



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

LOCAL GOVERNMENT AND REGENERATION COMMITTEE

Wednesday 14 March 2012

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LOCAL GOVERNMENT AND REGENERATION COMMITTEE
7th Meeting 2012, Session 4

CONVENER

*Joe FitzPatrick (Dundee City West) (SNP)

DEPUTY CONVENER

*Kevin Stewart (Aberdeen Central) (SNP)

COMMITTEE MEMBERS

*James Dornan (Glasgow Cathcart) (SNP)

*Anne McTaggart (Glasgow) (Lab)

*Margaret Mitchell (Central Scotland) (Con)

*John Pentland (Motherwell and Wishaw) (Lab)

David Torrance (Kirkcaldy) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Stuart Crickmar (Clackmannanshire Council)

Dr David Farquharson (NHS Lothian)

Emma Gray (Scottish Public Services Ombudsman)

Jamie Hepburn (Cumbernauld and Kilsyth) (SNP) (Committee Substitute)

Bob Jack (Stirling Council)

Niki Maclean (Scottish Public Services Ombudsman)

Jim Martin (Scottish Public Services Ombudsman)

Hugh Robertson (Angus Council)

Gavin Whitefield (North Lanarkshire Council)

CLERK TO THE COMMITTEE

Eugene Windsor

LOCATION

Committee Room 3

Scottish Parliament

Local Government and Regeneration Committee

Wednesday 14 March 2012

[The Convener opened the meeting at 09:51]

Interests

The Convener (Joe FitzPatrick): Good morning, everyone. Welcome to the seventh meeting in 2012 of the Local Government and Regeneration Committee. As usual, I ask everyone to ensure that their mobile phones and any other electronic devices are switched off.

We have received apologies from David Torrance, who is unable to attend. We welcome Jamie Hepburn, who is substituting for David. We also welcome James Dornan, the newest member of the committee. Item 1 is the declaration of interests. I invite James Dornan to declare any interests that are relevant to the committee.

James Dornan (Glasgow Cathcart) (SNP): All my interests have been declared previously, but I put on the record that I am a councillor on Glasgow City Council.

Kevin Stewart (Aberdeen Central) (SNP): I give my usual declaration that I am still a member of Aberdeen City Council. Also, I am still a member of Grampian joint police board.

John Pentland (Motherwell and Wishaw) (Lab): I give my usual declaration that I am still a councillor on North Lanarkshire Council. I have had a working relationship with Gavin Whitefield for a number of years.

Anne McTaggart (Glasgow) (Lab): I am still an elected member of Glasgow City Council.

Decision on Taking Business in Private

09:52

The Convener: Item 2 is to decide whether to take in private item 6. I suggest that we do. Are members agreed?

Members indicated agreement.

Public Services Reform and Local Government: Strand 1 (Partnerships and Outcomes)

09:53

The Convener: Item 3 is oral evidence in our inquiry into public services reform and local government, strand 1 of which concerns partnerships and outcomes. We have two panels of witnesses. I welcome our first panel. Bob Jack is chief executive of Stirling Council; Gavin Whitefield is chief executive of North Lanarkshire Council; Hugh Robertson is assistant chief executive of Angus Council; and Stuart Crickmar is strategy and performance manager of Clackmannanshire Council. I thank you all for coming along.

We will go straight to questions. We are well aware that councils across Scotland have been working hard to ensure that partnership working is under way. How are witnesses managing to integrate that partnership working with the community planning partnerships? How well are you doing? If there is still work to do, what needs to be done to achieve that integration?

Who wants to kick off?

Gavin Whitefield (North Lanarkshire Council): We are working well in terms of community planning. The evidence that we submitted should be seen in the context of trying to add value to partnership working. We are seeing real improvements through the single outcome agreement and a real commitment to partnership working during these difficult financial times. There is always room to add value and to make further improvements. In the evidence, we set out ways in which we think we can achieve that in North Lanarkshire, with some general lessons—which could apply across Scotland—based on our experience.

Bob Jack (Stirling Council): I very much agree with that. There is quite a way to go. I hope that the various on-going reviews will not change the system fundamentally, but will perhaps encourage more progress in the same direction. If we look just at SOAs, their first two iterations had a one-year focus. The iteration that we are about to go into has a five-year focus. We should be looking towards a longer-term focus because it takes somewhat longer than a year to demonstrate real progress in respect of many outcomes. That will get us further along the road. Sticking with the same direction of travel, there are a number of things that can be improved and the pace can be picked up a bit. Rather than constantly reinventing documents, we should focus on the longer-term

outcomes and the local partnership should be left to work out how best to achieve that.

Hugh Robertson (Angus Council): We are making good progress within the Angus community planning partnership and I hope that the evidence that we submitted to the committee shows that. Integration is well developed through the processes and the governance arrangements that we have in place. What that has required, and what is still required, is good leadership and joint commitment from all the partners.

As the question suggests, there is still work to do. I was at a conference yesterday where it was said, "We're winning the battles, but not the war." Much of the integration and the work that is taking place is project based, rather than about integrating services per se, which will take a longer term focus and approach.

Stuart Crickmar (Clackmannanshire Council): I agree with pretty much everything that has been said. We are making good progress on the partnership working side of things, but we need to focus on engaging with communities and getting them much more involved as equal partners at the table. There is also work to do on the ground and at the operational level, but there is a huge commitment among partners to come together and work collaboratively.

The Convener: Are there any major barriers, either legislative or on the ground, to your continuing along the road that you are on?

Gavin Whitefield: The experience to date is that there have been no showstoppers in the way of partnership working. Clearly, there are areas—as highlighted in the evidence and as I mentioned earlier—that we could identify that would add value to the approach that has been adopted to date.

One danger is the perception of the need to start with an outcome that is about a structure, or about a single or pooled budget. Our approach has been to look at the partnership's priority outcomes and to work back from that. If there is a need for and value in service integration and there being a single management approach to services—such as the joint equipment store, which we developed in conjunction with Lanarkshire NHS Board—or if there is value in there being a pooled or single budget, we will pursue that approach.

The important thing is to have that local flexibility to operate. A major factor in securing that positive operation is in the relationships between the community planning partners. One thing that has been cited as having the potential to add value is the making of the community planning duty consistent across the public sector so that

there is a way to deal with partners that are not engaging effectively.

Kevin Stewart: Along the same line, it was highlighted previously that there are barriers to the fulfilment of HEAT—health improvement, efficiency, access and treatment—targets by national health service boards in relation to integration. Also highlighted was the problem of different budget cycles when dealing with some of the integration work. It seems that in certain areas—Mr Whitefield mentioned the North Lanarkshire equipment store—such initiatives are not unusual. However, with the big picture items and the areas where radical change is needed to fulfil the preventative agenda, folk are saying that those are difficulties. Will you comment on that please, gentlemen?

10:00

Bob Jack: It would perhaps be interesting to take up that question with the chief executive of an NHS board.

It is often asked whether people are managing to the priorities of the partnership or to the performance measures to which a cabinet secretary holds them to account. That is inevitable, and the situation is similar in local government. We are managing a range of services against a range of statutory performance indicators, but that does not prevent there being a focus on the partnership objectives. There has to be balance, although there is undoubtedly something in what Mr Stewart said.

Sometimes, other priorities and being held to account on other measures are diversions from partnership activity. As Gavin Whitefield said, it is down to how seriously the relationships at political and senior executive levels take partnership working. If there is commitment at those levels in a partnership, it is possible to respond to the different agendas—to the partnership agenda and the various measures that require that attention be given to service delivery.

Kevin Stewart: I will certainly be asking Dr Farquharson the same question later. However, the issue is often highlighted by people from local authorities, rather than by folks from the health boards, which is why I am asking you, gentlemen, whether it is a barrier.

Gavin Whitefield: I want to pick up on the point about budget cycles. Within the current arrangements, which have operated for a number of years, we have been able to work through budget cycle issues. However, a consistent budget cycle that was linked to a financial plan that was as long term as possible—a minimum of three years—would facilitate and ease partnership

working and improve how we plan jointly for major capital investment.

It is recognised that there is a lot of good shared asset management planning work going on across community planning partners, but because of different budget cycles we are at different stages of firming up in capital programmes, which can create difficulties that we need to work around. Consistent budget planning across the sectors that are involved in community planning would be an improvement.

The Convener: I see lots of nodding, so I will not hear everyone else on that question.

Jamie Hepburn (Cumbernauld and Kilsyth) (SNP): I do not know whether I need to declare quite the same interest as John Pentland did. I do not have the same history of having a working relationship with Gavin Whitefield, but I write to him regularly, so I should perhaps declare that.

You have talked about the partners that you work with within your jurisdictions and boundaries in community planning, but there will be communities around the edges of the areas that you represent. How much do you view one another as partners in the planning process when an application pertains to a community that is right on your geographical periphery, where you bound with another local authority? It is fortuitous that we have Bob Jack here who represents Stirling, which bounds North Lanarkshire and Clackmannanshire, so we have at least three chief executives—with respect to Mr Robertson—who can comment on that.

Bob Jack: That is an important point. The basic building blocks of community planning are the 32 local authority areas, and so a number of issues arise when partners operate across larger areas. We have that situation in the Forth valley, where the health board and police and fire services are pan-Forth-valley agencies, so if we insisted on everything being dealt with at local authority area level, huge overheads would be placed on authorities. There are also Scottish partners, including Scottish Enterprise and Skills Development Scotland, and there are issues with how they tie in to the community planning process.

It would be a mistake to look for a perfect community planning model that can apply in every local authority area. The system is much more untidy than that, and the model must be flexible enough to allow us to deal with, say, Stirling issues in a Stirling context, while also acknowledging the need to operate across local authority boundaries if there is to be proper engagement with partners—in our case, they are primarily the health service and, with regard to the public protection agenda, the police. It should be more of a framework than a model.

