



The Scottish Parliament  
Pàrlamaid na h-Alba

## Official Report

### FINANCE COMMITTEE

Wednesday 28 September 2011



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**FINANCE COMMITTEE**

**5<sup>th</sup> Meeting 2011, Session 4**

**CONVENER**

\*Kenneth Gibson (Cunninghame North) (SNP)

**DEPUTY CONVENER**

\*John Mason (Glasgow Shettleston) (SNP)

**COMMITTEE MEMBERS**

\*Alex Johnstone (North East Scotland) (Con)

\*Derek Mackay (Renfrewshire North and West) (SNP)

\*Margaret McCulloch (Central Scotland) (Lab)

\*John Pentland (Motherwell and Wishaw) (Lab)

\*Paul Wheelhouse (South Scotland) (SNP)

\*attended

**THE FOLLOWING ALSO PARTICIPATED:**

Graham Allen MP

Alex Linkston (Commission on the Future Delivery of Public Services)

Professor James Mitchell (Commission on the Future Delivery of Public Services)

**CLERK TO THE COMMITTEE**

James Johnston

**LOCATION**

Committee Room 2



## Scottish Parliament

### Finance Committee

*Wednesday 28 September 2011*

[The Convener *opened the meeting at 10:37*]

### Preventative Spending and Early Intervention

**The Convener (Kenneth Gibson):** Good morning and welcome to the fifth meeting of the Finance Committee in session four. Agenda item 1 is to take evidence from Graham Allen MP. As members will be aware, Graham has been responsible for, or involved with, three key reports on early intervention and preventative spending. He has also been involved in delivering early intervention in Nottingham, where he chaired the local strategic partnership, One Nottingham. I welcome Graham Allen MP and invite him to make an opening statement.

**Graham Allen MP:** Thank you, convener. It is a great privilege and honour to be here and a new experience to be on this side of the table. Thank you for inviting me.

My best way into this is to tell you a little bit about my personal journey. I represent Nottingham North, which I characterise as a white, working-class area of former council estates across the north of the city of Nottingham. It is where the people lived who worked in the mines or the textile mills, or made Raleigh bicycles, which members may know were made in Nottingham. None of those jobs exists now. Along with much of our manufacturing, they have gone down the river. That does not help to address the social deprivation that we have.

Two statistics will give members a sense of my constituency. Until a couple of years ago, we had the highest teenage pregnancy rate in western Europe and we sent the fewest number of kids to university of any constituency in the United Kingdom. Members may have an impression of Nottingham as a prosperous place with universities, football teams, a cricket ground, a castle and all the rest of it. I am the other half of that city.

I have been a member of Parliament for 24 years and have set out my stall to try to do something about the situation in Nottingham. One of the things that I have noticed in my constituency, as I am sure that members will have noticed in theirs, is the intergenerational nature of a lot of the problems of dysfunction. We can define dysfunction in many ways, but its symptoms, whether drink and drug abuse, lack of educational

aspiration, or not aspiring to work and spending a lifetime on benefits, are very evident, certainly in my constituency.

In attempting to tackle that I had, in a sense, a lucky break in that I was one of the people who organised the biggest rebellion in a governing party in British political history. It was against the Iraq war and it rather deflected my meteoric ministerial career towards the prime ministership into—

**The Convener:** Surely not a local strategic partnership.

**Graham Allen:** —the back benches. At that moment, fortunately, the people in Nottingham asked me to chair the LSP. I did not even know what that was, but it is the local strategic partnership. I believe that it is comparable to the community planning partnerships in Scotland. It pulls together all the public sector bodies with the private sector and third sector. Having some executive power as a member of Parliament is quite unusual and I set the mission for what became known as One Nottingham—for Nottingham to be the first early intervention city in the UK—and we set about doing that.

To cut a very long story short, we have about 16 policies in the generational cycle from zero to 18. Anyone who sees me describing a circle in the air with my finger as I have just done will know it is like my signature tune. We look at the baby as the potential parent of tomorrow and consider what we can do to end the dysfunction that runs round in families. In essence, we came to the conclusion that early intervention could be defined as giving every baby, child and young person the social and emotional bedrock that they need to make the best of themselves.

You all know what that means because you got it from your parents and you passed it on to your children, but there are all too many families where that intergenerational transmission of skills does not take place. We can either step back and deal with the consequences of that or get stuck in and try to help people, when they need it, to develop such skills not only for themselves but for their babies, children and young people above all. That is what the cycle of policy seeks to do in Nottingham.

I will quickly run through some of the key policies. The family nurse partnership, which I think now has a couple of experimental pilots in Scotland, has taken place in 60-odd different places in England and Wales. Its purpose is to give direct, one-to-one health visitor assistance to teen mums. That is really what health visiting should have been about for a long time, but we have tended to turn our health visitors into clerks with enormous case loads.

Our health visitors help the mums from minus nine months, if possible, to when the babies are two. We obviously then have our sure start and children's centres; then at primary school we have the social and emotional aspects of learning—SEAL—programme, which teaches children how to interact, relate, resolve arguments without violence, be empathetic with their peers at school and how to learn. Again, you may take that, as I do, as almost second nature, but there are families that just do not have that at home. We either help such children when they need it or we pay for the consequences later.

We continue the cycle round into the teen years of secondary school. We have developed a programme called life skills. Members may have heard acronyms such as PHSE, SRE and this, that and the other. Basically, we have called all that what an ordinary person can understand: life skills. The programme gives teenagers in our city the ability to understand what it is like to have a family, raise a child and make and sustain relationships. Again, that is stuff that they will not get at home in all too many cases. So, that is the Nottingham snapshot, if you like.

10:45

As I was doing that, I came across Iain Duncan Smith, who had had his own catharsis having been the leader of his party. I think that he spent some time in Glasgow, which opened his eyes a little bit as he had come from a leafy outer London suburb. He got a sense of some of the very serious social problems that exist there, and all credit to him for doing that.

Our paths coincided and we were both talking the language of early intervention. One of the things that struck me as being really important was that if we are going to make intergenerational change, all parties must be signed up. We cannot stop and start. There must be a steady programme of development and steady and sustainable investment—of less than enormous amounts of money, it should be said—over a long period of time: a generation. Everyone must come to the party and I am delighted that the leaders of the Liberal Democrats, Conservative Party and Labour Party all did nice blurbs to say that both my reports were going in the appropriate direction.

I did a little book with Iain Duncan Smith and I would be pleased to send that to people. It is a bit more manageable than the two enormous reports that have been sent your way. It is a couple of hours' read and gives a sense of early intervention, why it is important and what the evidence is to support it.

Iain Duncan Smith came to power with the Conservative Government and he and the Prime

Minister asked me if I would do two reports on early intervention, which I have now done. In January, I published a report that outlined what early intervention is and how it can be progressed, and the second report was a little more about finance and how we might pay for early intervention. I would be very pleased to talk about those reports and answer questions.

They contain lots of recommendations, which are thankfully all compressed into the first couple of pages if you need a quick scan of the field. If I had to pick one recommendation, it would be that the work should continue. Lots of people do reviews and they are then put on the shelf and nothing happens. I was always determined that there would be a continuation of the work into reality; I am a politician and I want some outcome from all the effort I have put in during the past year or so.

The key thing for me is the creation of an independent early intervention foundation that is separate from government and that can continue the work. In essence, the foundation would pull together all the really great practice that is out there, much of it in Scotland. Indeed, there is a preponderance of creativity and initiatives in all the places where there is a more devolved settlement than there is currently in England—but don't get me started on that. One day, with your help.

There is also great practice in parts of the north-west of America. Washington state and Colorado are doing tremendously innovative work. I would love to be able to pull all those things together as a package within the foundation and then have local authorities, third sector bodies and charities draw that information down in a comprehensible way to enact in their own areas, as they see fit, the sort of programme that they need. Different places will need different things from a big menu. I want to pull together best practice and the evidence-based work.

We hear a lot about the evidence and we have to chant the mantra "evidence based" to get in front of certain people, but there is another reason why it is important. It is not just that the evidence proves, as much as anyone can, that something works. If we want to go to the second step and get non-government investment in early intervention, we must prove to a potential investor that such programmes work. That is not to disparage or dismiss the thousands of really good programmes out there. I am just saying that if I go to someone for money, they will want to know that, for example, Professor David Olds has been working on family nurse partnerships for 30 years, and that they can see the evidence, take it away and deal with it.

Flipping back to Nottingham briefly, and separate from the work that I have been doing for

HMG, I have been pulling together a consortium of people to try to finish the last third of the teen mums programme. We have dealt with two thirds of it through the family nurse partnership, but my ambition is to deal with every teen mother in Nottingham. To deal with the final third, I am talking to the Department of Health in Whitehall about a payment-by-results scheme because the evidence base on family nurse partnerships is so strong. I would be pleased to talk about that further.

There is a whole field of issues relating to how things are financed and how we will develop the market in social finance, which is very immature at the moment. Nonetheless, it needs to be helped and moved along. In my second report, there is a lot of work on incentives, tax possibilities, individual savings accounts, personal equity plans and other things that we may reinvent to make that market work.

Finally, I am sorry that I did not get to the committee earlier a letter from the Prime Minister, which I will précis. Perhaps this is almost an advert. I spoke to the Prime Minister at some length and raised the possibility of an early intervention foundation. He gets it. I should not quote him directly, but he said in effect that, if I could raise £10 million from non-Government sources, he would match fund what I raised in order to create an endowment. We would live off the interest, as it were, to create an early intervention foundation. I am trying to find that money at the moment, so a hat will go round at the end of my evidence session.

