



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

HEALTH AND SPORT COMMITTEE

Wednesday 15 June 2011

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HEALTH AND SPORT COMMITTEE

1st Meeting 2011, Session 4

CONVENER

*Duncan McNeil (Greenock and Inverclyde) (Lab)

DEPUTY CONVENER

*Bob Doris (Glasgow) (SNP)

COMMITTEE MEMBERS

*Jim Eadie (Edinburgh Southern) (SNP)

*Mary Fee (West Scotland) (Lab)

*Richard Lyle (Central Scotland) (SNP)

*Fiona McLeod (Strathkelvin and Bearsden) (SNP)

*Gil Paterson (Clydebank and Milngavie) (SNP)

*Mary Scanlon (Highlands and Islands) (Con)

*Dr Richard Simpson (Mid Scotland and Fife) (Lab)

*attended

CLERK TO THE COMMITTEE

Douglas Wands

LOCATION

Committee Room 2

Scottish Parliament

Health and Sport Committee

Wednesday 15 June 2011

[Dr Simpson opened the meeting at 11:02]

Interests

Dr Richard Simpson (Mid Scotland and Fife)

(Lab): Good morning and welcome to the Health and Sport Committee's first meeting in the Scottish Parliament's fourth session. I remind all those who are present, including members, that mobile phones and BlackBerrys should be turned off completely, as they interfere with the sound system even when they are switched to silent.

We have received no apologies. *[Interruption.]* I repeat my request for anyone in the public gallery who has a mobile phone to please switch it off.

Agenda item 1 is the declaration of interests. In accordance with section 3 of the code of conduct for members of the Scottish Parliament, I invite members to declare any interests that are relevant to the committee's remit. I remind members that any declaration should be brief but sufficiently detailed to make clear to any listener the nature of the interest.

I will start. I am a fellow of the Royal College of Psychiatrists and a member of the Royal College of General Practitioners, of the British Medical Association, of the trade unions Unite and Community, of the Scottish Association for Mental Health, of the Scottish Drugs Forum and of the Strathcarron Hospice charity. On the sport side, I am a member of Stirling County Rugby Football Club and I have family members who are selectors for touch rugby Scotland. My other interest is that I am an honorary professor at the University of Stirling, which is the university for sporting excellence.

Mary Scanlon (Highlands and Islands) (Con):

I have no interests to declare.

Mary Fee (West Scotland) (Lab): I have no

interests to declare.

Fiona McLeod (Strathkelvin and Bearsden)

(SNP): I declare that I am a carer and that I received carers allowance until recently. I am a member of the health libraries group of the Chartered Institute of Library and Information Professionals. My husband is a health and safety adviser who often advises in health cases.

Bob Doris (Glasgow) (SNP): I do not think that

I have anything in particular that I must declare but, for absolute transparency, I put it on the

record that I am a member of the Educational Institute of Scotland and that I am registered with the General Teaching Council for Scotland; I do not imagine that that will be a conflict of interest. My partner is a practising nurse.

Duncan McNeil (Greenock and Inverclyde)

(Lab): I have no registered interests, but I should point out for clarity that I am a member of the GMB trade union, which organises in the health sector.

Gil Paterson (Clydebank and Milngavie)

(SNP): I draw the committee's attention to my entry in the register of member's interests and say that I have nothing further to add to it.

Richard Lyle (Central Scotland) (SNP): I am

still a local government councillor and have several interests in that regard. I am a member of the local sports executive and am the chair of two sub-groups of the Association for Public Service Excellence: the United Kingdom social care sub-group; and the Scottish sports sub-group. Until last month, I worked with NHS Lanarkshire. I am also an honorary president of a bowling club, and my son is involved in the Scottish Volleyball Association.

Jim Eadie (Edinburgh Southern) (SNP): I am

a director of Jim Eadie Consulting, a consulting business that provides services and advice within healthcare in the corporate and voluntary sectors. I have not undertaken any work for clients since my election. I worked previously as the director of the Association of the British Pharmaceutical Industry in Scotland and I am a past member of the Scottish Medicines Consortium.

Convener

11:06

Dr Simpson: The Parliament has agreed that only members of the Scottish Labour Party are eligible for nomination as convener of the committee. That being the case, I invite nominations for the position of convener.

Gil Paterson: I nominate Duncan McNeil.

Mary Scanlon: I second that.

Dr Simpson: As only one nomination has been received, I ask the committee to agree that Duncan McNeil be chosen as convener.

Duncan McNeil was chosen as convener.

Dr Simpson: I congratulate Duncan McNeil on his appointment as convener.