Jamie Hepburn: You are right to highlight the fact that certain bodies operate more widely than your local authority area; nevertheless, they still operate within your local authority area. We have representatives from North Lanarkshire, Clackmannanshire and Stirling here this morning. Mr Jack's jurisdiction might end at Stirling, but what would happen if an application were to be made for something in North Lanarkshire right next to that local authority? The people who live in that area might have an interest and want to use the service to which the application pertained. How do local authorities interact with each other in that respect?

The Convener: Perhaps Stuart Crickmar can answer that question. Given that Clackmannanshire is right next to Stirling, both authorities will have to work with some of the bodies we are talking about.

Stuart Crickmar: To a certain extent, partnership working is a state of mind; it is a mentality. It is all about trying to understand how to maximise benefit for stakeholders through working with whomever you need to work with, whether that is the neighbouring local authority or another agency. In our approach to strategic and policy development we are, from what I can see, looking more and more beyond our own boundaries.

Margaret Mitchell (Central Scotland) (Con): Good morning, gentlemen. The North Lanarkshire submission raises an issue that is reflected in the other submissions. It says:

"decision making, performance setting, governance and accountability arrangements should be reviewed to provide greater flexibility and autonomy to CPPs."

I have two questions. First, have the councils and their community planning partners ever considered incorporation of CPPs? Secondly, how much of a barrier are the different governance and accountability arrangements to effective partnership working and how realistic is it in practice to change them?

Stuart Crickmar: On the first question, I honestly do not think that Clackmannanshire Council has considered incorporation—but I do not really know. However, as I said, it is all about having leaders who have the mentality for collaboration and who see and seize the opportunities for working with others. I am not convinced that the kind of structural approach that you suggest would necessarily bring about the collaborative partnership working that we want; it is more about having the right leaders with the right mentality.

Bob Jack: Stirling Council has not considered incorporation. If the question is whether such a move would solve some of the governance issues,

I have to say that I think that it would create more. You might create another entity with its own governance, but what would be ceded to that entity by the various constituent bodies? We will certainly get into that area with the proposals to integrate health and social care and to formalise health and social care partnerships. Will they sit within the community planning framework or will they be separate entities?

At the end of the day, what you have in CPPs is a consensual collaborative partnership, each constituent part of which is required to get decisions through its own governance machinery. The system is a little clunky at times, but I agree with others that if the political level—by which I mean elected members in local authorities and board members of other agencies—and the senior executive level are committed to the partnership process, we can have the parallel governance and accountability that are required to get decisions through.

The provisions for incorporation were in the base legislation, but I am not aware of any area that has taken that forward in any meaningful sense.

Hugh Robertson: The straight answer to the first question is no; we were aware in the early days of community planning that incorporation was a route that we could go down, but we chose not to. I was not around at the time, so I cannot expand on the reasons for that.

I would not say that the fact that different partners have different governance arrangements is a barrier to making progress with community planning partnerships, but the arrangements could be improved to merge more effectively with the community planning arrangements. Everyone is at the table, but the only partner at the table that has a duty to make best value work is local government—that duty does not rest with the other partners, so that could be looked at.

Gavin Whitefield: We considered incorporation a number of years ago, but we decided not to pursue it. As with the other authorities that are represented here, the feeling was that it would not add great value to the structures that were already in place and that we would spend an enormous amount of time working through governance issues, rather than spending the time on focusing partnership activity and programmes on delivery of positive outcomes.

At strategic level, the structure that we have in place involves the partnership board and themed working groups to deal with each of the priorities in the community plan—health and wellbeing, lifelong learning, regeneration, environment, community safety, transport issues and community engagement. At local level, we have six local area

partnerships. We are trying to get at local level the same commitment to delivering on community planning that exists at strategic level. To date, we have had good participation from the other partners in the local area partnership structure.

In relation to governance and accountability, it is a case of further streamlining the process along the lines of the principle of ensuring that we devote maximum resources and time to delivering outcomes as opposed to managing governance, producing reports and dealing with scrutiny and regulation.

Margaret Mitchell: Many of the CPP structures seem to be quite complex. Could they be simplified? If so, what would be the advantages and disadvantages?

Gavin Whitefield: As I have outlined, we have tried to set out a fairly streamlined approach at strategic, operational and local levels. We constantly review the structures. You are right that it can appear that they are quite complex, but we are dealing with complex issues. One of the challenges that we have in community planning is that we need to be able to adapt structures to deal with the issues that arise. The solution that is required to address health and wellbeing issues could be different to one that is required to address a community safety issue. When it comes to how the structures are developed, it is horses for courses.

Now that we have the backstop of the single outcome agreement, we have a much clearer picture of what the partnership is delivering on. We have an annual report that shows the extent to which targets have been met and, when they have not been met, the reasons for that. It is important to view the structures in the context of the fact that a much more effective performance management and reporting system is now in place, thanks to the single outcome agreement.

10:15

Hugh Robertson: The structures can look fairly complicated, but community planning is a complicated area. We continually review our structures—we last reviewed them last year, when we changed them in order to streamline them more. We have an annual planning day with all the partners at which we look at our structures. Although we try to ensure that we have appropriate governance arrangements and structures in place, the main focus of all the partners is on improving outcomes; the purpose of the structures is to help to achieve that.

Bob Jack: As I am sure members of the committee know, we recently went through an audit of best value and community planning. One of the points that the audit report makes is that our

community planning structures are complex and opaque. If members wish to see it, there is a wiring diagram in that report, which shows that the structures are undoubtedly quite complicated.

As others do, I think that it is of necessity complicated, but my question is whether we need to show all the internal workings and whether there is a better way of simplifying community planning for the community and for those to whom the partnership is accountable. That is an issue at the political and strategic levels.

In the future, acting on the recommendations of areas for improvement that are highlighted in the best-value audit, we want to take community planning into the area of simplification, perhaps not of all the internal workings but of how it is reported to the public, and we want to address the multidimensional issue. Some things will be better done at the pan-Forth-valley level, because that is the level at which some other key partners operate, and some of it will be done at local level.

I agree that one thing that is often missing in community planning is the community. If you focus on structures, accountability, governance and all the rest of it, you tend to talk about the organisations, but community planning is really about the engagement of the community to drive the partners to the desired outcomes.

Margaret Mitchell: You have made a crucial point about the engagement of the community and helping it to understand the objectives of the CPP.

Stuart Crickmar: In Clackmannanshire, community planning was quite traditionally structured, so it was divided into, for example, community safety and health improvement teams. Over the past year or so we have put in place intermediate priorities around job creation and skills development—which are focused particularly on 16 to 24-year-olds—community engagement, prevention and early intervention.

We found that looking at community safety or health improvement within the theme teams sometimes created a silo mentality. To reflect our intermediate outcomes, we have decided to move from seven teams to two. One is focused on jobs and economic development and the other on early intervention and prevention, with community engagement being a cross-cutting issue.

Another theme that has emerged is communities getting panned by various agencies coming at them for community engagement time and again; there is almost engagement overload. We are therefore trying to join up our community engagement, so that we understand a community's needs and aspirations and can work collectively with the community to realise them.

We have undertaken a fundamental review of our structure. The point was made previously that the approach needs to be flexible and adaptable and must fit in with the strategy.

James Dornan: It is nice that we have started to talk about the community's role in the community planning partnership.

Stuart Crickmar has started to answer this question, but to what extent do the councils consider that their current CPPs are focused on outcomes-based and preventative approaches?

Stuart Crickmar: We are on a journey. There is a huge commitment to moving towards those approaches. It is easy to make a statement, but it is about getting things to happen on the ground. It is not always the public agencies that are best placed to get behind the doors and deal with the issues that we are trying to tackle. Communities and the third sector often know how to get underneath the skin of problems.

In Clackmannanshire we have said that prevention and early intervention are intermediate priority outcomes, so we are looking to see that priority come through in operational planning and projects. Essentially, projects that can demonstrate that they are focused on prevention and early intervention are the ones that will attract funding.

Bob Jack: On paper, given that we have all signed up to a single outcome agreement, the partnership is focused on outcomes. The question is whether those are the right outcomes, whether they are clear enough and whether we are clear enough about what success looks like so that we can track progress. Those are the areas in which there is scope for improvement. We do not want a single outcome agreement with 1,001 outcomes that we are trying to achieve, because that gets us into the sort of issue that Mr Stewart raised about HEAT targets conflicting with outcomes. If the outcomes are few enough, big enough and clear enough and we are clear about what success looks like, we will be better able to design interventions that take us towards success.

That is where we need to go in the next iteration of the single outcome agreements. As I said, the single outcome agreements should be longer term, because some outcomes are not achieved in a year. With preventative work in the early years, some outcomes will not be achieved until a generation moves through the system. Therefore, we need fewer, clearer and smarter outcomes in which success is more clearly defined. That will allow us to be clear about the actions and interventions that will take us towards that. Everybody is signed up to outcomes, but the question is what actions and interventions will take

us there. That is the area in which we need to be a lot smarter and a lot better.

Hugh Robertson: I concur with the majority of what has been said. Our single outcome agreement concentrates on outcomes, although we accept that there is still a learning curve and that they can be improved, and we must accept that there is a long way to go before we achieve the outcomes. Sometimes, there is conflict between the need to wait to achieve outcomes and the demand or push for shorter-term inputs. However, our SOA is certainly based on outcomes.

