



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

HEALTH AND SPORT COMMITTEE

Tuesday 10 June 2014

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HEALTH AND SPORT COMMITTEE

19th Meeting 2014, Session 4

CONVENER

Duncan McNeil (Greenock and Inverclyde) (Lab)

DEPUTY CONVENER

*Bob Doris (Glasgow) (SNP)

COMMITTEE MEMBERS

*Rhoda Grant (Highlands and Islands) (Lab)

*Colin Keir (Edinburgh Western) (SNP)

*Richard Lyle (Central Scotland) (SNP)

*Aileen McLeod (South Scotland) (SNP)

*Nanette Milne (North East Scotland) (Con)

*Gil Paterson (Clydebank and Milngavie) (SNP)

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

*attended

THE FOLLOWING ALSO PARTICIPATED:

Colette Backwell (Scottish Food and Drink Federation)

Donald Henderson (Scottish Government)

John Lee (Scottish Grocers Federation)

Michael Matheson (Minister for Public Health)

Dr Fergus Millan (Scottish Government)

Charles Milne (Food Standards Agency Scotland)

Tim Smith (Tesco Group)

Laura Stewart (Soil Association)

Dave Watson (Unison)

CLERK TO THE COMMITTEE

Eugene Windsor

LOCATION

The Mary Fairfax Somerville Room (CR2)

Scottish Parliament

Health and Sport Committee

Tuesday 10 June 2014

[The Deputy Convener *opened the meeting at 09:48*]

Subordinate Legislation

National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Amendment Regulations 2014 (SSI 2014/115)

The Deputy Convener (Bob Doris): Good morning, everyone, and welcome to the 19th meeting in 2014 of the Health and Sport Committee. I have received apologies from our convener, Duncan McNeil, who is unable to be here today. As usual, I ask everyone in the room to switch off mobile phones and other wireless devices, as they can interfere with the sound system and interrupt the meeting. Some members and officials are using tablet devices instead of hard copies of their papers.

Under agenda item 1, subordinate legislation, we have two negative instruments before us. In relation to SSI 2014/115, no motion to annul has been lodged and the Delegated Powers and Law Reform Committee has made no comments. If members have no comments, does the committee agree to make no recommendations on the regulations?

Members indicated agreement.

Food Hygiene (Scotland) Amendment Regulations 2014 (SSI 2014/118)

The Deputy Convener: The second instrument before us is SSI 2014/118. Again, no motion to annul has been lodged and the Delegated Powers and Law Reform Committee has made no comments. If members have no comments, does the committee agree to make no recommendations on the regulations?

Members indicated agreement.

Health Inequalities: Equally Well

09:50

The Deputy Convener: Under item 2, we return to our themed work on health inequalities. Today, we will take evidence from the Minister for Public Health on equally well. Good morning, minister. As well as Michael Matheson, the Minister for Public Health, we have with us Donald Henderson, head of the public health division; Aileen Keel, acting chief medical officer—I am sorry; we do not have Aileen Keel with us. I should look up before I read my notes. We would like to have Aileen Keel, acting chief medical officer, with us; I do not know whether she will be along later.

The Minister for Public Health (Michael Matheson): No.

The Deputy Convener: We do not have Aileen Keel with us, but we do have Dr Fergus Millan, who I am sure is a more than suitable replacement. *[Interruption.]* He says, “No.” I should stick to my script. Dr Millan is head of the creating health team in the Scottish Government’s public health division. All three of you are most welcome. Thank you for coming.

I believe that the minister has a brief opening statement to make.

Michael Matheson: Thank you, convener. I welcome the opportunity to discuss with the committee the second review of equally well, which is our national policy on health inequalities.

I start by recognising that Scotland’s health continues to improve. However, I am acutely aware that, despite the significant effort that the present and previous Administrations have made to tackle health inequalities, the issue remains a blight on our society. The committee has acknowledged the complexity of resolving Scotland’s health inequalities; it has also acknowledged that it is not a problem to be solved by just the national health service and that all parts of Government and the wider public sector have a role to play.

Despite the challenges, we remain determined to address the social inequalities that lead to health inequalities across the country. When I re-established the ministerial task force on health inequalities, I wanted us to build on the previous work. The task force agreed to consider changes in how people and communities are being engaged in decisions that affected them, the implications of the work of the Christie commission and how place has an impact on people’s lives.