I thank the committee for inviting me to the meeting and for listening to me. It is a real honour to be here. I am happy to answer members' questions.

**The Convener:** We are delighted to have you here, and I thank you very much for your opening statement. I will ask one or two questions before other members ask questions, as is normal practice.

In your report entitled "Early Intervention: Smart Investment, Massive Savings" you raise the issue of overcoming barriers. We in the Scottish Parliament are keen on implementing preventative spending and early intervention. The arguments have been won, there is cross-party support and the Scottish Government is determined to pursue the ideas, but the Finance Committee wants to consider barriers. You say on page xxiv—I am pleased that Roman numerals are used—of your report that the barriers to early intervention investment going further

"include: a lack of funding certainty, which particularly affects local area confidence".

How can barriers to implementation be overcome?

**Graham Allen:** When I was running the local strategic partnership, the money that we received from the Government went up and down every year, and the criteria that the Government gave us—the guidance and its indication about where the money should be spent—changed every year. If there was a way of destroying continuity, the Government found it. I would almost be prepared to take half of the money if I could be certain that that would be the budget for the next five or 10 years and that I could get on and do the job without the criteria constantly changing.

The same point arises about sustainability. If we want to change dysfunction over a generation, we need a steady and certain financial disposition and government is not very good at providing that. It chops and changes and moves things around. That is why I am using the endowment model for the early intervention foundation. It will mean that, once the first payment is made and I have raised the matching funding, we will be independent and secure, so we will live or die by our own efforts. I suspect that most devolved Governments and most local authorities would prefer that criterion to rather dislocated spending that goes up and down.

**The Convener:** In your detailed report you talk about a number of sources of funding, one of which I was quite curious about. You mention

"lessons learnt from tax credits within the Dutch Green Funds Scheme".

It is good to learn from one another within the United Kingdom and to consider successful projects elsewhere. You talked about Colorado in the USA, for example. Will you tell us a wee bit more about the Dutch green funds scheme and how it works?

**Graham Allen:** I do not know a great deal about the detail of those funds, but we were referred to them. There is a section on them in the report. In essence, we need to be open and willing to learn from best practice everywhere else. That must apply to financial matters as well.

Oddly, I expected a lot more help from people in the US, because I expected that private sector involvement would be much more developed there than it is. Strangely enough, we are sending expertise in the other direction.

For example, Social Finance Ltd, which is probably the leading organisation in the social finance market at the moment, has set up an office in Boston. I believe that President Obama, rather like Scotland, has sought to put a certain amount of money aside to promote early intervention and preventative policies, and I think that Social Finance is trying to tie into that, although I cannot speak on its behalf. Similarly, Professor David Olds, who invented the family nurse partnership programme—one of the best evidence-based

policies—is interested in what we are trying to do with payment by results, because that is not being practised in the US.

I was a bit taken aback by that. I thought that we could borrow a lot more on the financial side, just as we borrowed a lot on the policy side, from the creativity that exists in a genuinely devolved system of state capability versus federal capability. We are not proud; we will take lessons from anybody.

**The Convener:** Absolutely. “Early Intervention: Smart Investment, Massive Savings” talks a lot about private sector funding and the return on investment. What do you mean by that?

**Graham Allen:** There is a spectrum of involvement, from philanthropic giving—in which somebody gives an organisation £1 million because they know that it will do good work and, although they ask for a report, it is essentially the organisation’s money to use—right through to the other extreme, which is hard money from the city of London that wants to make a return and a profit.

If we can get the foundation running and, in its second phase of development, consider some of the financial instruments, we can do something that will appeal to hard-faced city types, who have no interest in the children in your constituencies or mine but can see that there will be a return on their money. That is where we need to get to ultimately, but the social market is somewhere in the middle. It is people who want to invest and want their money back but will not demand the top rate of return. That is where the social market needs to develop.

A lot of work and a lot of thinking is going on, such as the flowering of ethical funds, the experiments that Social Finance is doing in Peterborough on recidivism among prisoners, and another four payment-by-results examples—they are in all England—that are coming out of the Cabinet Office. However, that work is not all pulled together and, as you probably picked up from the second report, coordination within the Whitehall Government is not as good as it could be.

Even towards the end of my review, I kept finding little experiments tucked away in corners, perhaps because people were anxious about their budgets. Good stuff was going on, but it was not being shared and the Cabinet Office was not pulling it all together. It should pull it together, but an independent body could also do that. The information should then be available to everyone at low cost or, if at all possible, no cost. That would include Scotland, Wales and Northern Ireland, which are nominally not included in that experience at the moment.

**Alex Johnstone (North East Scotland) (Con):** I want to ask for clarification. I understand

perfectly how such investment can produce a return under the broad heading of spend to save, but you talked about producing a cash return for hard-headed investors. Will you explain how that might be achieved?

11:00

**Graham Allen:** It can be achieved if certain benchmarks for achievement and outcome can be met. Let us stick with the example of family nurse partnerships, in which a health visitor goes in and helps a teen mum and her baby. The clearest way to demonstrate the effect is to have one cohort of people who are involved with a family nurse partnership and one who are not. The programme finishes when the children are two. If we can extrapolate from all the other factors that are involved in families and demonstrate that those in cohort 1 achieve better at school, are school ready at four or five and have the appropriate maths and reading capability at 11 to go on to the next school, we can put a price on the approach or monetise it. If we can put a money price on it, we can normally get Government to pay to achieve the outcomes of the first cohort rather than the other ones.

First, we need someone to take the initial risk and to carry the burden of the programme from birth to age two. An example of how that is working now is the work programme that the Government has introduced on a payment-by-results basis. Big service providing companies—they need to be big to carry the initial burden of expenditure—such as A4e, Ingeus or Serco will take on the risk on the basis that, when they demonstrate to the Government that benchmarks have been met, the Government will pay. The Government will save immense amounts of money that would otherwise go on remedial teaching, dealing with low educational attainment or lifetimes spent on benefits.

That is the basic model, but we are early in the process. There is a role for pioneers to take the work forward. Many different models might be possible.

**Derek Mackay (Renfrewshire North and West) (SNP):** In the local partnership in Nottingham, how did you get all the public sector partners to work together? It cannot just have been through the sheer force of your personality.

**Graham Allen:** The likely answer is that it was through blood, sweat and tears. The key was probably having one clear mission and ensuring that people knew that we were serious about it. With that focus and leadership, the process was easier than just trying to keep everybody round the table happy. Everyone who came to the party knew that we were trying, for example, to get



education to work more closely with health, the police and so on. In Nottingham, we reached the point at which the greatest advocates of having more health visitors were the police. Enlightened and capable—not soft touch, but tough—cops said that we needed to remove the tsunami of dysfunction so that they could concentrate on the job that they were paid to do.

Intervening early frees up immense public sector resource because it puts in place a series of filters that allows kids to start to achieve. They become self-starters, they love school, they want to do well and get a job and they want to have a family. That is wonderful, because they do not come on to the radar, which means that the cops can deal with the bad guys and that teachers are not crowd controllers but inspirational figures. It means that local elected representatives can focus on policy issues a little more than they do when they are trying—as I and, no doubt, committee members do—to deal with loads of people with difficulties that should have been resolved much earlier in the life-cycle.

I cannot do the accent, but I often quote John Carnochan, who I believe was head of homicide in Strathclyde and who is quoted in my report as saying that, if he had the choice between 100 extra police officers and 100 extra health visitors, he would go for the health visitors every time. Anyone who knows John, as I do, knows that he is not weak and willing and that he is a tough cop. He arrested the granddad and dad and now he is arresting the 15-year-old lad with a knife. He knows that the way to deal with the issue is to strip out the dysfunction before it becomes a public expense and he has to divert resources.

Quantifying that and monetising it is not easy, otherwise we would have done it before. However, particularly in the current economic circumstances, looking to do that will become more and more of a duty upon policy makers, wherever we are.

**Derek Mackay:** I am still intrigued. I agree with you entirely that, if we get the culture, objective, mission and leadership right, it makes the process much easier, but what about the mechanics? In your example, did the police pay for any of the extra work? How did you manage the financial arrangements and the non-financial contribution to the things that made a difference?

**Graham Allen:** Where there is a will, there is a way. There was not a given structure. Beg, steal and borrow is a phrase that is sometimes used. I did match funding deals. For example, we entered into a match funding arrangement with the respect unit, as it then was, to get the family intervention project, which was pioneered in Dundee by Gill Strachan.

We got the probation service and the police to fund our programme that deals with the children of prolific and persistent offenders, who are those most doomed to repeat the intergenerational cycle. I threatened to pay for a family nurse partnership. It was all bluff, but the prospect that I might be in control of the partnership frightened the local health service so much that it decided to put the money up.

There are various ways to do it, but I am afraid that we do not have an effective central settlement to deal with such interventions in the localities. We therefore end up mixing and matching. Ultimately, the thing that guarantees such an approach is people's commitment to the concept that early intervention is better than late intervention.

I constantly give the example that the cost of the project for the first tranche of teen mums in my city—there were 115 teen mums with their babies so, because some had had second babies, it was about 300 individuals—was the same as putting three lads in a secure unit for a year at 16 years of age. You can deal with 300 or three. The difference is that two of the three would reoffend. If I put it to people like that, it becomes a no-brainer. If there is such interaction in a partnership and everyone realises that everyone is in this one—the chief executive of the local council said that early intervention is now in our DNA—it becomes part of what we do.