Most community planning partnerships and local authorities, and national Government, are at the start of trying to move towards preventative spend. The Christie review and the Government's response to it have given added impetus to that. We have heard about issues with project-type preventative spending. However, in our submission to the Finance Committee, we gave evidence on a more integrated preventative service that we provide in Angus. With our health, social work and housing partners, we provide enablement measures for older people to try to reduce the number of people who go into residential homes and allow people to stay in their own homes and be independent for longer. That type of preventative spending is starting to produce good outcomes in our area.

Gavin Whitefield: I agree with all that has been said. On both issues, we are on a journey. We are closer to the end of the journey towards being outcome focused. We have had four or five years of developing single outcome agreements and we have clear outcome measures, targets and indicators that we can use to measure progress. However, we are further away from making the progress that we all want to make on preventative spend.

A key challenge in the short term that we have been considering is the exceptional financial challenge that we face. The council and health, police and fire services are all dealing with that challenge, but we are trying to do so as a partnership so that we avoid compounding some of the issues by cost shunting between organisations. The council has shared the approach to our savings strategy with the community planning partnership—that has been a standing item at the community planning partnership board for some time. That issue is as important to address in the short term as the issue of how we get the drive and commitment to move to preventative spend.

James Dornan: How do you sell the benefits? In Glasgow, there is a perception—although I am sure that it is not held by everybody—that the CPP and the organisations that are involved in it tick

boxes rather than affect their communities. Before you get to the stage at which you can say that you have achieved the outcomes, how do you sell the message of the positive work that you do? How do you ensure buy-in from the partners to outcomes-based and preventative measures?

Gavin Whitefield: Getting buy-in is not just about structures, processes and systems; it is about relationships and people showing commitment to a shared vision for the area while not being precious about organisational boundaries. That is about building up trust between the different players, not just through the meetings of the partnership board and the other structures but through meetings outwith those structures and through people getting to know and trust one another. We work hard at that in North Lanarkshire. We are alert to the change taking place in the organisations taking part in community planning and we are trying to maintain those relationships.

We have an excellent opportunity to sell the benefits of community planning now that we have the single outcome agreement. We have a much sharper focus on performance and we can report at a strategic level on what the partnership is delivering across North Lanarkshire. We are also seeking to make that more meaningful at the local area partnership level and, ultimately, at a neighbourhood level. We have all the information, but we could do more to publicise the areas in which we are and are not making progress, the reasons for that and how we are addressing them.

Hugh Robertson: On selling the message, it is essential that we communicate with the public in a clear and understandable way and avoid a lot of the jargon. I would question whether words such as “community planning” and “community planning partnerships” are meaningful to the public. We need to talk about improving the environment in which the public work and live, and their outcomes for educational attainment and health. We need clear, understandable measures and targets that the public can relate to. We also need to report those in a way that is meaningful to the public, whether that be through newspapers, the web or any other medium.

As Gavin Whitefield has said, a lot of the work to get partners to buy in is about the relationships between them at all levels of the organisations, particularly leadership level, and about a shared commitment to the community.

Bob Jack: To return to an earlier answer that I gave Margaret Mitchell, when it comes to selling the message, a focus on structure and process is not really going to connect with the public. That may be what we need to obsess about to make the partnership work better, but it is not relevant to selling it to the public. The public need to see, feel

and touch a tangible outcome from all the partnership working.

For example, the health board and the council recently agreed to a project based on the after-use of the site of the Stirling royal infirmary, now that we have the Forth Valley royal hospital. The project will develop a care village with a range of integrated health and social care. The public can engage with that project, which will help us to meet our needs, from sheltered accommodation to fairly intensive care. The partnership has signed up to the project and we are now on to the next stage of getting it through the approval machinery for funding and so on. Getting it through that machinery is our problem, but the connect with the public is the vision for the end product and what it will do to improve the lives of older people in the area.

We have to be a lot smarter on the narrative of community planning and not focus on the barriers and the processes that are for us on the council to solve.

10:30

Stuart Crickmar: I agree with what has been said. The big word for me is “relevance”. This is about making it relevant to communities. I often tell my colleagues that community planning should have a small c and a small p—it is about planning with the community, for the community. If it is relevant to the community, we will get buy-in. Even in a small county like Clackmannanshire, folks in Tillicoultry or Alva are not necessarily interested in what is happening in Alloa. It has to be relevant to Fishcross and Coalsnaughton. To return to a point that I made earlier, one of the challenges that we still have to overcome is to get the community element into community planning and really make it relevant for local communities.

Kevin Stewart: I have a question for Mr Whitefield and Mr Jack. Both gentlemen talked about spending and cost shunting, and Mr Jack gave us the example of integration at the Stirling hospital. The submission from NHS Lothian describes the integrated resource framework that exists between that board and the four councils on a pan-regional basis, which identifies the activity and spend across health and social care for adults. I believe that that information is now being used for future planning processes. Is that the way forward? Do integrated resource frameworks represent a more transparent approach to community planning?

Gavin Whitefield: They have their place. As I mentioned, it is important to start by considering the key outcomes that we want to secure, and work back from that. If integration and shared or pooled budgets are features that are required to

achieve that, we will pursue that approach. In North Lanarkshire, we have adopted that approach in the integrated management of day care services and addiction services. I mentioned the single management approach for equipment and adaptations, which certainly has its place.

As community planning develops, and given the continuing drive to ensure that we are making the best use of all our resources across the community planning partnership, every avenue has to be pursued. The council is looking at its savings strategy not in isolation but as part of a team. We are looking to see where we can get better value through shared services approaches and integrated service management. However, the approach should not be seen as a panacea or a solution for every problem.

Kevin Stewart: Apart from the equipment store, can you give us an example of where North Lanarkshire Council has joined-up budgeting with the NHS board in your area?

Gavin Whitefield: I mentioned the integrated addiction and day care services. They operate with an NHS budget and a council budget, but a single manager has oversight of them to ensure that they are used effectively. We recognise that more can be done to achieve the best use of resources.

A number of years ago, we did an exercise to quantify the total resource that was going into public services in the area. That was a challenge and it was a complex process, but the purpose was to ensure that we were looking at the full picture of all the resources so that, at a strategic and operational level, we could use community planning to make the best use of them. The need for that approach is even more critical now, given the financial challenges that we face.

Bob Jack: I will cite two examples. In Clackmannanshire, there is an integrated mental health service between the health board and Clackmannanshire Council, which won a Convention of Scottish Local Authorities excellence award a year or so back. It has a fully pooled budget with a single manager who operates an integrated service. Through the joining together of Stirling and Clackmannanshire social services, we are looking to extend that across the whole Stirling and Clackmannanshire area as one of the early priorities for the integration.

In Stirling, we have a partnership in the north-west, rural part of the area, which recognises the particular challenges that rurality brings. We are trying to minimise the waste that is involved in different visitors going to particular households, so we have a single manager who manages resources across both health and social care in

order to better integrate service provision and eliminate wasteful duplicate visits from different sides of the health and social care partnership.

Those are small examples of work on the ground. The resource framework that Kevin Stewart mentioned is about the bigger picture of how we transfer resource from one agency to another, how we pool it and how we shift to early intervention and prevention work. There are huge challenges in there, because the world goes on while we are trying to shift more resource into prevention. The change funds will help, but the challenge will be dealing with the disinvestment and, as Gavin Whitefield says, identifying sufficient efficiencies to maintain the preventative spend beyond the end of the life of the change funds. At the end of the day, the issue is not just about money; it is also about human capacity and using the professionals in a more flexible way, which is what underpins health and social care integration. There are many issues to do with terms and conditions and the transfer of people from one thing to another. If we focus on the structures and the governance, we will not get anywhere. If we focus clearly on the outcomes, if people are flexible and prepared to work across barriers, and if we put in place the local management that can make that happen, we can go further, and a lot of the other stuff will follow behind.

The integrated resource framework is a useful piece of work. A lot of learning comes out of that, but there are many other things that help the approach move forward on the ground.

The Convener: What would you say on Mr Stewart's point about transparency?

Bob Jack: That is one of the useful aspects of the issue. We need to understand where resource is tied up in each other's organisations. I have heard a health chief executive—not my own—talk about the problem that they have with insatiable and growing demand. If better outcomes for older people, such as preventing their admission to hospital and getting them out of hospital and into care settings earlier, can be used to free up beds in the acute sector, there will be plenty of other demand that will soak up that efficiency. The question is how we capture those efficiency savings and ensure that they do not just go to meet the insatiable demand but are moved to invest further in the preventative approach. That is the challenge. The work that is being done on the integrated resource framework helps us to see what is being done in that regard and helps us to keep track of what is happening as our interventions change things.

John Pentland: I recognise that good progress is being made in CPPs and that some of the barriers that were there previously are slowly but surely disappearing. One of those barriers, which

was highlighted by Mr Whitefield and others, concerned the sharing of budgets. I think that you suggested that it would be better if there were a single budget line, with all partners committed to the partnership. What benefits would come from that arrangement?

Many submissions have suggested that it would be useful to do a mapping exercise to determine how public sector investment meets the strategic priority needs. Do councils have any plans to undertake such an exercise? How would the outcomes from that exercise be used in practice?

Hugh Robertson: Common sense pushes us in the direction of saying that, yes, there would be benefits from having a single-line budget. However, I would not like to guess the complexities that would be involved in getting there. I think that some work was done by the Improvement Service in Fife, with Fife Council and the NHS, to try to identify the costs of joint services. However, I think that they gave up the task, as it was too complex to unravel the NHS budget and find out how much was being spent by the NHS on a particular service. It might be that, instead of taking budgets on a service-by-service basis, we should consider them on an outcomes basis and try to put money into outcomes rather than into the service silos.

Could you repeat the second part of your question?

