system in which everyone is in their own silo and where there is a great reluctance to be innovative in thinking about what is best and how all public funding can be used most cost effectively and most effectively for the wellbeing of the person.

The clerks provided us with a helpful example. A health authority in England paid for a local authority to grit the roads because it had the on-going effect that the health service did not have to deal with the same number of fractures and injuries. That is a small example of joined-up thinking. Could I have your views on what is required? I am thinking beyond the community planning partnerships, which we all know have become bogged down in their own bureaucracy. What is required? If you could give advice to the public authorities, what would be the one thing that you would say that we could do to give people quality of life in their own home?

The Convener: Who would wish to answer that?

Linda Fabiani: Go on, Yvette.

The Convener: Could I maybe alter the question slightly?

Linda Fabiani: No.

Jim Elder-Woodward: I will go first. I do not think that it is as simple as doing one thing, but I think that we ought to encourage bureaucrats to realise that the money that they manage belongs not to them but to the people. We want them to get the message, "It's not my budget, it's the people's budget."

Linda Fabiani: That is the kind of response that I was looking for. As Mr Elder-Woodward said, there does not seem to be a recognition that public funding is for the benefit of the public. There is a responsibility on everyone who uses public funds to ensure that they are used to the best advantage of the public, whether collectively or individually.

Can we hear from David now, convener? He has had time to think.

15:15

David Ogilvie: I was struck by the sheer magnitude of the question—I thought, "Woah!"

You asked about improving quality of life and you mentioned the issue with community planning partnerships, which is one of the biggest bugbears that come up in conversation with our members. Time after time, that is a big thing. If housing associations are to be serious players—it is right that they should be—from the point of view not just of building houses in our communities but of delivering jobs, wellbeing and educational opportunities, and perhaps also making savings in justice budgets by tackling deeply rooted social injustice across Scotland, partnership work is key. Maybe there is a selling job for housing associations to do.

We need to look at changing the culture of local government in Scotland—that is key. I say that as a former local government employee. Moving from one side to the other, I think that the change in working culture is quite clear—you can feel it. There is a clear difference between the culture in a local authority and the culture in a housing association. The housing association or co-operative has its roots in the community and is directed by the interests of the community much more directly than local authorities sometimes are, because of their sheer scale. Part of the answer might involve devolving power to communities and giving them the resources to direct their own destinies.

The Convener: I will draw this section of the meeting to a close, as the witnesses have nothing further to add. Thank you very much for your presence and for the evidence that you have given us, which will be extremely helpful to us.

I suspend the meeting briefly to allow the witnesses to change over.

15:17

Meeting suspended.

15:20

On resuming—

Palliative Care (Scotland) Bill: Financial Memorandum

The Convener: Item 3 is to take evidence on the financial memorandum to the Palliative Care (Scotland) Bill. I welcome to the committee Gil Paterson MSP, who is accompanied by David Cullum, head of the non-Executive bills unit. I invite Gil Paterson to make an opening statement.

Gil Paterson (West of Scotland) (SNP): I am grateful to the committee for inviting me to give evidence on the Palliative Care (Scotland) Bill. Given the committee's affection for figures, I thought that it would be best to start by quoting a few that set out the context of the bill. More than 55,000 people in Scotland die each year. Eighty per cent of those deaths occur in patients aged 65 years and over; 60 per cent occur in those aged over 75 years. The number of people aged 75 and over is projected to increase by three quarters by 2031. Coupled with the trend of both older and younger people living longer with life-limiting conditions, the bill is timely and compassionate.

The bill has two main policy objectives: to place the Scottish ministers under a statutory obligation to provide palliative care for those with life-limiting conditions and their family members, and to set up reporting arrangements so that the palliative care that is provided can be monitored by the Scottish ministers and the Parliament. The bill gives legislative effect to the key intentions of the Scottish Government's living and dying well strategy, the aim of which is to extend provision of palliative care to all who require such care, regardless of diagnosis, age or geography. Both the Government's strategy and the bill are founded on the World Health Organization's definition of palliative care as

"an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."