**Margaret McCulloch (Central Scotland)**  
**(Lab):** It is a brilliant idea and I am totally sold on it, but do you have figures and details of how successful early intervention up to 18 years of age has been when compared against the investment that you have put in? Those figures could be used to show other organisations that it really worked and that, for example, you reduced the pregnancy rate in those age groups by X, Y or Z. If we are trying to get such an approach up and running, we could use such statistics to put it forward.

**Graham Allen:** Yes, there is a lot of information out there. That is what I mean by evidence basing. Part of the spending on each programme is for proper assessment as you go. That produces the figures that you are thinking about. The most difficult figure to get is often what the cost would have been if we had not done it. That is what I mean when I talk about monetising outcomes. We can track the cohorts and say what the differences are between the ones with the intervention and the ones without it, but putting financial figures on that is a very detailed process, although it is not impossible.

For example, if we in Nottingham complete the arrangement on which we are at a very early stage with the Department of Health, it will set us benchmarks that we must meet. Those benchmarks must be sustainable. The officers in

Nottingham need to deal with the officials in the department to agree almost contractually what the benchmarks are and what the saving is. We need to provide proof to the Government. At the moment, I can tell the Government that the saving will be massive but, obviously, that is not good enough—the Government wants the absolute money figure, and quite right too.

That is why we are at the sharp end. We are pioneering such stuff. As the family nurse partnership comes to Scotland, I hope that you are doing such work. Scotland is innovating on the roots of empathy programme, whereby a young couple take their baby into a school, with immense impacts on kids' social and emotional development, even when they have siblings at home. That programme is just starting in Scotland. It would be easy to track the progress of kids involved and to benchmark them and their personal development against kids at a school next door that did not have such a programme. An attempt would then have to be made to convert that into real money.

**Margaret McCulloch:** I have seen cuts in preventative care in the national health service in Lanarkshire, because of financial cuts in the current economic climate. Does Nottingham have the same problem?

**Graham Allen:** Very much so. The same problem applies nationally and is eating the seedcorn. We are talking about small amounts of investment for massive social and economic pay-offs.

The coalition Government at Westminster has set up an early intervention grant, which is to be welcomed, as it pulls together all the spending in one place. The only downside is that it is not the sum of the parts—it is quite a percentage down on what the previous bits added up to. That appears to be the climate in which we must live, which is why we must be creative and innovative about drawing in other money.

I served for five years as the LSP's chair in Nottingham. When I left the One Nottingham structure, six people ran it. One person now runs it. We have managed to mainstream the spending back to the partners. The partnership was so effective that the partners have picked up all the spending. The initiative is now run by children's services rather than by One Nottingham. I am sure that the chief executive will not feel that I disrespect him by saying that he is the chief executive and the bottle washer, too—he is everything.

**Margaret McCulloch:** I know quite a lot about the new deal programme and the training for work programme, which have been filtered into the work programme. If you are looking at financial

incentives for early intervention, perhaps you can bear in mind my concerns about the work programme. When big organisations obtain a contract, they tend to cream money off the top. The rest filters through to other training providers, which must do the work and achieve the targets, although their financial input is considerably reduced. I am afraid that that dilutes the quality of programmes that are delivered to unemployed people. Will you bear that in mind when you consider joint partnership working?

**Graham Allen:** What you say is spot on. We must learn lessons, particularly from the private finance initiative. Whether we are in devolved Government or—perhaps even more pertinently—in local government, we must all relearn skills in contract making. There are lots of local examples of people pulling the wool over the eyes of officers and officials in what was not their field. Some contracts were peculiar and extremely costly and did not deliver what was wanted.

The drive for that was that we wanted more schools and hospitals, which is a really good political drive. Similarly, the current drive is for early intervention, but we need to ensure that it delivers sound financial returns for the people who are pushing it forward. From our point of view—I am digressing, although I think that this is relevant—one of the big problems with the work programme in my city is that I have been the person to get the big private providers to meet local people and local councils. That is working quite well now, but it was not part of the deal and it happened only because I got involved—particularly over the summer recess—and all but convened meetings to get those people face to face.

There is immense expertise available. For example, we ran the future jobs programme in Nottingham, which was abolished. The great expertise that exists should be meshed in with the work programme to get the best value for everybody. Part of what I am doing with the early intervention foundation to prevent that from recurring is ensuring that the foundation is locally driven. I currently have a sort of advisory board of 27 different local authorities—soon to be joined, I hope, by some of the local government associations—which are trying to ensure that we keep the foundation on the straight and narrow so that it does not go the way that you describe.

11:15

**The Convener:** John Mason has a question.

**Graham Allen:** Hello, John. How are you?

**John Mason (Glasgow Shettleston) (SNP):** Very well, thank you. It is good to see you again.

I am interested in how quickly we can save money. The National Endowment for Science, Technology and the Arts has said that it is looking at disinvestment as well as investment. We have had one or two witnesses at previous meetings who have been very enthusiastic about how quickly savings could be made, but I am a little sceptical. Is that part of the equation as well? You have talked about raising money, which is fine although that will be difficult. The question is how quickly we can disinvest from other services.

**Graham Allen:** That is an important point. We will still need to firefight and tackle the symptoms. I sometimes address gatherings of police officers and say that my ambition is to put them all out of work, although they should not draw their pensions just yet. We will need services that attack the symptoms for a very long time. We are in the smoke alarm business. If we can get these policies out there early, people will focus on the jobs that we pay them to do and we will be able to disinvest at some point.

It is very difficult to do that. Some of the barriers that the convener has talked about are to do with the retention of budget and personnel. What people have, they hold and will not change—they say that they will still need all those people. There are serious structural management issues to do with freeing up that money and those personnel once we get to that stage. We are a long way from that stage at the moment, so, like you, I am a little sceptical when people say that they will be able to show us something for the money this time next year. It is a long-term investment strategy, and it can be quite destructive if we insist on having stuff that produces an apparent gain in the short term.

I would even be so bold as to say that I am sceptical when people say that we have 120,000 disadvantaged or dysfunctional families and that we need to attack that problem and deal with it swiftly. In Nottingham, I set a target of dealing with the 50 most difficult families—I did not mince words about it; they were highly destructive families—and it has taken four years for us to deal with those 50 families. Therefore, I caution against destroying the longer-term credibility of the strategy by saying that we are going to make a lot of money on it early on. It is a strategy, not a quick fix or a tactic, and it will slowly start to layer money back over a considerable time.

**John Mason:** I presume that, to be crude, there will be a quicker return in some areas than in others. You gave the example that the cost of helping 300 young mothers was the same as the cost of keeping three teenagers in a secure unit for a year. We are talking about a timescale of maybe 18 years, while their babies are growing up; whereas, if we do stuff with zero-to-twos, there

might be a difference as soon as they start school, which might be only three years ahead.

**Graham Allen:** Even earlier than that. At the same time as my review, there was another by Dame Clare Tickell, who runs Action for Children, which I think runs several hundred children's centres and sure starts around the country. A number of us who were working on reviews used to meet and talk about these issues. Dame Clare was keen—and I supported this point in my report—for children to be assessed regularly. I am not clear about the situation in Scotland but, in my city, health visits stop when the child is around two, and the education provision does not start until the child is three or three and a half. Between those stages, the interaction and the exchange of information are not the best—let me put it at that level. However, if, as we proposed, there were regular sets of assessment, it would be possible to see very early if a child was not thriving educationally, for example, or whether greater help with social and emotional capabilities, or with interactivity and learning, was needed.

If problems are spotted very early, something can be done about them—and that is measurable. Teachers or nursery nurses can administer tests that will show that one child is back on track whereas another one is not. It is not rocket science to quantify the savings that are made by helping that little one get back to being a self-starter. The alternative might be £5,000 of remedial teaching, or additional help from a teaching assistant, for example. Such effects can be seen even before the age of five. If we can put half as much effort into early assessment and tracking as we put into throwing money at well-entrenched and deeply rooted problems—money that will not be especially effective—we will have a lot of young people growing up to fulfil their potential. Rather than being a drain on resources, they will be taxpayers.

**Margaret McCulloch:** There is a fantastic example of early and preventative intervention in southern Ireland. When babies are born, they are given hearing tests. The tests are simple and cheap, and they mean that any hearing problems will not go undetected until primary school, when more costly hospital treatment might otherwise be needed—with grommets, for example.

I wanted to ask about the SEAL programme. You mentioned basic core skills such as communication skills, working with others, and basic literacy and numeracy. Should more emphasis not be put on those basic core skills in primary school, so that, when kids come out of secondary school, they have those basic qualifications? Funds could then be released to be diverted into other areas of preventative care.

**Graham Allen:** That is exactly where we need to be. In most families, experience at school is reinforced when the children go home. At home, mum and dad might be interested and ask questions, and the little ones will engage with their parents. The next day at school, the virtuous circle will be completed.

If at home there is no dad but just mum, she may have two or three little ones and, although she loves her children just as much as you and I love ours, she may not be able to give the same amount of help. If that mum can listen to an authority figure whom she respects—for example, a woman who has achieved a qualification as a full-time nurse or has become a health visitor—and who is also her friend, who gives the mum her mobile phone number and who, when three kids are screaming all at once, is there to offer advice, that will be better than the mum having someone who will just weigh the baby and ask whether the baby is receiving the right nutrition. That type of interaction and relationship with mum continues while the baby is growing up, and relates to all the skilling issues that we discuss in the reports.