John Pentland: A number of submissions suggested that a mapping exercise could be done to determine public expenditure on meeting strategic priorities and needs. Do councils have any plans to do such a mapping exercise on meeting demands?

Hugh Robertson: I do not think that that was in our submission, so we have no plans in that regard. However, reference to a mapping exercise on expenditure brings me back to the work that the Improvement Service was trying to do in Fife to map how much is spent. It found that to be very complex and it ran into difficulties. My understanding is that it just could not be done.

Stuart Crickmar: We have no plans to do a mapping exercise. However, an area that probably needs to be explored is understanding what the cost of failure is when we get it wrong and what getting it right first time might save us.

I am not sure whether not having a single-line budget is a barrier or whether having such a budget would make a difference. However, I agree with points that were made earlier about having much more closely integrated financial planning and understanding collectively the challenges of financial resilience not just in the council but across all partner agencies. Having a collective

understanding of that and closer financial planning would certainly be a step forward.

The Convener: Gavin Whitefield and Bob Jack have talked about single-line budgets, but it would be interesting to hear their thoughts on the mapping exercise suggestion.

Bob Jack: They are related issues. For me, they approach the question of the success of community planning from the wrong end—from the inputs end. The approach is to say, “Let’s identify where all the inputs are at the moment and aggregate them.” What that gets us to is the realisation that the resources that are available to the agencies are far from sufficient to meet all demand.

The better approach is to ask what things need to change in order to better the lives of citizens and communities in Stirling—to use my area as an example. It is about what we need to change in Stirling over the period of time that we are talking about, what actions and interventions will make that change and how we will collectively resource them. We peel away from the existing spend by prioritising and focusing on the actions and interventions that take us to the agreed outcomes.

If we start at the end of pooling budgets and mapping all the resources, we are really looking at the existing situation. What that throws up is all the reasons why we cannot stop doing what we already do, because everything that we do has some importance and priority. The point is to look at things from the other end.

Gavin Whitefield: We mentioned earlier an exercise that we did a number of years ago to quantify the total resources going into community planning across all the partners in North Lanarkshire. That is a challenging but worthwhile exercise because it should improve accountability. A number of years ago, we were accounting for so many different funding streams, but there were very few if any attempts to look at what the total budget was delivering. We have the potential for that now because we have the single outcome agreement, which shows the outcomes, and the total budget of that at the strategic level, so we can compare the two.

In our experience, the challenge is to move beyond that and map and analyse budgets with regard to strategic priorities at a more local level, which is very complex and challenging. There may be a place for doing that on a manageable pilot basis and learning from the exercises, rather than biting off more than we can chew, given the current priority of focusing on actions and outcomes, as Bob Jack said. There is a danger that we could lose a lot of time in doing analyses that would not provide much benefit. There is a need in the current financial climate, though, to

look at every way in which we can manage resources better to get better outcomes.

Margaret Mitchell: The use of data is important and it has been referred to a few times. However, is there a general concern about the difficulty of obtaining comparator information, given that organisations are not measuring like for like? Is there any concern about the reduction of Audit Scotland’s role in collating and publishing data on strategic performance indicators?

10:45

Bob Jack: That was a problem in the past whenever we looked at comparative information. When I challenge my local authority and ask why we are where we are in the unit cost league table, for example on domestic refuse collection, I am told that we are not comparing like with like; that is the immediate answer to benchmarking. We need to get better at that and accept that it will never be a perfect exercise. It is, however, the can opener that gets us into some of the issues.

For the past year or so—for far too long—the Society of Local Authority Chief Executives and Senior Managers, the Chartered Institute of Public Finance and Accountancy and the Improvement Service have been doing a piece of work across the 32 councils on benchmarking unit costs and service delivery and one or two highlight performance measures. Every time that work has been near to publication, we have been told that we are not comparing like with like and that some local authorities do not like where they happen to be in the league table. We have committed to publishing that work in June and we need to get on and do that. Only by getting that information into the public domain and having the debate about the questions around it will we perfect the benchmarking. We need to handle that in a mature way. As you will appreciate, there are sensitivities to consider, especially if a local authority is 32nd out of 32 in a particular service league table.

The point of doing it is to drive improvement and increase efficiency across the board. If we handle the data in a mature fashion, we will get better and better benchmarking data, but if we do not, we will never start the journey because people will be afraid to put that kind of information into the public domain. We are committed to publishing that report and if we get on with it and deal with it in a mature way rather than focusing on who is at the bottom of a particular league table, we will get better and better at benchmarking, and that will drive up performance and efficiency across the board. Local authorities will want to know how to move from where we are to being average or better; that is what benchmarking is for.

Margaret Mitchell: What about Audit Scotland's role in collecting data on SPIs?

Bob Jack: When Audit Scotland was in charge of that, there was more consistency in the data collection. However, there were several hundred SPIs. The benefit of the work being done by SOLACE, CIPFA and the Improvement Service is that it focuses on the things that really matter in relation to services. What is needed is a unit cost measure that can be collected in the same way across the 32 councils and that can be checked for consistency, and a performance measure that really matters as a yardstick of how well that service is doing. We do not need 1,001 indicators; we need to look at the things that matter.

The Convener: We are getting a bit tight for a time. Does Gavin Wakefield want to add to that?

Gavin Whitefield: It is important to consider the purpose of the benchmarking. The benchmarking that Bob Jack has mentioned will be of real benefit, but it deals with service performance, cost of service and efficiency measures that will provide good benchmarks across Scotland and within family groupings of local authorities. Beyond that, we have talked a lot about outcomes. Every community planning partnership will draw on a menu of outcome indicators. When the single outcome agreements were being introduced a number of years ago, it would have made sense to have a core set of indicators so that we were all measuring against the same outcomes. That would have helped with benchmarking. At the time, it was felt that that was not the way to proceed but, as we have said in our submission, we still believe that it would be beneficial. In practice, we have got pretty close to that.

In the performance reports, about 70 or 80 per cent of the indicators are fairly consistent throughout Scotland. If we moved to 100 per cent consistency for that core set of indicators—not a massive number but a manageable and meaningful one—it would add value, as long as we take into account the different family groupings and compare like partnerships with like partnerships rather than areas that bear no resemblance to each other, which would have a significant influence on the outcomes that are delivered.

Anne McTaggart: I have two quick questions on the issue of keeping community at the heart of community planning partnerships. I realise that we are tight for time, so not all panel members need to answer. You could put your fingers on the buzzers and be dead keen and eager. How do councils ensure that the third sector and communities are fully involved, and what difficulties face councils and those groups in improving engagement? Don't all rush!

Stuart Crickmar: Earlier I mentioned partners working together on a cohesive community engagement strategy, working with communities and understanding their needs and expectations. The difficulty is that not all communities want to come to the table. Some communities are better geared up than others to engage, particularly in the case of communities that do not have community council representation. We are working in partnership with colleagues in health on an asset-based approach, which has also been used in Onthank in Kilmarnock. It is about getting the community involved using community assets and building community engagement. It is not a one-size-fits-all approach. Some communities are well geared up for engagement and for linking into the community planning structure, but others are not. It is about ensuring that we target our support and that the third sector—particularly through the third sector interface—is an equal partner at the table.

Hugh Robertson: We have to ensure that the third sector is at the table as an equal partner. It has a massive role to play in adding value to services that are delivered, and indeed delivering some of the services itself through service level agreements with other partners.

As Stuart Crickmar says, it is down to our community engagement strategy. We need to realise that there is not one community out there; there are different communities. There are communities in a geographical sense and there are communities of interest, and we have to engage with them all. We try to do that through our community planning partnerships, but it is hard to get full community engagement. It is a matter of plugging away at it and putting stuff forward in a way that is meaningful to the community. If it is meaningful to the community and the community has an interest in it, the community will come.

Anne McTaggart: We have spoken a great deal about local government's role in the structure of community planning partnerships. Do you foresee a role for MSPs or MPs in the structure of CPPs?

Gavin Whitefield: That is not something that we have considered as a partnership, but we have reflected over the years that, if we are serious about getting better alignment between the different tiers of government—the United Kingdom Government, the Scottish Government, local government and local community planning—there could be merit in having that involvement.

In recent years, we have seen a welcome development in which senior civil servants from the Scottish Government are represented on community planning partnerships. That has added value; making the political links as well could be of equal value. It is worthy of consideration.

Bob Jack: In the early days of community planning, when Stirling was one of the five pathfinders, we had something called the Stirling assembly, which involved MSPs and MPs and operated at a pan-Stirling level. It was an opportunity for community councils, communities of interest and anybody from the public to come together to debate bigger issues in the Stirling agenda. That fell by the wayside for a number of reasons.

In response to your prompt, though, how do we engage MPs and MSPs and so on? They will not want to commit to particular community planning structures and related meetings. However, we have experience that MSPs and MPs very much wanted to be part of wider engagement on the big issues that affect an area.

The Convener: I thank panel members for their evidence.

10:56

Meeting suspended.

10:58

On resuming—

The Convener: We move on to our second panel, which is Dr David Farquharson, medical director of NHS Lothian. We will have a session in which we will hear from more representatives of NHS boards, but it was impossible to get everyone in the room at the same time today. We promise not to give you a full grilling.

Dr David Farquharson (NHS Lothian): It feels a bit like a job interview.

James Dornan: You are the only candidate, so congratulations.

The Convener: Thank you for making it along today. How are NHS Lothian and other partners integrated into the community planning process?

Dr Farquharson: We see the community planning process as an important function, particularly in relation to the changing demographics in NHS Lothian and throughout Scotland, with people living longer. We ignore our local authority colleagues at our peril, so it is extremely important to have the appropriate people with the delegated authority to ensure that meaningful discussions and actions come out of the process.