The Convener (Duncan McNeil): Thank you. I am delighted to be convening this committee. Most of us who are on the committee expressed a genuine interest in being on it. We know how significant this committee can be as it works with the Scottish Government to deliver many of its priorities. I look forward to working with other members of the committee over the coming year.

Deputy Convener

11:07

The Convener: The Parliament has agreed that only members of the Scottish National Party are eligible to be chosen as deputy convener of the committee. That being the case, I invite nominations for the position of deputy convener.

Fiona McLeod: I nominate Bob Doris.

Richard Lyle: I second that.

The Convener: As only one nomination has been received, I ask the committee to agree that Bob Doris be chosen as deputy convener.

Bob Doris was chosen as deputy convener.

The Convener: Congratulations, Bob. I should tell the committee that Bob Doris and I served together on the Local Government and Communities Committee, so if we behave like an old married couple over the next couple of years—

Bob Doris: I am not too sure about that.

The Convener: We will do our best not to start arguing with each other in front of everybody.

Bob Doris: We will work constructively together, convener.

The Convener: I am sure that we will.

Work Programme

11:09

The Convener: As former members of committees, we understand that we will develop our work programme over the next few months. We will take into consideration a number of reference points.

Gil Paterson and I recently worked on a legacy paper for the Conveners Group that raised some issues about committee work in general in terms of post-legislative scrutiny, committee bills and other issues that might require due consideration.

We also know that our predecessor committee produced a legacy paper, and Richard Simpson and Mary Scanlon will be mindful of what it said. Given the Local Government and Communities Committee's poverty responsibilities, Bob Doris and I spent some time with a particular focus on child poverty, and that committee's legacy paper may be of some use to us in our deliberations on those matters. Last but not least, of course, are the Cabinet Secretary for Health, Wellbeing and Cities Strategy, Nicola Sturgeon, and the Scottish Government, and I suggest that we invite the cabinet secretary to give evidence on the Scottish Government's priorities at next week's meeting because, if we do that, we will be in a position to shape a work programme over the summer.

As there are people in the public gallery, I should mention that we have already had intimations and letters from groups and organisations that are looking to the committee to focus on some of their work, and I am sure that that will also play a part in our development of a work programme.

Do members agree to invite the Cabinet Secretary for Health, Wellbeing and Cities Strategy to our next meeting?

Members indicated agreement.

Dr Simpson: I do not want to cause trouble already, but I ask whether our excellent support team, some of whom were with us in session 3, could provide us, by e-mail, with a list of and links to various documents: first, all reports by the Parliament's health committees since 1999 and, secondly, all relevant reports by Audit Scotland since 1999. That would help us to look closely at what has happened to those reports, to what extent their recommendations have been taken up and whether they have resolved the concerns that our predecessors have expressed over time.

Another suggestion that I make to the committee—not for any decision today—is that we consider having a system of reporters. In the first parliamentary session, I had the privilege of

serving on the Health and Community Care Committee, and the system of reporters that it operated was extremely effective in dealing with petitions. One of the recommendations that our predecessor committee made in its legacy paper was that, in future, we should have a closer involvement with petitions. I recommend to the committee that we at least think about the possibility of re-establishing the rather European model of inviting one of our members to act as a reporter on our behalf when we investigate petitions that are passed on to us by the Public Petitions Committee, so that we can give them the attention that previous health committees have sometimes been unable to give them because of work pressures.

Another issue that I think that we should discuss at a fairly early stage is how we propose to tackle the budget. In the six years for which I have served on health committees—I left the Health and Community Care Committee in the first parliamentary session when I became a minister—during which I think that I have been involved in the consideration of five budgets, the process has always been unsatisfactory. I know that the Conveners Group has looked at the issue, but I think that we need to discuss at an early stage how we propose to tackle the budget to find out whether we can adopt a more satisfactory approach.

A subsidiary issue has been the difficulty of appointing a suitable adviser, and I hope that the convener will raise with the Conveners Group, as soon as possible, the mechanism by which we appoint advisers and how we remunerate them, because I believe that the present system is demonstrably unsatisfactory and needs to be resolved at an early stage.

11:15

The Convener: I do not know whether I picked up some tension when you made your request to the clerks for all reports since 1999 that might be relevant. I might have felt a wee shiver coming this way—

Dr Simpson: I am not asking for hard copies, convener, just for links—

The Convener: I know, but even a request for links is—I am quite happy to discuss with Bob Doris and the clerks how useful such a request might be and to try to accommodate discussions in that regard.