The picture of the two brains that appears on the front covers of the reports is very dramatic. I would not ever claim that it shows two kids from Nottingham; it does not. One brain image is from a loved and nurtured child who is given every possible stimulation, while the other one—the smaller cranium and brain—is from one of those unfortunate children in the Romanian orphanages. They had no stimulation, not just for a day but for months and months, other than having something to eat dropped into their cot. That picture shows the wild extremes; just about everyone else is in the middle and needs the help and stimulation that we normally give to children.

There are a lot of really good programmes, such as the SEAL programme, a number of which we assessed in the first report. The PATHS—promoting alternative thinking strategies—programme is quite similar, and some people argue that it has an even better evidence base. We want to offer people that information so that they can make a choice about what is appropriate for their circumstances to back up what should be going on anyway in a good teaching environment.

It is about giving everybody a common denominator of social and emotional capability. This is a big claim, but it is pretty damned hard for a child who has social and emotional competences to go off the rails, although it can happen. If the child does not have those competences, their life chances in so many areas are massively reduced.

On Margaret McCulloch's point, one thing that I steal without shame from Scotland is the sense that this is a public health issue, not a criminal

justice issue or a welfare and benefits issue. I use the example of cholera and smallpox. We were told 150 or 200 years ago that it was divine will that we were all going to suffer from those diseases, and there was nothing that we could do about it. People, particularly in local government, seized on that issue and dealt with sanitation, hygiene and the quality of the water supply, and no one would now even think of saying the things that the early Victorians said.

It is the same with social and emotional capability. People will look back at the present day and say, "My goodness—why didn't they just help those kids when they needed a hand? Why didn't they help that mother who wanted the best for her child? Why did we let that problem fester?"

The most extreme result might be the riots; I do not know. Some people are not attaining or even holding down a job, and they do not feel that they want to get off benefits because that is the way their families have run for a couple of generations. We need to give them the choice, and that is what social and emotional capability does for them. It allows them, probably for the first time, to make a choice about certain key points in their life.

**The Convener:** I see that Margaret McCulloch wants to ask another question, but that last one was a supplementary—Paul Wheelhouse can go next.

**Graham Allen:** Sorry—I gave a long answer.

**Paul Wheelhouse (South Scotland) (SNP):** I welcome Mr Allen. I have read the reports, which were fascinating, and I totally buy into what you are saying. I feel almost ashamed to reduce the issue to a practical level but, in the executive summary of your January 2011 report, you state:

"What parents do is more important than who they are. Especially in a child's earliest years, the right kind of parenting is a bigger influence on their future than wealth, class, education or any other common social factor."

You go on to raise the issue of

"providing the data and measurement tools that we need to help identify those in need and to track progress".

There is a clear steer that we should target preventative measures not just at those who might be at risk but at those who are very likely to be at risk. Which agencies will have the data that we will need to be able to identify the scale of the problem at a local level and—as you rightly mention—to track that?

11:30

**Graham Allen:** We at the political level often have to confront those whom we pay to work for us on the question of data sharing and data protection. Too many people say, "Computer says no," but, when we dig down and ask what is

stopping them, it often turns out that they just do not want to do it. I have taken that issue up with ministers and the report recommends that a ministerial working group be convened to clear the thicket of stuff out of the way that allows someone in the health service to say, "I can't give this information because of patient confidentiality." A police officer telling the local health visitor service that the daughter of a well-known family is pregnant is carrying out a tremendous public service. That is just good intelligence and swapping of information. It should not be caught—and I do not believe that it is caught—by anything that could be regarded as either criminal record confidentiality or patient record confidentiality. Often, the onus is on us to call people's bluff. Making sure that we get the right help to people when they need it is far better than waiting until they have entered the official record through an antisocial behaviour order or exclusion from school. That is way too late. Without abusing anyone's human rights, we are talking about giving people their human rights by getting them help when they need it.

**Paul Wheelhouse:** On a related point, there are also strong messages about workforce development and the importance of changing the culture within the various public sector agencies that we rely on to help to deliver preventative spending. You have just made a point about the need for a cultural shift so that that kind of intelligence can be passed between partners; will that be a key element of that workforce development?

**Graham Allen:** It has to be. We have the common assessment framework in England; I do not know whether there is anything comparable here where a record is run on a particular person to help them through their development.

The workforce argument goes much deeper. One of the things that we have managed to do in Nottingham is make front-line staff aware of the early intervention strategy and of their role in it. That is really important. They understand that everyone else is in the game as well and that it is not just a matter of looking after their own little patch.

An even more interesting area in workforce development is evidence basing. Sometimes people will portray the use of an evidence-based policy as removing people's discretion to use their professional judgment. That is not the case. Eileen Munro, who is another reviewer in this field, has made the case strongly in the past year or so that, if someone is trained, they must use their professional judgment but do so within a good framework of proven policies that work, rather than using it to muddle through somehow. We must keep that framework of things that work because

the expectation and hope that we are going to be able to attract private, non-government, philanthropic or ethical finance will dissolve if we just say, "I think that I should deal with this particular issue in this particular way," rather than saying that we should deal with an issue collectively through proven programmes in which professional judgment is even more likely to get traction with individuals. That is rather a convoluted way of putting it but, essentially, we need the best people to use their judgment and professional training alongside the best and most proven programmes to help people through some of the obstacles that the convener mentioned in his first remarks.

**Derek Mackay:** Do you agree that sometimes there will be targeted approaches and that, on other occasions, there will be whole-population approaches? I am very mindful of, for example, the promoting positive parenting—or triple-P—programme, which starts with a whole-population focus and then drills down.

**Graham Allen:** I think that, with the zero-to-18 model, there need to be some cornerstones. We need zero-to-two stuff, for example, but finances are such at the moment that we can start only with teen mums, who probably need the help most. Nevertheless, a good health visiting service should be providing help for those early years. Then there are heavy-hitting programmes such as the SEAL and life skills programmes and, finally, specific and targeted initiatives, such as the early intervention mentoring scheme for eight-year-olds that we introduced in Nottingham. Instead of bringing in a mentor to help a single mum who might be trying to get her 6ft 3in 16-year-old with raging hormones to do his homework, we thought that it would be better to get help—in some cases, a male role model—into the child's life when they were eight years old. There are specific things that can be done but, if general initiatives are not in place alongside them, we will simply be doing the remedial stuff again. Taken in isolation, each of the programmes is just remedial; taken collectively, they are genuinely early intervening, developing and, where necessary, topping up social and emotional capability.

**The Convener:** In your July report, you say:

"Inside government, decisive leadership at the political level and effective planning and co-ordination at official level are required to secure a steady and ongoing shift in spending from ineffective later intervention to cost-effective Early Intervention."

However, on page xv of your January report, you say:

"Central government should champion, not control, the expansion of Early Intervention."

The Scottish Government is rolling out preventative spending and early intervention

across all its departments, while the approach south of the border has been, I would suggest, a bit more tentative. I am sure that you are quite keen for something similar to what we are doing to happen in the UK, but where should we strike the balance? Where should politicians intervene? What sort of lead should the UK Government be showing to local government, the NHS and others without prescribing their activities?

**Graham Allen:** Central Government should facilitate wherever possible and then keep out of the way wherever practicable. After all, the people who know the best way of handling the specific problems and difficulties in my city of Nottingham are the people of Nottingham themselves. Five years ago, I would have killed to have had an early intervention foundation giving me certain options. Let me make no bones about it—I made mistakes in what I did in Nottingham. You are desperate to do the right thing. Every summer, you see another bunch of 16-year-old kids being flushed down the system. Anyone in politics knows that such a situation is intolerable; you have got to get in there and try to do stuff. I readily admit that I did some things too quickly and we had to unpick them and put them right.

That said, having such drive and energy in the political classes is really important, because that is what motivates change. However, what you need at national level is a menu that you can draw down, for example, to be able to see what is happening in Scotland, go to Nottingham or Croydon or send someone off to Washington state. It is very important to pull together best practice.

As for what Westminster and Whitehall could learn, I make it clear in the second report that the next comprehensive spending review should be themed around early intervention. I am not saying that there should be big switches of money, but I think that, in all the analysis that goes on for 18 months before a CSR is produced, people should have in the back of the minds some idea about how this or that move might influence preventative and early intervention policies.

Secondly, I suggest that a very small percentage of budgets—1 per cent a year—be moved from late intervention or reactive policies to early intervention policies. Of course, given the total UK budget, that 1 per cent would be quite a sizeable amount of money per department, but the measure would indicate that people were taking the matter seriously and were moving resources. They would see that a gentle shift was an intelligent way of handling some of these policy questions.

As for where the balance lies, I do not wish to flatter the committee, but Scotland has achieved a much better balance than England. That has partly

to do with the fact that you can do a little bit more in your own backyard than we can in Nottingham. There is a bit of jealousy in that comment, but perhaps it is also a plea for good communications and connections.

As a final advertisement, I would certainly want Scotland to be represented very intimately in our work in the early intervention foundation, whether or not England is responsible for it. Anything else would not be good enough. The answers lie in no one place; they lie everywhere good practice is happening—and there is some great practice happening up here.

**The Convener:** I fully agree with that. It is important that we maintain a very close dialogue and continue to learn from each other. Your comments about the UK-wide spending review have already been taken on board up here and I hope that they will inform future reviews south of the border.

I thank colleagues for their questions but, more important, I thank Graham Allen for his responses and, indeed, for travelling up here today. We will certainly study the *Official Report* of this session as we think about how we take things forward.