We have had further discussions about the integrated resource framework and we have done a lot of work on integrating health and social care, which I was here to discuss last week. From the point of view of transparency and giving confidence to those who are in operational roles,

we feel that this is valuable work, which needs to be supported.

There is a degree of scepticism about whether the benefits of transferred resource from healthcare to social care will be realised. Judging by the earlier discussion, a lot of it is about prevention. We are talking about the long term; we will not see an outcome in three years, particularly when it comes to some of the work on the early years. We are investing in the children of the future and we will not see immediate results from that investment.

It is terribly important for the viability of the NHS that we invest in what we do for young people so that they do not have to use the NHS in the way that we may have had to do in our time.

11:00

Kevin Stewart: My questions are on the same lines as previous questions. Some folk see HEAT targets as an impediment to the health service's involvement in community planning partnerships. The different budget cycles have also been thrown up as posing a difficulty at times. Can you comment on that?

Dr Farquharson: A lot of it is cultural—where there is a will, there is a way—and the single outcome agreements should be the strategic priority as we move things forward. Likewise, in finances, the integrated resource framework is a template and a model that we should be using. I stress that, if we all have the same shared vision, we should be able to overcome the barriers and obstacles that we see.

Kevin Stewart: Thank you for that concise answer. The integrated resource framework seems to be working very well where it is being used. For transparency, is it much better to go that way? Is it more transparent?

Dr Farquharson: I probably have to say yes, because NHS Lothian has invested a lot of resource in the IRF. As I said, it is important to give the NHS confidence about where activity and spend has gone, particularly in terms of the budget that is now available to the NHS. As times get hard, I see it as an important part of moving forward.

Kevin Stewart: The committee recently visited the Borders to look at some of the integration work that is being done there, which seems to be moving on apace. The health board was completely honest in saying that there were some difficulties, but it has always managed to get through them. Is a change in governance required, or just a change in culture?

Dr Farquharson: It is more a change of culture that is needed. As I have said, we must have a

shared vision of what we are trying to achieve. I would not want us to spend a lot more time on process or governance, the arrangements for which are satisfactory; it is important that we look for real and tangible benefits, as has been mentioned previously. For me, it is important to demonstrate the benefits that can be achieved so that people can be confident that this must be the way forward. Given the changing demographics and an increasingly elderly population, we ignore combined work at our peril.

Anne McTaggart: To what extent are third sector and community representatives fully integrated into the community planning process? Are those groups seen as consultees or as full partners?

Dr Farquharson: I hope that they are seen as full partners. The third sector is extraordinarily important in the delivery of healthcare in other health settings, and I do not think that we make full use of it.

Anne McTaggart: How could communities and third sector organisations be better engaged in the community planning process?

Dr Farquharson: They need to be involved at an earlier stage. NHS Lothian is formulating its clinical strategy for the next 15 years, and we see early involvement of the third sector as a stakeholder as extremely important. Those groups and organisations need to be involved near the beginning of discussions.

Margaret Mitchell: CPP structures seem to be quite complex. Could they be simplified? What would be the advantages and disadvantages of that?

Dr Farquharson: CPP structures have to be fairly complex to some extent, because they deal with many different areas of work. I find it difficult to see how they could be simplified, although perhaps I do not have expert knowledge to answer the question. They must have a degree of complexity by necessity, simply because of the challenges that they face. A number of areas require to be addressed and, from where I sit in the NHS, I do not see an easy way of simplifying that.

Margaret Mitchell: In the earlier evidence session, it was suggested that the structures still need to be in place, but that there could be a simplified model to sell to the community to make it understand what CPPs are all about and encourage community engagement. Is that suggestion worth looking at?

Dr Farquharson: Absolutely. I am not sure that communities necessarily appreciate the benefits and workings of community care partnerships, what they are up to, and what their purpose is.

That might be more to do with a public relations exercise being required, but you are right. I do not think that communities understand the value of that bit of the organisation.

Margaret Mitchell: Do you have a view on the key ways in which arrangements around the governance and accountability of CPPs could be improved?

Dr Farquharson: It is important to ensure that we have the metrics to judge success. Outcomes need to be tangible and real. People can have confidence that the approach is the right way forward only by that means. From a clinician's point of view, we would like to see real evidence of where the arrangements can be effective in the transfer of care from the hospital setting, in the broadest sense, back into people's homes. In the future, the way forward must be to deliver more care in patients' homes with the best use of technology. I am referring to telehealth, telemedicine and all the other bits of technology out there that we use in our everyday lives. Perhaps we do not make full use of those technologies in healthcare. We will need to look seriously at that area in the future.

Margaret Mitchell: Is there an issue around the data evidence base for those outcomes? Is there a problem in NHS Lothian with collecting comparative data and finding its sources?

Dr Farquharson: There is a great challenge with data. Recent articles in the *British Medical Journal* have said that there is no good evidence that some of the technologies that I have mentioned prevent readmissions to hospital, but I still think that they will almost certainly be the way forward. There is certainly evidence that telehealth can reduce readmission rates for chronic obstructive airways disease. We need to promote work pilots to see what the real benefits and disadvantages of such an approach would be. All the evidence suggests that elderly people—not only the younger generation—can access the internet effectively. We need to make full use of that ability. People want to manage their health, get their prescriptions and make general practitioner appointments online, and I do not see why we should not be able to do that. We all do similar things in our everyday lives, so why should healthcare be behind?

John Pentland: In overcoming the main challenges in engaging communities with the voluntary sector, how should partners share their budgets? Do you have a view on a mapping exercise being carried out?

Dr Farquharson: Perhaps we should look at bundles of care and, in particular, we can look at the elderly or the frail elderly. We can map that through. That would be a useful exercise to break

down silos, and it could be done for specific disease problems or entities. The vast majority of care for people with certain specific diseases can be delivered in the community, so I would go for looking at specific disease bundles and seeing how the budget for them could be looked at throughout the healthcare setting and in local authorities. That approach could be used as a model to consider how resource transfer can take place.

John Pentland: What about the sharing of budgets?

Dr Farquharson: I would want that to happen along the same lines, on the basis of disease models and bundles of care. There could be shared budgets for specific parts.

James Dornan: To what extent does the NHS consider that the CPPs in which it is involved are focused on outcomes-based and preventative approaches?

Dr Farquharson: As I have said, the preventative approach is extraordinarily important. The NHS cannot work in isolation and needs to get involved in supporting and investing in the early years, in particular, to promote good health among the young population.

James Dornan: How focused are the CPPs in which you are involved on those outcomes?

Dr Farquharson: We have been doing some good work with them. Lothian, for example, has piloted family-nurse partnerships, which support early intervention in young families. That sort of approach might be a long-term investment, but surely we should be aiming to give everyone a good start in life to ensure that they do not hit the NHS system in the future.

James Dornan: How does the NHS see the CPPs ensuring buy-in from all partners to these outcomes-based and preventative measures?

Dr Farquharson: I hope that we have a shared vision of how we want to move forward. I do not think that legislation or budgets are the whole answer, and I hope that, if the appropriate senior staff are involved in the discussions, the CPPs will have the overall vision of what we are trying to achieve, particularly with regard to prevention. After all, the NHS's future will depend on prevention, anticipatory care and so forth rather than on the current reactive approach, in which we simply treat patients coming into accident and emergency. We certainly need to look at very different models of care.

The Convener: At the moment, the community planning duty is restricted to local government. What are your views on the suggestion that has been made by a number of witnesses that it be extended to other partners, including the NHS?

Dr Farquharson: I would be in favour of such a move. As I have said, the scope of CPPs is immense and I do not think that we are necessarily realising the full benefits of the approach. Anything that helps to facilitate that would be an improvement.

I am hesitating slightly, because I am trying to think of the disadvantages. They might come to me in due course.

The Convener: Thank you very much for your evidence, which will slot into the evidence that we will take in our longer session with other NHS boards.

I suspend the meeting for five minutes.

11:13

Meeting suspended.

11:20

On resuming—

Scottish Public Services Ombudsman

The Convener: Item 4 is an evidence session that has been arranged with the Scottish Public Services Ombudsman so that we can follow up issues that have been raised with the committee by the SPSO and in recent public petitions to the Parliament. I welcome Jim Martin, the ombudsman; Emma Gray, head of policy and external communications; and Niki Maclean, director of corporate services, all from the SPSO. I invite Mr Martin to make opening remarks.

Jim Martin (Scottish Public Services Ombudsman): Thank you, convener. I welcome the opportunity to come back and discuss further some of the issues that we raised before.

I will highlight two issues. On the first issue, I have written to the committee to seek your advice on how to establish an appropriate procedure for handling the special reports that I may lay from time to time. As you know from our previous meeting, no such reports have been laid in the 10 years that the SPSO office has been running. A special report would be laid if a recommendation by the ombudsman was not followed through by a body that is under my jurisdiction.

I raise that issue because special reports in England and Wales have been laid in the UK Parliament, and reports have been laid in the Houses of the Oireachtas in Ireland, and the manner in which they have been handled has been the subject of some controversy. The special report that was laid in Ireland led to a major party-political debate and dispute. As I said at our previous meeting, I am anxious for this Parliament to agree in peacetime a procedure for dealing with special reports. As I suggest in my submission, it appears that the most appropriate route would be to go through the Standards, Procedures and Public Appointments Committee, for the reasons that I have set out.

Any dispute about an ombudsman's decision should be subject to judicial review, so there is a clear legal route in that regard. I am more concerned that, when recommendations for redress for citizens have not been followed through by bodies that are under my jurisdiction, we have a procedure that enables Parliament to take a view on the body's stance—as opposed to the ombudsman's stance—on the recommendations. That seems to be a standards issue rather than an issue for a subject-based committee. We are talking not about an appeals process but about a process by which recommendations can be enacted or not enacted.