The task force heard evidence that, although the health of people in Scotland is improving, it is doing so more slowly than the health of people in

other European countries. It heard that conventional approaches to the problem that involve attempting to modify people's health-related behaviour have not had a significant impact. It also heard that the level of deaths in the 15 to 44 age group is a significant factor in contributing to Scotland's relatively poor position on health in a European context.

In addition, the task force heard that, despite the fact that there are many similarities with other areas, Glasgow and the west of Scotland are experiencing more deaths than comparable cities and regions in the United Kingdom. It received evidence that people's immediate environment plays an important role in their health and wellbeing.

Following consideration of the evidence, the task force identified several priorities. With the deputy convener's permission, I would like to reflect on those briefly. The most important area that we need to focus on is social capital and related issues. When I say that, I am referring to the knowledge that, in our most deprived communities, there are individuals and families who have become more isolated and excluded from the main stream; in some cases, that is even true of whole communities. They do not engage in the same way that more resilient individuals and communities do, and they do not take advantage of the services that are provided. Too often, we engage with them on our terms rather than their terms.

I am not suggesting that all hope has been lost; committee members will all have their own stories about people, families and communities that, despite the odds, survive and thrive. What I am saying—and what the task force is saying—is that we might have forgotten how important the development of social capital is and that, if we do not spend time raising it, we risk failure in the future. I think that that was widely recognised by the Christie commission, which argued that building personal and community capacity, resilience and autonomy should be a key objective of future public service reform.

That leads on to our next priority area, which is support for community planning partnerships. From the outset, equally well has recognised the potential of CPPs to make a greater impact. Our CPPs are moving closer to realising that potential, but they need our full support to achieve our shared ambition.

The task force also picked up on two elements that the evidence showed are important. We heard that the 15 to 44 age group is experiencing many more deaths in Scotland than elsewhere in Europe. We know that we have lots of activities and strategies in place that impact on people in that age range, but we want to check that a co-

ordinated and joined-up approach is being taken. That work has been started by the former chief medical officer, Sir Harry Burns, who has insisted on continuing to be involved in the work for at least the next few months despite his new appointment.

As you will see from the remit of the task force, we also wanted to look specifically at the role of place and the impact that it can have on people's lives. We heard evidence on work for good places, better health, and we recommended that neighbourhood quality standards be developed. It was also noted that colleagues in the architecture design team were refreshing their policy and planning to include the development of a place standard. That was published in June last year and the development of a place standard is now under way.

It became clear to me that the regular two-yearly review by the task force is not the best way to drive forward delivery. I therefore intend to put in place an alternative arrangement that will bring sharper and more frequent focus on the problems that we face in this area while supporting our CPPs. I am more than happy to discuss that in more detail with the committee this morning.

The Deputy Convener: Thank you, minister. We move to questions from committee members.

Aileen McLeod (South Scotland) (SNP): I thank the minister for his opening remarks. The task force made clear in its report that the problem of health inequalities in Scotland cannot be solved through health solutions alone because health inequalities are caused by the entrenched problems of poverty, educational underattainment, worklessness and poor mental wellbeing. What have been the successes of the equally well review, and what have been the biggest barriers to reducing the gap between the least and most affluent groups?

Michael Matheson: The principal success of equally well has been the focus that it has provided on health inequalities, which did not exist at a strategic level in the past. That focus is important in helping us to create the change that is necessary to tackle health inequalities much more effectively.

The challenge for equally well has been the fact that health inequalities have been seen largely as requiring a health response, and the barrier has been the tendency to look for a health-based approach to tackling deeply ingrained social inequalities. If we are to challenge that principal barrier much more effectively, we must ensure that all aspects of Government and the public sector see tackling inequality in society as a priority for them, as it is social inequalities that drive the health inequalities. The principal barrier is the problem that, too often, health inequalities are

seen as requiring a health response whereas they require a much wider and more concerted response across a range of agencies.

A key factor in achieving that is securing the necessary support at a senior enough level within those organisations, so that they see it as part of their day-to-day business to tackle inequality in whatever form it presents itself in the work that they undertake.