The bill imposes no additional duties on health boards or local authorities but converts into a statutory right an existing right that the Scottish ministers have given through their strategy. The costs of implementing the living and dying well strategy should, therefore, cover the bulk of the costs of implementing the bill. I would have preferred to come before the committee today with precise figures for the implementation of the Government's strategy, but that was not to be as the required information is not held centrally, but I

have been able to cost the one aspect of the bill that imposes new requirements. The financial memorandum highlights the fact that some costs will be associated with the collection of performance indicator information. Before I deal with the figures, I will explain why it is necessary to incur that small but critical cost.

The bill seeks, through the annual reporting of specified information, to standardise and collate information on the delivery of palliative care, in line with recommendations by Audit Scotland and the Public Audit Committee. Page 10 of the Audit Scotland review of palliative care recommends that the Scottish Government

"work with NHS boards, councils, voluntary hospices and the Information Services Division (ISD Scotland) to ensure information is collected consistently across all services and used to improve planning."

Such information would help to provide joined-up care for individual patients. The bill will facilitate such standardisation and consistency by ensuring that there is a focus on delivering best-practice palliative care and that we learn from the best, the most efficient and the most effective. If such an approach is adopted, provision is less likely to be eroded over time or, indeed, threatened in harsh economic times.

Back to the figures. I have estimated that it will cost the Scottish ministers around £50,000 in year 1 to establish a database. Thereafter, the running costs will be £10,000 per annum. The estimate for set-up costs is based on the costs of other recently established databases that have been created under legislation, taking account of the fact that much of the information that is required is already collected, although collation is poor and cross-authority comparisons are difficult to establish. I estimate that there will be minimal costs to health boards and that they can be absorbed.

I set out the conclusions on the potential cost savings that were identified in a recent study, which found that palliative care can generate substantial savings for the health service through cost avoidance. An American study also demonstrates that there would be savings through increased palliative care, because it reduces the number of emergency interventions.

I thank the committee for giving me the opportunity to demonstrate why the bill would be well worth supporting.

The Convener: Thank you. I invite questions from members.

Tom McCabe (Hamilton South) (Lab): Good afternoon. Congratulations on the work that you have done so far. It is an incredibly worthwhile piece of work.

We have received submissions from the same type of bodies in different parts of Scotland. Some say that there is a lot of extra money involved and explain at length why it would be difficult to provide such a service; others who are in exactly the same line of work say that it is fine and that they can just get on and do it. Which ones do you think we should listen to?

Gil Paterson: I understand the anxiety that some people feel about the proposals. On the surface, it appears that a lot of money is involved. The bill is predicated on the Government's living and dying well strategy; it does not put any additional pressures on health boards and it does not ask for any more than is expected from the Government's living and dying well strategy. From the information that I have to hand, it seems that that strategy is progressing through health boards at the present time.

At present, the benefit that someone would get from palliative care depends on where they live and what illness they have. The purpose of the bill is the same as that of the Government's strategy—anything that I say about the bill today is true of the Government's strategy. We are trying to identify different illnesses in respect of which people do not benefit from palliative care. There is a 90 per cent certainty that a cancer sufferer would benefit from good-quality palliative care, whereas there may be a 90 per cent chance that someone with another life-limiting illness would not benefit from such care. The purpose of the bill is to enable the Government's strategy to gain traction. It does that by asking for two things. It may sound flippant, but the bill is the Government's strategy with bells and whistles—no, not bells and whistles, but a bell and a whistle. If we had the indicators and then the reporting of the indicators by health boards, we could see how different boards were performing and in which areas—whether geographical or illnesses—we needed to do a bit more work.

To answer your substantive question, as far as I am concerned, because the bill is the Government's strategy, there would be no additional costs. There are already costs to the delivery of the Government's strategy but, apart from those that I have mentioned, I cannot identify any others.

Tom McCabe: So, although some health boards have said that the proposals will cost more money, in reporting to the lead committee the Finance Committee should be perfectly comfortable in saying that the bill will not place any additional burden on existing resources?