I would genuinely welcome the committee's advice, help and suggestions on the correct route forward and its views on that proposition.

The Scottish Parliamentary Corporate Body is currently responsible for the SPSO's internal governance. I hope that, when we look at the issue of special reports, we can find a way of making it possible—or even a requirement—that the ombudsman, whether that is me or my successors, should bring the section of their annual report that relates to a specific subject-based committee to that committee on an annual basis.

At present, this committee receives my complete annual report, while the SPCB looks at the governance, the audits and all the rest of it. However, I say with the greatest respect that this committee is not expert on health or education, and certain issues that arise in the ombudsman's report would be of benefit to the subject committees, so I would like us to consider that approach.

The second issue is that today is the last day for responses to the strategic plan that my office has set out for the next four years. I am aware that the statutory parliamentary body for responding to that is the Scottish Parliamentary Corporate Body, which has—I believe—received the plan and approved it. However, I would welcome, now or in the coming period, any views that the committee may have—either collectively or as individual members—about the strategic plan.

I am sure that the problem with the four-year strategic plan for 2012 to 2016 is evident to you. I do not know what the remit of the Scottish Public Services Ombudsman will be in 2016. I do not know whether the office will exist after the referendum on an independent Scotland, or whether the Scottish Parliament will have various increased powers. It is difficult to plan ahead for what might happen.

We are a demand-led organisation, in that we operate on the basis of cases that are brought to us. I can tell you the increase in the number of complaints that we received in January this year compared with January last year. In January last year, we took in 257 cases to look at. This year, we took in 358. That is an increase of almost 40 per cent. In February, we took in even more—376. Through Niki Maclean's good handling of cases, our productivity is up, so we are keeping pace but, if demand continues to increase at that rate, we will have to think seriously about the service that we can provide to Scotland's citizens. If other areas of jurisdiction are brought within my remit, we will have to consider whether the resources in the strategic plan are fit for purpose. The plan is based on what we know and not on what we anticipate, but things could well change.

Finally, I am aware that the committee is considering a petition that refers to the SPSO. If I can help the committee in its deliberations on that, I will gladly do so.

The Convener: Thank you. The last time we met, you suggested that a special report was likely to be laid. What is the timescale for that, if it is still likely? I agree that we should discuss the matter in peacetime, before that happens, and try to get a procedure in place.

Jim Martin: I am pleased to say that peace has broken out, convener.

The Convener: So we have a bit more time to find a way forward. Has an approach been made to the Standards, Procedures and Public Appointments Committee about whether it is the appropriate body?

Jim Martin: No. I felt that it would be discourteous to go to that committee before coming back to you, as I said I would. I felt that I should come here and air the subject with you. I wanted to give you my paper and take advice from you on how best to proceed.

The Convener: Okay. Do members have any questions on special reports?

Kevin Stewart: If you could lay special reports before the Standards, Procedures and Public Appointments Committee, as the relevant body, would that take the heat out of some of the complaints about your office, which have arisen because some people believe that you have not been fully independent in some matters that you have handled? Would that help to remove some of the criticism of your office?

Jim Martin: No. I will expand on that. I am not aware of having been accused of not being fully independent. That is a new one—I have not come across that before.

As I explained to the committee, it is the lot of an ombudsman that people and groups will challenge decisions even after time has passed. That is the experience throughout the United Kingdom, in Ireland and in Europe. I already have the power to lay special reports. What I am suggesting to the committee and the Parliament is that we do not have a procedure for handling such reports when they are laid. It is more likely that reports will be about bringing into line bodies that are under my jurisdiction and ensuring that they carry out decisions, rather than being about the exercising of independence.

11:30

Kevin Stewart: I will follow that up, although I will have more questions on other issues. I should clarify the point about being fully independent. Not

so long ago, it was asserted to the committee that your office might be influenced by political parties. Have they ever attempted to influence your office or your decisions?

Jim Martin: If we go back two years, I said that my office had been put under undue pressure by an MSP in relation to a case and that other MSPs had done that, too, from time to time. At that time, I raised the issue with the Presiding Officer and with others. I am pleased to say that, since that matter was aired, no MSP or anybody else—from a political party or elsewhere—has tried to apply any pressure or the same pressure to my office.

Margaret Mitchell: Good morning. You make a valid point about introducing in peacetime the procedure for handling special reports. Some of the comments come from the experience of how the Equitable Life case progressed through Westminster. The Scottish Parliament is now in new territory—we have a majority Scottish National Party Government and not even the checks and balances of a coalition Government, so the Government has a majority on the Standards, Procedures and Public Appointments Committee. In view of that, is that the best committee to be the adjudicator or the body that deals with the procedure for handling special reports? Should we have an ad hoc committee with balanced political representation?

Jim Martin: The appropriateness or otherwise of using the Standards, Procedures and Public Appointments Committee is for parliamentarians, rather than me, to decide. In the structure of parliamentary committees, that seems to be the committee that most closely deals with the kind of process that we should put in place.

We should remember that, when the Equitable Life case in England and Wales went to the Public Administration Select Committee, the United Kingdom Parliament had a majority. That committee dealt with that, as select committees operate independently of the Government and the majority in Parliament. We should have such a committee to look at such matters.

In Ireland, a major report was issued that attacked not whether the Government should have to pay compensation for an outside body's actions but whether compensation should go to citizens as the result of a direct decision of the Government. That became a political football, and I want us to avoid such a situation. An ad hoc committee might do the job but, if we are a mature Parliament, we must be prepared to trust our MSPs to take decisions sometimes that do not necessarily require them to exercise their party-political preference.

Margaret Mitchell: I agree that that is the ideal. The UK Parliament has a lot of experience of

committees operating in exactly the way that you hope that our Parliament would operate, although that has not been the case here to date and we are looking more at new ground.

The Convener: I do not think that that is a fair point to put to the ombudsman.

Margaret Mitchell: I think that it is a fair point—

The Convener: The point is very party political and it castigates lots of people in lots of committees.

Margaret Mitchell: I think that it is a fair point to say that we have a built-in majority and no checks and balances, such as a second chamber.

The Convener: I do not think that it is fair to ask the ombudsman about the point.

Margaret Mitchell: It is fair enough to get the ombudsman's view.

The Convener: I rule that it is not fair to put the ombudsman under such pressure.

Margaret Mitchell: I will have to accept that ruling.

The Convener: Mr Martin, if you issued a special report on a health issue, it would be within your scope to take it to the Health and Sport Committee. Has simply using the mechanisms that are in place been explored?

Jim Martin: I am not certain that such a route is open to me. All that I can do is bring a report to Parliament. It is then for the Parliament's executive to determine where that report goes.

I said at the previous meeting that we are not talking about an appeals procedure. One of the reasons for taking the report away from a subject-based committee would be so that it could be considered according to the principle of whether a recommendation had been fully carried out or not. My advice to the parliamentary committees is to be careful not to set yourselves up as appeals committees, because if you do that, you will be extremely busy.

Jamie Hepburn: My understanding is that you have never published a special report, but if you were to publish one, would it be a public document?

Jim Martin: Yes.

Jamie Hepburn: I understand your point that such a document would not necessarily go to a parliamentary committee, but if it was a public document, any committee would be perfectly able to pick up on it. Committees determine their own work programmes, so they would be able to consider it. What is your perspective on that? Is this about creating a formal mechanism, rather than being reliant on an informal mechanism?

Jim Martin: If I publish a special report, it is important that we all know where we stand and what the rules are. The last thing that I want to do is to embarrass Parliament by saying, "Here's a special report—what are you going to do with it?"

For example, if I were to publish a special report stating that a body under my jurisdiction had given no cogent reason for not offering someone an apology, I would find it difficult to understand which subject committee that would fall under. I am not certain that giving it to the committee that was closest to the initial report's subject area would be the right way forward, because the issue would be about a body under my jurisdiction not following a recommendation that I made under the powers given to me, as ombudsman, by Parliament. This is about the authority of the Parliament, and I am not sure that that should be considered by individual committees.

Jamie Hepburn: Clearly, you cannot give any commitment, because we do not know how likely special reports are to be a regular feature. There have not been any so far, which I presume is a good thing. Are they more likely to occur in the future?

Jim Martin: My impression is that we are getting closer to such a situation all the time. Increasingly, I have to use powers of persuasion on bodies in different sectors to avoid a situation in which I have to write a special report to ensure that they carry out my recommendations. Ombudsmen tend to operate on the basis of persuasion and naming and shaming. We often go close to the wire and threaten to send a special report to Parliament. If I do that, I need to be sure about the procedure, as does Parliament.

Jamie Hepburn: Finally, why do you think that you are having to go closer to the wire—I hesitate to use the word "coerce"—more regularly than in the past?

Jim Martin: I detect that some bodies—this is particularly true of local authorities and health boards—are more concerned about what they perceive to be reputational damage. I am also concerned that, when some bodies consider my recommendations, they suggest that, because I do not have the power to enforce them, they can see who blinks first. I make it clear to bodies under my jurisdiction and others that I do not blink, but in order to do that, I need to have a process.

The Convener: You have suggested that some parts of your annual report should be considered by subject committees. Although there is some sense in that, I wonder whether it would result in a patchy response. I suggest that the annual report should continue to be considered in its entirety by this committee and that other committees should consider particular sections of it and report back to

us, so that their experiences can inform our examination of the report.

Jim Martin: In principle, I would not be unhappy with that, but you should bear in mind what the annual report is. It is about the SPSO's performance in a business year, and a section of it is about how we have used public resources and spent public money, and about the policies that we are following. At the moment, it falls to the Scottish Parliamentary Corporate Body to consider that.