The other issues that you raised are interesting and it is important that you flagged them up, but I think that they will form part of our discussions on the work programme and our priorities. If—for information for me and the clerking team—any other member wants to flag up general issues that

they consider are important and should be included in a position paper from the clerks on our work programme, now is the time to do so.

Gil Paterson: I think that there was a little shiver from me when Richard Simpson mentioned all those reports. I take his point, but it might be more helpful for me and other members who are new to the committee if the clerks point us to relevant reports as we progress. I imagine that I might not benefit from reading all the reports at this stage, but I take the point that Richard Simpson made and it would be helpful to be pointed in the right direction when we need to look in depth at previous reports.

Bob Doris: I have a few things on my list of work that I would like us to take on. The reason for inviting the cabinet secretary to next week's meeting is to hear a general presentation that teases out the Government's priorities, which will inform our work plans. I wonder whether we should keep our powder dry on our work programme until we have had an open and informal dialogue with the cabinet secretary. When we know what the Government is doing we will be able to make a much more informed decision about the themes that we want to consider and the relevant reports that the clerks could access for us.

Mary Scanlon: May I make a suggestion? It might be helpful to read all the committee reports since 1999, but it would be more helpful to have an update on them, because they contain many recommendations and we have had responses to them that range from the completely dismissive to the highly constructive and positive.

If someone went through all the reports they might get the impression that all the issues that are raised remain outstanding. Perhaps we could ask the Scottish Parliament information centre about outstanding issues. For example, I would not want to let go of the previous committee's report on its inquiry into child and adolescent mental health services.

Such an approach might be more helpful for all of us—otherwise members could do a lot of reading and think, "Gosh, this is still a problem", although the problem had been resolved. I would find that approach helpful and I am sure that new members would do, too.

I support what Richard Simpson said about budget scrutiny, which has never been totally satisfactory. To be fair to Ross Finnie, I will say that he found it frustrating that we could never quite do the work that we wanted to do.

I do not want to pre-empt what Nicola Sturgeon will say, but the two issues in the previous committee's legacy paper about which I feel most strongly are post-legislative scrutiny in relation to

mental health and free personal care. In a five-year parliamentary session, I hope that we can address those two issues.

Jim Eadie: I endorse Mary Scanlon's constructive comments.

The deputy convener was right to say that we should hold fire on outlining the committee's work programme. I have three ideas of my own, but it is probably best that we are informed by the presentation from the Deputy First Minister and Cabinet Secretary for Health, Wellbeing and Cities Strategy, which will allow us to better understand the policy priorities and the legislative programme that the Government will bring forward. Once we have had the presentation, we can have a more informed discussion about what the committee's priorities and work programme will look like.

The Convener: That is where we are. I apologise to Richard Simpson—I did not mean to be dismissive of the requirement for us to look back to see what needs to be done, but I was a bit apprehensive about asking for a lot of reports without having a proper focus on what we will do.

Of course the committee wishes to hear what the cabinet secretary has to say. However, if we are to take the Conveners Group seriously, we must also look at areas of post-legislative scrutiny and even committee bills. It is important for the committee to look back at what is and may not be working. Before the budget, there will be a spending review. The Conveners Group has had many discussions about the availability of appropriate expert advice during the budget process, covering all Governments since 1999. The process is very difficult to track. In my experience, previous health committees found it very difficult to burrow down below board level to determine the areas and outcomes to which money was allocated. That issue may interest the current committee.

Mary Scanlon: I am sorry to interrupt, but we found the single outcome agreements enormously frustrating. I look to the convener and deputy convener to shed some light on the matter. So much of health is delivered through care in the community, but we had no information on that. Although there are lists in Highland Council's single outcome agreement, it is not easy to find out whether care in the community is being delivered most effectively. From their previous experience, the convener and Bob Doris may be able to help us to understand and scrutinise councils' single outcome agreements.

The Convener: The Local Government and Communities Committee expressed similar frustration. As time goes on, we will be in a better position to measure single outcome agreements from one year to another, which we have not been

able to do in the past. Without having a detailed discussion, we have identified a number of issues that interest the committee. We will have to exercise a bit of discipline on ourselves and others when identifying the issues on which we will focus in the coming months and years. I hope that we will concentrate on the quality, not the volume, of our work.

Do members agree to discuss in private at our next meeting the committee's future work programme, following the session with the cabinet secretary?

Members *indicated agreement.*

The Convener: That concludes the business for the first meeting of the health committee. I should have called it the Health and Sport Committee; I will get used to the name as the weeks go by. Thank you for your patience, attendance and participation this morning.

Meeting closed at 11:23.

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