Gil Paterson: I would say that that is exactly the case; it assists and enables delivery of the living and dying well strategy.

15:30

Jeremy Purvis: I agree with Tom McCabe about the importance of the issue. David Cullum was supporting evidence to the End of Life Assistance (Scotland) Bill Committee this morning; now he is here to talk about palliative care. It is one of those cheery days that requires the non-Executive bills unit's support. However, it is a profoundly important proposal.

If I understand it properly, the bill would make a statutory duty of what is currently a Government strategy. Part of the evidence that we have to sift through is from health boards, who have talked about the potential costs of the Government's strategy and whether they have the resources to implement it. One of the difficulties that I need to get clear in my own mind is, although that will not be a direct cost of the bill, the costs would be a consequence.

You have probably seen all the information that the health boards have sent to the committee. NHS Greater Glasgow and Clyde's needs assessment says that there should be an additional 10 palliative care consultants and a substantial rise in the number of specialist nurses. Do you accept that, as a consequence of the bill, health boards will incur additional costs in delivering what they believe is an underresourced strategy?

Gil Paterson: I must point out that there are 63 palliative care specialists in operation in Scotland at the moment. It would be simple to identify the number of people who are benefiting from that provision, how many areas need to be supplied and then to do the calculations to establish how much money we need to give the specialists.

The bill is not about the specialist element of palliative care. The Government's strategy is about driving up in a generalist fashion how nurses and clinicians, not specialists, engage in their everyday work and how training should be brought in so that the front, rather than the specialist, end gets the benefit, and so that costs are not driven up.

This might answer a couple of questions. I was at a bishops conference in Largs two years ago. Bishop Kelly from Liverpool was there. He mentioned that a particular hospital in Liverpool had had many complaints about palliative care. The hospital needed to recruit nurses, so it recruited 20 Filipino general nurses. When they came into play, instead of getting a lot of complaints the hospital got a lot of plaudits. It received letters saying how good the service had been. There was no cost attached to that because the nurses were generalists.

There is no question but that our nurses are as good as Filipino nurses—and that Filipino nurses

are as good as ours—but they had a different ethos and way of operating from day 1. The Government strategy and the bill are about a change in the way of operating. If you told me that we would have to open X number of hospices or that NHS Greater Glasgow and Clyde needs other specialists, I would say that that is not what I am asking for; I am looking at what we already have and how we can benefit from change within. That is exactly what the living and dying well strategy is about.

Jeremy Purvis: NHS Greater Glasgow and Clyde has given us its assessment of what it needs to meet the requirements of the living and dying well strategy if implementing that strategy is to be a statutory duty.

Boards have told us that the financial memorandum overestimates their capacity to absorb the reporting mechanisms that would be required. How do you respond to that?

Gil Paterson: We looked at two new databases and we provided the most accurate figure that we could provide. I read the submission. Boards seem to be suggesting that the information is not currently gathered. However, we currently gather most of the information, although we do not collate, utilise and report on it. If we want to make a difference and identify issues to do with the areas where people live and the illnesses that they have, we need a mechanism that enables us to scrutinise the data and understand what is happening.

I am fairly certain that the work that has been carried out in relation to the bill has produced figures that are robust. I do not agree with what health boards said.

Linda Fabiani: Why do you think the Government is not supporting the bill? Why does the Government think it unnecessary?

Gil Paterson: You need to ask the Government about that. It has a strategy on palliative care. I think that I am doing the Government and health boards a great service, because I am trying to home in on certain issues, through the provision of a database.

There might be reports of good palliative care in one hospital, but care might not be as good in another hospital in the same health board area. We need to understand why, so that we can try to drive up performance. Everyone would benefit from understanding why performance varies and why a patient who has a particular illness does not benefit from palliative care.

I am not sure why the Government has not said that it will support the bill. As I understand it, the Government has not said that it will vote against

the bill, so there is still a prospect of the bill progressing.