Historically, the annual report has gone to the Local Government Committee, the Local Government and Transport Committee, and now the Local Government and Regeneration Committee. My concern is that I should be able to raise the issues in my annual report with the appropriate MSPs, and even if the Parliament's view was that this committee should continue to receive the whole report, I would want to be able to talk to the Health and Sport Committee, the Education and Culture Committee and other committees about what is in it. I do not want to lay my annual report before four or five different parliamentary committees.

Possible devices for receiving the report could be that the Scottish Parliamentary Corporate Body receives the full report and it then goes to each committee, that this committee receives it and bits go to the other committees, or that the Standards, Procedures and Public Appointments Committee receives it and it then goes to the other committees. Provided that we have access to the committees to inform their debate, I am relatively relaxed about where the report goes, but the corporate body must receive the financial and audit part.

Kevin Stewart: I recently asked the corporate body a question about audit, and I got an answer that was basically about the financial side. The first objective in the draft strategic plan is:

"to provide a high quality independent complaints handling service ... by being accessible and dealing with all enquiries and complaints impartially, consistently, effectively, proportionately and in a timely manner; and by producing clear, accurate and influential decisions about complaints."

How is that audited? I am talking not just about when complainants are unhappy about your decision, but about when they are happy with your judgment. How are complaints audited to ensure that they have been dealt with in that manner?

Jim Martin: I will ask Niki Maclean to speak about the quality assurance process in a moment.

You should bear it in mind that my organisation has two kinds of audit. Our external audit, which is now done by Audit Scotland, looks at our finances, management, risks and so on, and the internal audit looks at our policies and procedures. When I

came into office, I was not at all happy about the quality of the work that we were producing, and I went public about the fact that I thought that some of it was substandard.

I was not happy about the processes and procedures, either, so we changed them. Once we had put the new ones in place, we had our internal audit people look at them and tell us whether they were at an acceptable level. We have been comparing our procedures with those of ombudsmen in the UK, Northern Ireland, Wales and Ireland, and they are all moving to our process and procedure, and quality assurance models. Niki Maclean will give you more detail on the latter.

11:45

Niki Maclean (Scottish Public Services Ombudsman): Ultimately, if someone is dissatisfied with a case decision, they can go down the judicial review route. That check and balance on every decision is the starting point from which to consider how our work is scrutinised.

As for internal checks of our casework, we have manager-level reviews to ensure that our approach to a case is proportionate to its seriousness. I do not say that lightly. I think that we would all assume that every case that comes to our office is important to the individual who brings it. However, I am sure that you will appreciate that some of our recommendations have more implications for an organisation's systems than others.

With regard to quality assurance, we sample check a number of cases every quarter. That system, which was introduced about a year and a half ago, has been audited by our internal auditors and the results of our QA checks are also fed into our audit and advisory committee. The organisation's approach to quality checking is rigorous. I am sure that it could be improved—after all, no system is perfect—but as Jim Martin has pointed out, other ombudsman services have adopted our model, which suggests that it is not a bad benchmark.

Kevin Stewart: Every time you appear before the committee, I, for one, receive a number of e-mails from folk setting out where they think your office has failed. It would be very wrong of me to comment on individual cases, but perhaps I can play devil's advocate, as I did when you appeared previously.

Given people's suspicions of internal audit processes, would it be beneficial for an external rather than an internal auditor to look at certain cases? It has to be said that I am not suspicious in that respect, but I wonder whether, in order to deal with

criticism—no matter whether it is right or wrong—you would be better to get someone from outside the organisation to look at cases. As I said, that would include not only cases in which people have been dissatisfied with your decision, but cases in which folks have been satisfied, to ensure that an equitable approach is being taken.

Jim Martin: I realise that, when I appear before any committee or go anywhere, people get inundated with e-mails. I understand why that might happen, but that does not make the views that are expressed correct. We need to get that in proportion.

Our internal auditor is actually an external auditor and comes from the Scottish Legal Aid Board. When we say “internal”, we are referring to the stuff that they look at rather than where they are employed. As an external internal auditor, they are free to look at anything they like. We also have an independent person who examines service delivery complaints; we have just appointed the former deputy financial ombudsman for the UK, David Thomas, to that position. Anyone who is unhappy with the handling of their case can take it either to me or—if they are unhappy with that—to an external person for consideration.

I have to say that it gets a bit wearing to have people telling you and others that the work of my office is not up to standard. It is demoralising to my very committed people; indeed, some of the e-mails that I think you see say that my people lack investigative skills, are not committed to getting to the truth about complaints or are somehow in the pockets of local authorities and health boards. Frankly, I am getting tired of it.

Every time that I have a staff meeting after a meeting such as this, I say to my staff, “Look, I know that this has been said in public and on the parliamentary record, but I have every faith in you.” I really do not think that the other ombudsmen in the United Kingdom and Ireland would be using our office as the model and suggesting that people from Poland, France or wherever should come to study our methods if we were not getting something right. At some point, I would like to come to the committee and discuss what we do rather than the agendas of other groups.

I am getting on my hobby-horse now, but I have to say that the existence of a website or a letter on headed paper does not make a credible organisation. It is important for my staff to know that you understand that and that you are prepared to give our people the support that they need.

Kevin Stewart: I have a final question on what Mr Thomas is doing. What percentage of the

cases that you deal with in which there is dissatisfaction end up on the desk of Mr Thomas?

Niki Maclean: Mr Thomas looks at service delivery concerns, but only a very small percentage of the cases that we receive involve people bringing service delivery complaints.

Kevin Stewart: Do you have any idea of what that small percentage might be?

Jim Martin: In 2010-11, we received 12 formal service delivery complaints on 11 cases.

Jamie Hepburn: That was an interesting exchange, not least because it allowed the ombudsman to put his position on the record. I want to follow up on the issue of checks and balances. You referred to the fact that individuals who bring matters to you have the right to judicial review—the right to take whatever complaint they brought to you to the courts. I presume that they are likely to do that only if you have not found in their favour. I wonder how much that is a legal check and balance rather than a real check and balance, as we all appreciate the significant cost that would be involved in someone taking a matter to court. How often does someone decide to take the matter to court when you have not found in their favour? My assumption is that it does not happen very often.

Jim Martin: You are right. Let me be clear about a number of things. The legislation was put in place by this Parliament, which decided that the route down which people could go would be judicial review. That is not an ombudsman's decision, it is this Parliament's decision. When people come to us, they have the opportunity to challenge a decision that we have made. When I first came to the office, it was possible for three or four challenges to be made to any decision. That meant that we never arrived at a decision—matters would run on for a year, 18 months, two years or, in some cases, three or four years. The critical thing about an ombudsman's office is that the ombudsman is at the end of a complaints process and is the person who must take the final decision. I often hear that there should be an appeals process beyond the ombudsman, but I guarantee that, if there is an appeals process beyond the ombudsman and that appeals process does not find in people's favour, they will want an appeals process beyond the appeals process.

Jamie Hepburn: Sorry—I am not questioning that. There is probably a lot in what you say. What I am saying is that, if judicial review is a check and balance, we need to know how often it is utilised to know whether it is a real check and balance. Perhaps it is unfair to ask you to provide the exact figures now—you have confirmed that it is not used very often—but it might be useful for us to have any figures that you have.

Jim Martin: I can tell you that I receive in my mailbag on a weekly basis correspondence from people threatening to take matters to judicial review. A number of people have sought legal aid to do so, although none of them has succeeded in getting legal aid as far as I know. In the 10 years that the office has existed, only one body under jurisdiction has gone to judicial review.

Jamie Hepburn: It has happened only once.

Jim Martin: It has happened only to one body under jurisdiction.

Jamie Hepburn: Okay. That is useful to know.

Niki Maclean: The other point to remember is that, by the time complaints come to our office, they will have been through a two, three or four-stage complaints process. We are the final point in the process. As Jim Martin said, if a further stage were added, we would be talking about a six, seven or eight-stage process of reviewing complaints, which would involve a lot of public funding.

Jamie Hepburn: I should make it clear that I am not recommending any particular line of action. I am just trying to establish the facts.

Margaret Mitchell: It is clear that you are frustrated by the criticism. I think that we all feel that we are doing a good job and that it would be nice if we never got any criticism but, equally, none of us is infallible, so it is reasonable to look at points that are raised, regardless of who raises them, to see whether they stack up.

You mentioned internal audit, but when you were probed a bit further, you said that it was actually external audit, in that the person who comes in to do the audit is from the Scottish Legal Aid Board. Are the accountability arrangements as robust as those that exist in England for the external auditing of the English equivalents of the ombudsman and Her Majesty's Inspectorate of Education? What are the external auditing arrangements in England?

Jim Martin: I am sorry—are you referring to the Parliamentary and Health Service Ombudsman or the Local Government Ombudsman?

Margaret Mitchell: The Local Government Ombudsman. I think that the education body in England is subject to the same auditing arrangements, but the Scottish bodies are not. If I have understood you correctly, your interpretation of external audit involves the auditor from SLAB coming in.

Jim Martin: I am not certain that I understand your question, but I can clear up the internal audit issue. "Internal audit" is a technical term. We have external auditors and internal auditors. The external auditor is the auditor who comes in from

outside to look at your resources and funding and how you have spent and accounted for them. The internal auditor looks at your internal processes. The internal auditor has never been anything other than someone from outside coming to look at the internal processes.

I am sorry, but I did not understand exactly what you were asking me about England.

Margaret Mitchell: How is that done in England?

Jim Martin: You want to know how the Parliamentary and Health Service Ombudsman—

Margaret Mitchell: —is audited externally in England.