**Graham Allen:** It has been a pleasure. Thank you for the inspiration.

**The Convener:** We have been here for two hours now, so I suspend the meeting for five minutes to give members a natural break.

11:42

*Meeting suspended.*

11:48

*On resuming—*

## Commission on the Future Delivery of Public Services

**The Convener:** Item 2 is to take evidence from members of the commission on the future delivery of public services, known as the Christie commission. I welcome to the meeting Alex Linkston CBE and Professor James Mitchell.

Before Mr Linkston makes his opening statement, I apologise that the previous session ran on. I hope that it has not inconvenienced the witnesses too much.

**Alex Linkston (Commission on the Future Delivery of Public Services):** Thank you for the opportunity to address the committee on the Christie commission. I apologise that Campbell Christie is not here. As you may know, Campbell is ill. He sends his regrets for not being here.

We were appointed last November and we reported in June. Once we factor in the Christmas holidays and so on, the timescale for the report was quite challenging. It was a very interesting piece of work.

Campbell Christie was keen that the report should be evidence based, and that we should spread the net as wide as possible and seek all shades of view throughout Scotland. That is what we did. I am pleased to say that we received more than 200 submissions from a variety of organisations. We had nearly 100 stakeholder meetings the length and breadth of the country, including meetings with the public and front-line staff. The net was cast wide to get people's views on public services. That evidence formed the basis of our report.

One of our first acts was to meet the independent budget review group. Members will recall that the group reported just before us. We see our work as complementing its work. The group was asked to look at the immediate term; we were asked to look at the medium term. Our meeting was productive and we got various starters from the group on how we should proceed. We endorsed the group's recommendations, although we did not see the need to revisit them. Those recommendations are still very much on the table, and the group's report should be read alongside ours.

The big issue was the context in which we were reporting. We know about the squeeze on public sector spending in the four-year spending review period, but it quickly became apparent that the problem was much greater than had been thought. The Scottish Government produced a table this

time last year showing that it will be 2025-26 before public expenditure gets back to the real-term levels of 2009-10. That is 16 years in which public expenditure will reduce or stay static. No one has ever had that experience in their career. It is a new phenomenon for us all. We have all lived through recessions but they lasted two or three years before the money tree started growing again. We made mistakes and we got the chance to correct them. We are in totally different territory now.

As well as the flat economic situation, there will be phenomenal growth in some expenditure over that period. We have a growing elderly population and there are environmental issues. For years we have been sending Prime Ministers to world summits on saving the planet. Many recommendations of those summits are now in European law. That is a slow candle that will burn for the next 10 years or so.

We are not at a standstill. We have huge growth in inescapable expenditure, and that is before we get into new political commitments. We also have deep-seated problems in our society, such as poor health, a benefits culture and drug and alcohol problems. We decided that we had to come up with something that would address all those issues rather than the here and now, and that we needed a cultural change in the delivery of public services.

Our report is built around four key themes that should underpin that cultural change: services built around people and communities; working together to deliver outcomes; prioritising prevention, reducing inequalities and promoting equality; and improving performance and reducing cost. Those, in no particular order, are the issues that we think should be addressed.

We looked at the organisational shape. A number of people asked, "What about the number of local councils?" We asked what the number should be and invariably we got blank looks. We were strongly of the view that form should follow function. Before we move into a review, it should be clear what we want organisations to do at any level of government. Organisations are expensive. The public sector is cluttered—there is a proliferation of organisations—and could do with being pruned. We think that we should start the process of change and start to develop organisations around that. We certainly do not think that size is a measure of effectiveness in organisations.

We saw a lot of good practice throughout Scotland, which was heartening. There is a lot of innovation in public services and it is important that we tap into that. However, it is not uniform. If we can get the best practice in Scotland to become the norm, we will be well on the way to

creating the resources to deal with the challenges that we face in the next decade or so.

Our primary task was to come up with a road map, which I think we have done. You have the report. James Mitchell and I are happy to answer any questions that you have on it.

**The Convener:** Professor Mitchell, do you have anything to add before we ask questions?

**Professor James Mitchell (Commission on the Future Delivery of Public Services):** The report is part of an on-going process. The process had started before the commission—there is a lot of good practice out there, which we learned from. In fact, some committee members have been part of the process of change. Clearly, the report is not the end. We see it as an on-going—indeed, never-ending—process that will have to take place.

We tried to draw together existing experience and evidence and to synthesise it and draw out general lessons. We did not burrow down into individual policy areas, largely because we did not have time and we did not feel that it would be appropriate to do so.

I stress that the report is only a small part of the process. I encourage members to look at the real work of the commission, which is contained in the submissions that we received. A vast number of individuals and organisations gave evidence, which is all publicly available. That is an incredibly rich source of ideas, information and data. We are grateful to those who submitted evidence.

**The Convener:** I will start with a couple of questions of my own. In the key recommendations, the report talks about

“Recognising that effective services must be designed with and for people and communities”.

It goes on to talk about embedding

“community participation in the design and delivery of services”.

However, you also talk about

“a new set of statutory powers and duties, common to all public service bodies, focussed on improving outcomes.”

How can a balance be struck between statutory powers and duties and community participation? Do we have sufficient community capacity to do that across Scotland, or are there issues that need to be addressed in that regard?

**Alex Linkston:** We can make progress on the improvement agenda and deal with some of the deep-seated problems only with the active participation of the individuals and communities who are involved. A community can be either a physical community, such as a street or part of a town or village, or a community of interest. It is important to involve people in designing services.

We will never have enough money to allow us just to throw it at a particular problem, so we must ensure that the money that we have is spent wisely in meeting individuals’ priorities.

Communities often come up with services that are lesser than those that we would provide but which still meet the requirements. There are a lot of examples of that in the evidence that we received. To answer your question about capacity, I would say that that work is already happening.

At a more holistic council and health board level, those bodies already engage in public dialogue on budget priorities and suchlike. Our commission felt strongly that we must involve the public more in prioritising and designing services. There is a lot of knowledge out there about what gives value. We need to get away from the top-down approach to service delivery that says, “I’ve got a good idea, so we’re going to roll it out across Scotland.”

**The Convener:** Many practicalities arise in involving people in the design of services. Many people work, have families and, frankly, do not have time. In many communities, a small minority, often of retired people, tends to dominate such groups. That was the case with the Glasgow Housing Association and various other bodies. How practical is your suggestion if we want to involve a balance of people in the community, rather than specific individuals who are already involved?

12:00

**Alex Linkston:** It is horses for courses. It is more about doing it in a practical way rather than simply paying lip service.

I will give you an example. Craigshill, a small part of Livingston, has had the highest level of deprivation for the past 30 years. Livingston Development Corporation and Lothian Regional Council spent a lot of money in the area; West Lothian Council has done so too, but the area still has the highest level of deprivation, despite all that public investment. Two years ago, some staff and former staff started up the Daisy drop-in centre project in a rented shop unit, which delivers services for the community. They started off by targeting young mothers and toddlers and running baby massage classes and baby bonding classes. After that, they started to develop other services, with health workers and employment advisers coming along. That area now has a community council, when it had not had one for years. Getting involved in the community and working with local people can develop a level of trust that can help to build other things.

We will never solve the deep-seated problems around alcohol, drugs, community safety and poor health by abstract means or with provisional



initiatives. We will make progress only by getting involved with the community, understanding people's problems and, once we have got their trust and have a much more receptive audience, working with them to drive those agendas.

As I said, it is horses for courses—we need different approaches for different circumstances. However, it is important to build services with communities rather than impose services on communities. There are a lot of good examples of that happening.

**Professor Mitchell:** There is a tension in the initial question with regard to statutory obligations, and issues of accountability trump all else. If there is a statutory obligation, it has to be met and there has to be accountability, especially when it comes to finance. That is the starting point. That should not mean that we turn our back on community participation, but it is difficult to achieve. As the convener pointed out, there is great potential across Scotland for community participation, but there is a variety of levels of community participation at present. It is easier to get it in some areas than in others.

Our great fear is that those who end up speaking for communities are not representative of those communities. We must always guard against that. That is the classic tension between representative and participatory democracy that, like others, I have been struggling with all my academic life, going back to work that I did 25 years ago on housing policy. It is a hugely difficult area, but we should never abandon the aim of ensuring that we have community participation. If we do not listen to the recipients of public services and appreciate their needs—they are better at articulating their needs than any professional or any academic—we will not make good policy.

I see community participation not as an add-on but as a central part of good policy making. However, taking account of all the points that Alex Linkston made about accountability, public finances and, not least, statutory obligations, I think that it is evident that there is a tension. Without doubt, there is a difficulty.

**The Convener:** In the key recommendations, you say that

*“Devolving competence for job search and support to the Scottish Parliament to achieve the integration of service provision in the area of employability”*

is important. Do you think that that should be covered in the Scotland Bill?

**Alex Linkston:** We will leave it for politicians to decide the best route—

**The Convener:** The implication is that you do, obviously.

**Professor Mitchell:** With all due respect to the committee, we want to build consensus, and we recognise that there might not be consensus around that. To be honest, I came along here today to try to convince this committee to issue a consensual report that will build on areas of common ground. That was our approach to our appearance before the Local Government and Regeneration Committee as well. I am expressing no opinion on the issue that you raise. I hope that you can excuse me for avoiding it and being evasive. I hope that you can respect our position.

**The Convener:** You want us to come to a consensus, but you include a recommendation on which we will not be able to come to a consensus.