Linda Fabiani: I should have worded my question differently. The Government did not say that it would not support the bill; it said that it has no intention of introducing a bill on palliative care. I guess that that is different.

Gil Paterson: The Government might have been talking about a bill that would provide for a mandatory approach. I think that it wants to drive forward its strategy, and I think that my bill would help in that regard, particularly in relation to reporting. We need to understand why some health boards outperform others and what lessons we can learn from them. We can do that only by collating the information, analysing it and reporting on it.

The bill would give the Government the right to amend the indicators. Some people think that there are too many indicators in the bill; others think that there are not enough. I will be frank and say that I do not know whether we have got that right. However, I accept that as time goes on the Government might need to make changes, so the bill provides for that to happen.

The Convener: The Government said in its submission to the committee:

“there are sufficient existing legal powers and policy arrangements”.

It went on to say:

“a statutory obligation may limit the flexibility of NHS Boards to plan and provide palliative and end of life care services in accordance with local circumstances.”

Gil Paterson: I agree with the sentiment of the second part of the quotation. I would not want to put in place anything that interfered with boards’ flexibility; flexibility is why we benefit from quality palliative care in some areas. The bill does not disturb flexibility, but we and the Government also need to understand why one area is lying fallow and another is doing very well. The collation of the figures is almost a must. The bill is modelled on the living and dying well strategy. We would not want to disturb health boards’ ability to make their own decisions.

David Whitton: I assume that you anticipate that the set-up cost of £50,000 and the running cost of £10,000 for the database would come from central Government.

Gil Paterson: Yes, I anticipate that the Government would support the database and provide that additional money.

David Whitton: As Jeremy Purvis said, you will have seen the submissions from various health boards. You say that you model the bill on the Government’s living and dying well strategy, but

NHS Tayside tells us that the financial implications of that strategy

“have not been funded by the Scottish Government.”

It goes on to say that whatever additional costs there might be if the bill were adopted

“should be met through an additional allocation of funds to NHS Boards.”

There is clearly a bit of a dilemma. The health boards do not—well, at least NHS Tayside does not—believe that the living and dying well strategy has been funded and they say that, if there are additional costs, they should be funded by central Government. Do you agree with that?

Gil Paterson: I agree that we need to find additional money for the provisions in my bill—£50,000 for set-up costs and £10,000 per annum. I would not want to put additional pressures on health boards to fund that. That is the starting point.

Since I inherited the bill from Roseanna Cunningham, I have visited hospitals, hospices and care homes and spoken to clinicians, professors, doctors, nurses, managers, patients and family members in the east, west and north. I have been to Inverness, Oban, Edinburgh and as far south as Greenock. My view is that, however the living and dying well strategy is funded, it pays dividends.

I am a great supporter of the strategy. I like what I see in it and the feedback is that it is delivering. You would need to ask the Government how the funding is managed but, if you agree that my bill is the living and dying well strategy in another guise, you must agree that there is no need for additional funding apart from what I identified. I have asked parliamentary questions seeking information on costs. There are no answers to those because the information is not collected centrally. That takes us back to my harping on about indicators and the need to collate the information. Whether or not my bill is passed, it would be money well spent.

The Convener: There are no further questions. You have left us in no doubt about your sincerity and personal motivation in promoting the bill. Do you wish to make any final comments?

Gil Paterson: No. I have harped on about the same thing. I thank the committee for being exceptionally hospitable to me and giving me plenty time to answer the questions. I am grateful for the time that you have given me.

The Convener: I thank David Cullum and Gil Paterson for their evidence.

Decision on Taking Business in Private

15:44

The Convener: The fourth item on our agenda is a decision on whether to consider our draft report on the financial memorandum to the Palliative Care (Scotland) Bill in private at future meetings. I suggest that we do so. Is that agreed?

Members indicated agreement.

The Convener: The first meeting back after the October recess will be on Tuesday 26 October, when we will continue to take evidence on the preventative spending inquiry. I wish everyone a good recess and close the meeting.

Meeting closed at 15:44.

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