Jim Martin: My understanding is that it has external and internal auditors, but we can find out and give you the information.

Margaret Mitchell: It would be useful to make that comparison.

The correspondence that we received mentioned the Administrative Justice and Tribunals Council. What role does it play in relation to your organisation?

Jim Martin: I am an ex officio member of the AJTC Scotland committee. I attended it for my first year in office, but we formed the view that there was not much on that committee's agenda that impinged directly on my office and that we could not contribute much to that body's work, which is mainly about looking at the tribunal system to see whether it is working and sending individuals to sit in tribunal meetings and report back. I took the view that it was not a good use of my time to spend half a day every month attending that committee.

However, we look at the committee's agenda and, when there are issues on which we can make a contribution, we send an appropriate person—usually our policy officer—to it. We worked with it through the summer. Because it is to be abolished, it is considering what to recommend should follow on and we have helped it with that work. Last week, I met the chair and other senior members of the committee to discuss the proposals that they will put forward. That is our relationship with the AJTC.

Margaret Mitchell: You mentioned the possibility that your jurisdiction could be added to. Given the volume of cases that you have at the moment, that seems quite a tall order. In what respect is it proposed that your functions could be increased?

Jim Martin: It is remarkable to me how many reviews of the SPSO there have been in the past 10 years—the number is quite significant. They all seem to end up with our getting extra things to

look at. We now look at complaints about water and complaints from prisoners about Scottish prisons, and we have just taken on prison health complaints. We have been asked to establish the complaints standards authority. There is discussion about where complaints about social work and social care should go. Such complaints might well come to us.

If there are increased powers for the Parliament over what I used to call social security payments and so on, such issues will fall within the jurisdiction of the SPSO, so I will need to think through carefully the skills and number of people that I will need, and therefore the resources that I will need if that happens. I raise the issue because our corporate plan for the next four years has been written in peacetime—if I may use the word again—and we are conscious that during the next four years there might be significant changes to what we are asked to do.

12:00

The Convener: We have drifted into a discussion about the strategic plan, which we can consider, along with the petition and other issues.

John Pentland: Mr Martin, you said that you are disappointed by some of the criticism that has been levelled at you and people who work for you. From what I read, I think that you are very popular, given the number of complaints that come your way. Are you confident that you can continue to deliver a high standard of service, given the increase in complaints?

Is there a reason why complaints have increased during the past period? Are complaints ending up on your doorstep because processes elsewhere are failing or not being followed?

Jim Martin: I have made it clear in the organisation that an increase in the quantity of complaints should not impact on the quality of investigation. If that means that we need more resource, we will ask for more resource; if we do not get more resource, we will have to consider the timescales to which we operate, for example. I will not compromise the quality of the investigation that we undertake for each complaint.

You asked why we are getting more complaints. There are a number of factors. First, I think that people are more comfortable these days about making complaints about public bodies and in general. People are used to seeing a rapid and good response from the private sector to complaints, which they expect the public sector to mirror. That culture will remain with us, which suggests that a higher level of complaints will continue in the long term.

Secondly, I think that people are more and more concerned about the impact of reduced resources, particularly in local authorities. I also think that people are more comfortable about complaining about the national health service than they used to be.

Our complaints standards authority is putting in place model complaint-handling procedures, which should mean that by the end of financial year 2012-13—that is, April 2013—every local authority in Scotland should have moved to a two-stage complaints process. That should go some way towards addressing the problem that Niki Maclean talked about, of people getting frustrated because they have to go through up to four stages to have their complaints dealt with and then come to us and have to wait a bit longer for the complaint to be looked at.

I am keen to streamline complaint handling at local authority, health service and university level, to make the process more efficient, so that even if the volume of complaints goes up we can deal with cases in a reasonable amount of time. Some of the cases that I see are about people who are concerned about the treatment that they are getting from the NHS; in such cases, every day of delay is a difficulty for them. In other cases, for example in local authorities, financial issues need to be addressed, so we are keen to deal with such cases quickly.

I think that we are adequately resourced at the moment, but if we were ever underresourced, I would go to the corporate body and say that a decision would have to be made on whether to give me the resources to maintain productivity and quality levels or accept that cases that come to me will take longer to go through.

John Pentland: Would you or do you accept a complaint, Mr Martin, before it goes through the organisation's complaints process?

Jim Martin: I have discretion to do that, but I use that discretion very sparingly. I have used it when I have thought that a member of the public has been treated unfairly and that the complaints procedure has not been applied appropriately, leading to delay.

We looked at a complaint a couple of weeks ago in which someone wanted to take a disposal-of-capital case under the auspices of the "Charging for Residential Accommodation Guidance" to a complaints review committee but was not permitted to do so by a local authority, which said that it was about to take legal action and that because that was pending the case could not go to a complaints review committee. The local authority maintained that position for 28 months. In my view, that is a misuse of power. So, I would look at such a complaint even though the

complaint had not been through the complaints review committee.

If I find that someone's complaint has been put into a complaints system and that the system is taking far too long for no good reason, then I might look at the complaint. We take cases of people who have terminal illnesses and very serious medical issues and we will fast track them. However, by and large, I would expect the body that has the jurisdiction to deal with the case to do so first.

Anne McTaggart: How do you feed the learning that is obtained from consideration of individual inquiries and complaints back to public service deliverers and policy makers?

Jim Martin: I will get Emma Gray to say a word in a minute or two about our use of a new power that Parliament gave us to publish decisions in anonymised form rather than in reports that are laid before Parliament.

Two areas need to be commended here. The national health service at Scottish level is very good at looking at what we find and going to boards to ask whether things are being done in that regard. The other body that deserves praise is the Scottish Prison Service, because whenever we raise an issue with it, the SPS immediately tackles it and tries to resolve it from the top down. That has been really reassuring and I think that people can learn from that.

Emma Gray (Scottish Public Services Ombudsman): Good afternoon. As Jim Martin said, since last April we have been able under new powers to put into the public domain a lot more of the learning from complaints than we could previously. Since June last year, we have published around 40 short summaries of decision letters that we have produced on complaints that have reached the investigation stage in the office. That is a far greater number than we can publish of full investigation reports. Four or five investigation reports are laid before the Parliament each month. So, in addition, there are now 40 summaries a month. That puts a whole lot more material into the public domain, all of which is available on our website and is searchable, as you would expect, by body, by sector, by outcome and so on.

So, if people want to know what kind of redress they could get by taking a complaint to the ombudsman on a particular issue with a particular council or health board, they can have a look on the website and see what we have put out there. Part of that is about educating people about what the office can and cannot do, and part of it is about ensuring that bodies have information about what we will do with complaints when we receive them.

In addition, we have an outreach programme in which we engage with the public or bodies through training programmes and so on to try to improve complaints handling. We use case studies so that people learn how we look at complaints and what kind of outcomes there are for people.

Margaret Mitchell: Will you outline the skills of the SPSO staff? Are qualifications required to apply for the job? How does the structure work, who is employed and why do people have their particular function?

Niki Maclean: We established the first complaints-handling qualification in the UK, which is now being offered across the UK by the British and Irish Ombudsman Association. The organisations that have taken it up include the Financial Ombudsman Service, which has more than 800 staff. That progress stemmed from the SPSO's initial work. We have a good reputation for ensuring that our staff are properly trained.

We bring in people from across our areas of jurisdiction, because we cover a wide area. We need people with health knowledge and local authority knowledge, but when we recruit staff the most important factors are core judgment and analytical skills, so all our selection processes are built around those.

Margaret Mitchell: That is helpful. Does Jim Martin have anything to add?

Jim Martin: No.

James Dornan: I have a question about the SPSO's preventative agenda. How do you contribute to that? You mention it in your draft report.

Jim Martin: What do you mean by "contribute to that"?

James Dornan: You refer in the draft strategy document to the SPSO's preventative agenda according with the conclusions of the Christie commission. How does the SPSO contribute to that preventative agenda?

Jim Martin: I see that Alex Linkston, who was on the commission, is sitting at the table. We said to the Christie commission that, in our view, public bodies should look to put their best people on handling complaints, they should try to ensure that people at the front line are empowered to take decisions before issues become formal complaints and they should learn the lessons from complaints. I think that the commission took those points on board.

James Dornan: You suggested that they should head things off at the pass.

Jim Martin: That is right. The National Audit Office found that in the Department for Work and Pensions, a stage 3 complaint cost 40 times more

to resolve than a stage 1 complaint. Although that number might be big, I would not be at all surprised if the cost to our public bodies of letting complaints go through a big system is in that region. We can make great efficiencies and help citizens to have more confidence in public services if we empower the people at the front end to resolve issues before they become complaints.

The Convener: Thank you very much for your evidence. We will consider the matter at a future date.

Subordinate Legislation

Non-Domestic Rates (Enterprise Areas) (Scotland) Regulations 2012 (SSI 2012/48)

12:13

The Convener: Agenda item 5 is consideration of a negative instrument.

James Dornan: I point out that I am a member of the Subordinate Legislation Committee.

John Pentland: I am also a member of the Subordinate Legislation Committee.

The Convener: That is on the record.

Jamie Hepburn: Should I mention that I am not a member of the Subordinate Legislation Committee?

The Convener: The purpose of the regulations is to provide non-domestic rates relief to incentivise businesses operating in a number of key economic sectors to locate on strategic geographical sites.

The Subordinate Legislation Committee, a couple of members of which are with us, had no comments to make on the instrument. As members have no comments and no motion to annul the instrument has been lodged, does the committee agree that it has no recommendation to make on the regulations?

Members *indicated agreement.*

12:15

Meeting continued in private until 13:23.

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