**Professor Mitchell:** Fair point.

**Paul Wheelhouse:** I was particularly interested in the comments that you made in your report about community planning partnerships. We are getting a lot of evidence from community planning partnerships, which are a tier above the community level that you have just referred to. How effective are CPPs? There are good examples of some CPPs taking the agenda forward themselves—that is happening in Highland, where the health board and the council are working together—but other areas of the country are further behind.

We have had some evidence from CPPs and other partners that the Scottish Government needs to play a leadership role. That is obviously important, but what are your expectations as regards the CPPs themselves showing some leadership, given the patchy performance at the moment?

**Alex Linkston:** As you say, some CPPs are extremely effective, but the picture is mixed. The commission looked at some of them in action and came to the clear view that CPPs should be a building block going forward, but that we need to improve the way in which they operate. This touches on our emphasis on collaborative working. We think that a lot of joint working should go on through CPPs to identify areas of demand and to come up with joint plans to reduce that demand.

The statutory framework is not conducive to such an approach, particularly in health, where people work to the health improvement, efficiency, access and treatment targets. In relation to accountability, the health service is measured against the HEAT targets, not the outcome agreement or the community plan. That must change. There are many areas in which policy cannot be taken forward effectively on a collaborative basis without the active participation of health. You have just heard about early years, which is one example. Without the involvement of health, it is not possible to have an early years

strategy. The first person in the door when a child is born is a health professional. They are the child's first contact with officialdom, and they are the only person a lot of parents will let in the door—a social worker or the police might mean trouble. That is a barrier. If we are to have an accountable system of community planning, there must be accountability to the community planning system.

In addition, we said that the role of the Accounts Commission and Audit Scotland should be changed, and that there should be more active inspection. It is the old carrot-and-stick approach with community planning: it is about all partners being required statutorily to contribute meaningfully to the formation and delivery of community planning objectives. We were quite strong in our view that Government must change the framework, otherwise progress will depend on how individual community partners happen to get on or on the problems that they can unite around. We did not think that things should be left to chance, given the challenges that we face. The collaborative approach should be mandatory; it should be the way in which we do business as a country.

**Professor Mitchell:** Alex Linkston mentioned cultural change. It is possible to change institutions without necessarily changing the culture. We have a different institutional structure in Scotland, but we have not necessarily changed the culture. That explains the patchiness across the country. It will take time to change the culture, but the way to do it is through sticks and carrots. Incentives can be provided—I am a great believer in incentives, especially financial incentives—but sometimes we need to use a stick.

That approach needs to be rolled out beyond and below CPPs. That is the only way that we will make progress. My strong sense, which I think the commission shared, was that those who work at the service delivery level are highly committed to that approach and that working environment. That must be encouraged, but I wonder whether such commitment exists at a higher level. That explains the patchiness. The culture must be changed but, as Alex Linkston said, sticks and carrots are required.

**Paul Wheelhouse:** In the spending review, effort has been made to incentivise that through the identification of shared pots of money that could be used to encourage more collaborative working between health and social work and between other partners. Do you support that approach, given your experience and the evidence that you have had from stakeholders?

**Alex Linkston:** We very much support that approach. One of our recommendations was that there should be a change fund to support joint

working, so the commission very much welcomes that step. Well, that is my view; the commission has not met since we produced the report, but as it was one of our recommendations the commission would clearly welcome it—I certainly do.

**Professor Mitchell:** I certainly do, too. I was interested in Mr Allen's earlier presentation. Unfortunately, we came in only at the end when he was commenting on shifts in expenditure in England for the long haul. His idea of departmental budgets setting aside 1 per cent for early intervention is very interesting. It fits with what the commission said. I would not necessarily sign up to that approach, because I am not sure how easy it would be to implement, but it certainly heads in the direction in which we need to travel.

As Alex Linkston said, the commission recommended that we have change funds. However, we must be careful to ensure that what happens year on year is monitored and that that does not become just a tick-box exercise. That is the kind of mistake that we made in the past, when we worshipped the structure or the initiative. Now we must follow the policy through; if we do not, it will fail.

However, we need the kind of carrot that Paul Wheelhouse described. As the commission has not met since we published our report, that is very much a personal view. I like the idea of a change fund, but it must be only the start—I would like to see us move much further forward.

**Alex Linkston:** It is terribly important that we do not get too hung up on money. I very much welcome the change fund, but we need the hearts and minds of front-line staff all pointing in the one direction. That is a bigger prize than the change fund, but the change fund would facilitate it.

On preventative spend, I am particularly keen to use more choices, more chances interventions to prevent kids from leaving school without a positive destination. The MCMC group comprises about 20 per cent of young people. No doubt that figure will rise, given the economic situation. When we had relatively full employment over the past decade, that figure was still sizeable.

Part of the MCMC intervention will be intensive work with young people of 14, 15 or 16, but part of it will be about working with families all their lives. For example, when the health visitor is working with an expectant mother or a new-born baby, they should be thinking "How do I help this kid to go to a positive destination when they are 16?" The same should happen at nursery school and primary school.

If there were a number of high-level key outcomes that you wanted to achieve that went right through all your partners, and you asked them how they could add value to those, you

would start to change the culture. That does not really cost any money—it is just a wee drop in the pond—but it can mean that you suddenly get a whole change in the culture. There are many examples of people in their day job just making a wee difference, and that wee add-on suddenly making a big change to an outcome. Money will encourage that, but it will not all be driven by money. The improvement agenda and community planning priorities have to be part of the day job.

**Derek Mackay:** You have mentioned hearts and minds and sticks and carrots. I imagine that the commission gave a bit more weight to one over the other. If your objective was to reach consensus and get the highest common denominator of support, I think that you have achieved that. Perhaps those who expected a blueprint of what the public sector should look like are a wee bit disappointed, but I hear what you are saying around our needing more effort and energy on outcomes and less concern about structures and the number of organisations—although the report is fairly silent on coterminosity, which some people believe is a more effective way of building together to achieve outcomes.

Specifically on community planning, you suggest that we should introduce a new set of statutory powers and duties. Can you expand on that? Do you mean that the community plan leader, manager or chief executive should be responsible for a range of indicators cutting across departments, sectors and so on? How will you actually make community planning work and be accountable? As an add-on, would you give some of the new partnership funds directly to a community planning partnership, rather than to an individual agency?

12:15

**Alex Linkston:** I would certainly give those funds to the community planning partnerships. The commission envisaged that each community planning partnership would determine its priorities. The Government has three change funds for the three broad areas, and that is probably necessary for the first stage. Personally, however, I would like that to be freed up, with community planning partners given a change fund for which they would be collectively accountable and responsible: they would determine what they would do with it, what their priorities were and what outcomes they would achieve from it. They would collectively sign up to that. It is not just about spending that bit of money; it is about how they bring their other resources to the table and how that money is used to facilitate the changes.

The commission's view is that the community planning partnerships should be responsible for determining local priorities to reduce demand and

meet the national priorities where there is a cross-cutting issue. They should all sign up to that and should be held to account in a meaningful way, through, we suggest, the extension of the Accounts Commission's remit across the public sector. If one partner came along to meetings but did not contribute an awful lot, we would expect that partner to be publicly named and shamed in any review process.

There is a similar procedure in child protection, whereby the inspection process cuts across the police, the health service and social work services—it is a joint inspection. That has changed the culture of inspections. Before, it was primarily councils that fronted all that, but an effective child protection strategy needs the active participation of the police and the health service. Having that joint accountability and a joint inspection process certainly sharpens all the procedures. That type of approach should be taken right into the heart of community planning.

**Derek Mackay:** That is the carrot—the easy bit; now for the stick.

**Alex Linkston:** Well, the stick is the public naming and shaming. That has worked effectively in the best value and service inspections of local government. When a service is failing, it gets exposed and a number of politicians and senior officers have left the scene because of an adverse report. It is very in your face.

**Derek Mackay:** Can I give you an example to see how that would work? Let us take delayed discharges. There is a HEAT target for the Scottish health service but not for local government, although both must work together on the issue. Do you suggest that such a target, duty or whatever should also be a target for the community planning partnership and that the political leader and the lead official should also be responsible for that target being met? Is that the kind of duty that you suggest placing on community planning partnerships?

**Alex Linkston:** Yes, that is exactly the kind of duty that I am suggesting.

**Derek Mackay:** They would be responsible for the target being met.

**Alex Linkston:** They would be jointly responsible, along with whoever else was involved—in the case that you mention, primarily the health service and the council. In other areas, such as employability, more agencies are involved, but through community planning partnerships we could hold them publicly to account for their joint performance. On a lot of these issues, no one agency on its own can make much difference, but collectively organisations can make a difference.

We started working with the health service on delayed discharge many years ago, before it became a national priority. At that time, our social work people saw it as a health service problem or a Government problem that not enough money was being spent on. I suggested that we start working together on it as a joint problem. We started to come up with a lot of different solutions, and we now have the smart homes initiative. Joint working develops more innovative ways to deliver services. That is what we need to create in addressing all these cross-cutting issues, and I think that the public services are up for it. Before I retired, the HEAT targets were a major barrier to that and, unless you address that, they will be a major barrier to it in 10 years' time.

You could establish specific accountabilities for things such as delayed discharge and follow them round, but why not put the onus on the community planning partnerships to identify the key issues in their areas? Fair enough, there could be Government guidance and advice and Government sign-off for the agreed programme, but let the community planning partnerships come up with ways to deal with those priorities. Many innovative ideas will come up and, if a change fund is there to support them, different ways of working can be tried out before they are mainstreamed.

**Professor Mitchell:** This is about the way in which priorities are set. Putting things in silos will lead to all sorts of problems and will certainly not allow you to maximise the impact of limited resources. If we consider things in that way, the only conclusion that we can reach is the one that Alex Linkston articulated. If we do not do things jointly, we will have a problem.

Coterminosity is an interesting idea, but I would ask whether it is an end in itself—and I would guard against viewing it in that way—or whether it could be a means of achieving some of the things that we have been talking about. There may be a case for coterminosity, but only so long as function is regarded as the important thing. Form follows function. We must not allow things to happen the other way round. When we discuss coterminosity, we should ask what it is for and what we are trying to achieve. I am not saying that we should dismiss it out of hand, but we should not worship it either. Finding a nice balance will be tricky. However, I cannot see a way around the problem, other than the way that Alex spoke about; otherwise, we might end up going off in different directions. Also, with limited resources, things will be more difficult. However, even if we were in a period with a lot of resources—which we are not—this has to be a better way of achieving maximum impact.

**The Convener:** I remind Alex Johnstone that there should be no use of BlackBerrys in committee.

**John Mason:** Earlier, you talked about communities and about taking a bottom-up approach—which I would certainly be enthusiastic about. At any community meeting, people do not see everything as being in silos; they see police, housing and health, for example, all tied up together.

A bullet point in your report identifies as a priority

“Concentrating the efforts of all services on delivering integrated services that deliver results”.

Is there a danger that everybody will end up doing everything and that we will lose specialisms? For example, housing associations are extremely good at providing houses and probably landscaping as well, but I am not so sure that they would be good at running youth clubs—something that I know one or two have got into. The police are good at a range of things, but should they be running the five-a-side football at midnight, even if it is diversionary? How can we strike a balance without losing specialisms?

**Alex Linkston:** If you ever have to prescribe these things, you have lost the plot. Within your framework, you have to use your resources appropriately. In a football team, you would not use your goalkeeper as a centre forward; you would use people's skills and play them in the right place. If you considered diversionary activities as important, you might consider that a police officer was the right person to run midnight football. Alternatively, you might think that a youth worker was better. However, that would be decided locally; you would not prescribe how football should be run everywhere in the country. You would consider the people you had available—and it may be that volunteers would do it. We are trying to facilitate something happening and to use the resources available without being prescriptive. If every area has a different solution, so what? The outcome is important, not the input.

**John Mason:** I agree with that as a concept, but I struggle to see how it would be put into practice. I have seen cases in which the police had a little bit of a budget for something and went ahead and did it. To some extent, it was linked with other things, but despite community planning, they were not really joined up.

**Alex Linkston:** You say that the police just went ahead and did it, but you will probably find that they worked with the council and with youth services. They may sometimes do things on their own, but in most cases they work in partnership. Many good local arrangements exist, but they are ad hoc and are not uniform. We are saying that a

lot of good practice exists but it is not the norm; if we can capture that good practice and make it our way of doing things, we will address a lot of problems that we are not addressing just now, and it would not need to cost a lot of money.

**John Mason:** Does that depend totally on the individuals locally rather than on the structure?

**Alex Linkston:** That is the case at present: although councils have a statutory duty to produce a community plan and bodies have a statutory duty to participate in community planning, what does “participation” mean? I could come along here and say little, or I could contribute fully—I am here and my number of hours’ input is the same. The contribution depends on how people want to interact. In the same way, if somebody from a service goes to a committee that is not a priority for them, they will come along and tick a box, but they will not necessarily add creatively to the discussion and they will certainly not bring a lot of—or any—resources to the table.

Bodies might want to have a joint priority—for example, on an issue such as community safety, which might involve the youth service and the police—and still have it in the community planning framework. To avoid having many ad hoc arrangements, the community planning partnership should agree the priorities, then action plans to meet them should be worked out. It will be horses for courses—it will involve those who have the skills, budgets and wherewithal to contribute meaningfully. Joint accountability does not mean that everybody must contribute equally.

**Professor Mitchell:** John Mason makes a valid point. There is no doubt that the danger is that one recommendation could be taken to an illogical conclusion. You are right to say that we should guard against simply thinking that everybody should work together and that everybody should do things. That is not what we are trying to say.

The point that you were right to quote must be set alongside other recommendations and the important point about form following function. If people forget that and look only at the point that you quoted, they will get it wrong and strange things will go on. However, if function is important—the examples that Alex Linkston has given show that it is—the question is how we get that right in communities.

In different communities, different sets of actors will participate. You mentioned housing association youth clubs. Where I live, the police organise youth clubs. That works there, but it might be better for the housing association to do that in another area. We must be very careful that we as a commission and the people at the centre—in the Parliament and in government—do

not take a top-down approach and say, “This is the appropriate model.”

It is important that our report is seen as having a number of recommendations, each of which is linked. Tensions will always occur. No simple, single blueprint exists. If we created such a blueprint, we would get it completely wrong. We must always guard against that. We must try to ensure that the tensions are creative. I return to the point about community participation—about listening to people locally. If that happens, we will begin to get it right, but we will not always get it right.

You are right to raise an important note of caution. We should not rush in and think that we have the answer. This is all about working together, but what we recommend has many other parts. If we do not acknowledge that, we are in trouble.

**Margaret McCulloch:** Away back in 2005, the Kerr report made quite a lot of recommendations about preventative spend in the NHS. That is obvious. My question is simple: why has there not been more movement on that? Everybody keeps talking about it, but nothing is being done.

I will raise a simple issue. We were told that, as preventative spend is not in the NHS targets, the NHS is more interested in the number of beds that are freed up, the number of patients who go through the waiting list and so on. How do we put on the list of NHS targets simple matters such as ensuring that preventative spending is a priority? People should not talk about preventative spending but do it.

What will be the third sector’s involvement in making the approach work?

From what everybody has said, I think that the point is emerging that somebody really strong is needed at the top of CPPs to make the arrangements work, push them forward and make them effective.

12:30

**Alex Linkston:** The Kerr report was a health report and is another example of silos. It was never a community planning report. The strategic planning framework sits at the top of government and all the targets go down the various silos. We are saying that it is fine to have appropriate silos in local government and health, but the joint areas should move to community planning. They would then become part of areas for which the partnerships were accountable, and performance in those areas should be assessed within the community planning partnership.

Before I retired, health targets were a major barrier to joint working because health chief

executives were accountable purely on the basis of health targets. Health resources are challenging; health could spend double the resources it has. If health targets are what the executives are accountable for, and there is public accountability through the cabinet secretary's system, that is the area where they will put all their resources. We have to change that.

If we want collaborative working to work, there must be within the system accountability at community planning level, and there must be the carrot and stick. The carrot is the change fund and the stick is some inspection mechanism that holds people to account collectively, not individually. If an individual part of the system is not performing adequately, it should be publicly named and shamed.

The third sector has a lot to offer as well; we received a lot of representations from the third sector telling us that, through procurement, third sector organisations are being driven to the lowest costs. We have recommended that there should be more of a partnership with the third sector. Yes, we have to get best value, but we need to use the innovative skills that some of the third sector organisations have. The balance has gone too far towards cost, and less account is taken of effectiveness or outcomes. That imbalance should be redressed.

**Professor Mitchell:** If we were paid a pound for every time that we heard someone agreeing about the importance of preventative spend and agencies working together, there would be no spending gap anywhere. Everyone seems to be signed up to it; I see that the committee has noted that there is a unanimity around the idea. The question therefore is why that is not happening. What are the barriers?

One of the key barriers is, of course, the fact that people do not want to change what they have been doing; they want to defend the policies that are already in place. Policy creates interests more often than interests create policy, and there are a lot of policies out there. Especially at the moment when resources are limited and there are going to be reductions, we will have to shift resource—if preventative spend is going to be meaningful, resource will require shifting. That means taking resources away from those who have them, and they will fight, even while saying that they support preventative spending. That is natural, but it is going to be one of the biggest challenges facing us in the years ahead and will take a great deal of political will and consensus to overcome.

If I may, I will throw the issue back to the committee as I did in the Local Government and Communities Committee. I am delighted that the committee is considering preventative spending because it is incredibly important for the future.

For us to move forward, it would be great if a cross-party committee was at least able to say that to start doing it, we will have to roll back on existing spend, without necessarily identifying how that would be done at this stage. I know that that is politically difficult. I have views, and I can tell you what I think, but I do not have the authority. The Parliament has the authority. You have to identify some of the areas and input targets that are being put into the system.

I have spoken to people across Scotland, including police officers, and people have asked what the issue of police numbers is really all about. Perhaps we should start asking that question. I fully understand why police numbers, teacher numbers and all the rest of it become part of our country's politics: that is about elections, and it comes from the media—although I am not criticising the media for that because it is their job.

We must show leadership and it cannot just come from chief executives: it has to come from Parliament and Government.

Perhaps I am completely misreading this, but my sense is that there is a great deal of consensus and agreement across the parties and across the Parliament. I plead with you as a committee to start that process, because it would make an amazingly important contribution to these debates.

It is easy for me to say that, but I went on public record early—unlike some of my colleagues—to say that we need to shift resource in education further down. The points that Graham Allen made are incredibly important. Shifting resource in that way would mean that my institution and my sector would suffer. My response to that is, "Let's have tuition fees." You do not like it, but that is my solution and at least I have an answer. We need to find resources. We have to move resources down, but that does mean taking resources away from some people.

Now that you have got me on to the subject, I have to say that we have been benefiting those who have too much over the past decade and more. With all due respect, every party has been guilty of that. We have to tackle that. I plead with you to help us contribute. You cannot provide all the answers, but we need that kind of political leadership.

Margaret McCulloch is right to highlight a really interesting point about community participation and leadership. At one level it sounds like a contradiction, but I think you need both. In public policy making, I am always worried when I see something that is a clear answer. If there is not a tension or a conflict, you are in trouble. We should expect, anticipate and work with those tensions; resolving them is what counts. It is important to

have a strong leader to drive things through, but a strong leader on his or her own will create problems. You need to get the balance right. It comes back to the point that I made in response to a previous question: of course there are tensions, but that is the essence of public policy.

**The Convener:** I point out that Alex Johnstone has left—he did not realise that the meeting would run on for so long—because he has a school visit.

**John Pentland (Motherwell and Wishaw) (Lab):** I assure Professor Mitchell that the committee has been very consensual in its approach—so far.

Alex Linkston said that we judge success on the outcomes of what we do. You recommend

“Forging a new concordat between the Scottish Government and local government to develop joined-up services”—

but sometimes the priorities clash. Will you expand on that?

**Alex Linkston:** There will always be tension between national Government and local government. We endorsed as the way forward the strategic planning framework and a concordat—whether it is called that or something else—between central Government, community planning partners in particular, and councils, with targets for which they would all be jointly accountable. That is what we meant by an amended concordat. Although community planning partners sign up to the concordat, only councils are held to account. We want all the main partners to be held equally to account.

**The Convener:** We had the Auditor General here last week and heard heavy hints that there are perhaps too many structures in Scotland, given the plethora of local authorities, health boards and agencies. Some would agree with that and others would disagree. On streamlining delivery of services, what is your view of the structural map of Scotland? We touched on coterminous boundaries earlier, but this is obviously a bigger issue.

**Alex Linkston:** It is a point that we considered—it also came up in the independent budget review. We agree that there are too many bodies, but we should look at what they are doing and at what we want them to do before we start changing things. We should not just go into a reorganisation without having any clear idea of what we want the bodies to do. We have heard that there are too many local authorities; that presupposes that there is a relationship between efficiency and size. Where is the evidence to support that? I have seen none. If it were true, the City of Edinburgh Council and Glasgow City Council would be the two most efficient councils in

Scotland, but you would be hard pressed to get evidence to support that.

On the other hand, East Renfrewshire Council is a very effective council, but if you were getting rid of small councils, it is one that might go. If we are to have reorganisation, let us also have objective criteria; let us be clear about what we want the councils to do and then define their sizes.

We very much focused on communities and community planning, and we touched on coterminous boundaries. I raised that issue in the commission, but Campbell Christie was keen that our report be evidence based. I think that one respondent alluded to the issue very indirectly, but no respondent raised it in a meaningful way as being something that we should consider, which is why we did not consider it, although I thought that we should. I have personal experience of it, but I know that there are particular problems in the west of Scotland, particularly where councils straddle two health board areas. That makes it difficult to develop meaningful relationships.

**Professor Mitchell:** Alex Linkston is absolutely right. We are aware of people making headlines by saying that there should be X councils, but we simply did not see the evidence, although we went out of our way to try to find it.

People must be aware that we are not saying that we are against restructuring public bodies, but we are saying that we should be careful about what we do and that there should be due diligence. We must ensure that restructuring would work. I have seen evidence—I cannot remember whether it was submitted to the commission or whether I saw it separate from the commission—that suggests that the supposed savings from the major restructuring of Whitehall departments or local government in Scotland or England are generally exaggerated. I have certainly seen evidence about that from Whitehall departments and from local government in Scotland and England, which also says that if there are to be savings it will take a long time to realise them. It also said that there is a tendency for a process of change to focus on the restructuring itself and that we will lose sight of the things that we believe are—and that we articulate in the report as being—more important.

My suggestion, which is not in the report, is not to reject restructuring of agencies and organisations and not to run headlong into restructuring, but to be very cautious and careful and perhaps to look at things case by case. We cannot afford to do otherwise, because one thing is for sure: major restructuring costs a hell of a lot of money. Do we really want to spend our time doing that?

I suspect that the way forward is incremental restructuring. We are conscious that voices in the west of Scotland are pressing for changes; perhaps changes could be made, but I am not saying that those voices are right. We need to come back to the point that I made, which is that there must be due diligence and we must check things out before we rush in.

**The Convener:** I think that you are referring to paragraph 100 of Audit Scotland's report entitled "Scotland's public finances: addressing the challenges", which we touched on last week.

Both of you immediately thought of the 32 local authorities, but there are also 147—there were 199—agencies in Scotland, which are possibly being focused on more at the moment. This is not just about local authorities and health boards having coterminous boundaries or whether we should have fewer or more local authorities; it is also about where the agencies fit in. Obviously, local authorities are democratically accountable; agencies are perhaps somewhat indirectly democratically accountable. Where do the agencies fit into the reform agenda? That will be a more fundamental question in the months and years ahead.

**Alex Linkston:** The commission did not directly consider that question because of the timescale. We were appointed last November, but by the time we got out the request for evidence, we were into the Christmas and new year period. We left it to the end of March to get all the consultation evidence, so we really had only April and May to consider what we had seen and heard before our findings had to go to print. If we had had more time, we might have considered that issue.

My personal view is that we have too many agencies. If I were a minister looking to simplify the landscape, I would put all the agencies under the microscope and ask, "What added value do they actually bring to front-line service delivery?" Given the environment that we are going into, the value of a lot of them needs to be questioned. However, we did not do any work on that because we did not have any time to do it. Therefore, the commission did not have a view on the matter.

12:45

**Professor Mitchell:** We did not have the time, but the independent budget review went further than that; it even talked about the number of universities in Scotland. We need to look at such matters, but there are things that could be done short of restructuring, such as ensuring more working together, which we are beginning to do. In that respect, reports and recommendations from other people are useful. In other words, you should try to focus on what you are trying to

achieve. If structures are getting in the way, change them, but, if they are not, do not. Can the structures be worked around? We might be able to do that in the next few years.

**Alex Linkston:** That is an important point. We felt that large-scale restructuring at this point would be a major distraction, because it would take up a huge amount of creative resource. The real issue is how we take cost pressures out of the structure. Work around community planning, collaborative working, preventative spend and such like is, in our view, where all our creative energies should go at present. If we can take pressure out of the system, we will solve a lot of problems.

The great danger is that we contemplate our navel and take out one or two bodies, which means hee-haw in the bigger picture but takes up a huge amount of resource, and does not make any fundamental change. If we get to the next spending review, still with a flat economy and facing the same financial pressures, but with no plan to deal with the situation, there will be serious cuts in services. It is terribly important that we put all our resources into planning how we stretch the public pound to meet as many of the legitimate demands as possible going into the next four to 10 years. We must focus on that major challenge.

**The Convener:** I would like to ask you many more questions, particularly on sections 5 and 8 of the report, but time is against us, so I will ask one final question. You spoke of the need for cultural change. Can you give us any examples of where cultural change has been implemented successfully?

**Alex Linkston:** That would take two or three hours.

**The Convener:** You could perhaps say not where it has been implemented but where it has evolved.

**Alex Linkston:** I will give the example of bed blocking. Back in 1996, when the new council structure was set up, my former council, West Lothian Council, had a separate integrated health trust, which complained to us about bed blocking, which at that stage was not a Government priority. I went to my social work people and they said that it was not their problem, but that the problem was consultants putting people into expensive packages of care or the Government not giving them enough money. At the time, I had major problems bedding in the council and balancing the books.

The trust came back to us three times in 15 months. I kept getting the same answer and I said that I was not going through my career getting that answer, so we should start working together. We started working together and about four years



before I retired, bed blocking was at zero. We have a young population, so we have a lower percentage older population, but it is the fastest-growing base figure in Scotland and we had brought bed blocking down to zero. We developed a lot of policies that have now been rolled out by the Government.

We further developed our approach to include technology supporting people at home, which has gone down a bomb in our community. Money for all that was found within the resources that we had, so we had to make some courageous decisions. We had six old people's homes: we had to close three to get the resource for smart technology. That was very painful and there was a lot of community resistance, but everybody now thinks that it is the best thing that we have ever done.

We had to go through a pain barrier to get the resource to take us into new methods of service delivery. That was incremental change brought about by two agencies working together. It became a bit more difficult when the integrated trust was replaced by Lothian NHS Board, which covers a big area, but we managed to hold on to what we had. Such an approach does work; neither body could have solved the problem on its own, but we did so by working together.

I can give you examples on youth unemployment, MCMC and community safety. I have a lot of practical experience of seeing such an approach working. In my previous career and, in particular, in my time on the Christie commission, I have seen a lot of examples throughout Scotland. That approach is not taking place in only one or two areas, but it is not uniform. The challenge is to embed it in how we do business. It is the Parliament's job to say that that should be the culture, that these are the processes and that these are the carrots and sticks to enforce it. If you do that, you will encourage it, but you have to create the framework and hold people to account so that there are no hiding places. If you do that, you will create a lot of resource to deal with the problems.

**The Convener:** I will draw the meeting to a close. I thank Alex Linkston CBE and Professor James Mitchell for their attendance and their diligence in answering all our questions.

At the committee's previous meeting, we agreed to take item 3 in private. We will therefore now move into private session to discuss the committee's work programme.

12:50

*Meeting continued in private until 13:02.*



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