10:00

Aileen McLeod: Thank you, minister. In your opening remarks you talked about alternative arrangements for co-ordinating the work to tackle health inequalities. Will you give the committee a bit more detail about how you see the work of the task force with regard to those alternative arrangements?

Michael Matheson: When I re-established the health inequalities task force it was the first time that I had chaired it. I wanted to reflect, after the process had been completed, on whether I felt that there was a better way to drive forward delivery, which is key to moving this agenda on. I came to the view that having a ministerial task force every two years and publishing a report on the back of it was not necessarily the best way to achieve that, particularly if we are to get the type of step change in the work that we want to see our community planning partnerships do and the support that they will need to achieve that.

I now intend to take forward an approach using the health and community care delivery group, which for the past couple of years has been responsible for taking forward the integration agenda, because it brings together a range of different organisations from local government, health, the third sector, Government and other interested parties. The group, which meets at least four times a year, will now be the lead group that will take forward the approach to tackling health inequality within our society.

The health and community care delivery group is supported by several sub-groups, which have specialties and submit evidence-based papers to the delivery group on areas that they think are priorities. In devising that new approach, we have created the inequalities action group, which will be responsible for undertaking research-based work and submitting it to the delivery group, with recommendations on areas that have to be taken forward. The delivery group will then look at taking that forward on a continuous basis. The principal objective is to try to create a process that continues to move that forward and brings together all the different stakeholders. That can help us get better delivery on the ground and make sure that we have all the stakeholders giving

it the level of priority that is necessary, on a continuous basis.

Colin Keir (Edinburgh Western) (SNP): Good morning, minister. My question is about community planning partnerships and local authority engagement, which is obviously quite important. Are we getting a uniform approach from all the CPPs, with tweaks here and there for local problems or difficulties, or are we having serious problems in some areas? I have found that community planning partnerships approach things in different ways in different settings.

Michael Matheson: As I said earlier, right from the outset, equally well recognised the importance of community planning partnerships in taking forward this area of work. There is a need to make sure that we see that happening in a much more systematic way. The most recent task force report highlights that.

As you will be aware, some changes have been made to community planning partnerships in order to embed them much more effectively in how planning takes place at local level and in delivery of services. For example, in the early years collaborative, community planning partnerships have helped to bring together services much more effectively—from education, social work and health—to address the early years in a much more co-ordinated way, and take that forward at local level. Some of the feedback that we have had from community planning partnerships from the task force work is that there is a greater recognition of the role that they can play and a growing understanding of it. However, just saying that they should do it is not enough.

Part of the work that we are taking forward is through Health Scotland, which will be given the role of helping to support and advise community planning partnerships on that agenda, and of providing them with materials to support the work of individual community planning partnerships. Alongside that, our work with the health and community care delivery group will support community planning partnerships to work more effectively in their local areas. I am optimistic that community planning partnerships now recognise their role in doing that more effectively. Some of the measures that we are going to introduce on the back of the most recent task force report will help to support community planning partnerships to do that much more effectively. That is not to say that there is a one-size-fits-all solution. We want to allow community planning partnerships to take an approach that best reflects the needs of their local communities, while ensuring that their work is being given priority and that they are getting the support that can assist them in delivering on the equalities agenda more effectively.

Colin Keir: Could you expand on what you said about architecture and planning? Many local authorities are involved in regeneration, and one of the problems with the equalities agenda is the environment in which people live. I used to be on the City of Edinburgh Council planning committee, so I know that few planning applications that come in claim that proposed building developments would help people's health. I understand that work is on-going, but this is the first time that I have heard about it. If we are talking about getting a report on the effectiveness of local authority regeneration in terms of health, and the knock-on effects, where are we going with that? What is the line of action that is being considered for getting that sort of thing right when local authorities are looking at regeneration areas?

Michael Matheson: In the evidence that the task force received, the issue of place in the local environment that we create for individuals, families and communities was highlighted as a significant factor. That led to the task force's recommendation on the need for a place standard that reflects thinking on that area of policy. The concept behind it is that, if we design and plan areas in a much more effective way, that can have a positive impact on people's health and can create a different type of community. Developments have taken place in my constituency, for example, that offered little in terms of creating the type of community places that can bring people together and facilitate connectedness.

Some work was already being done by the architecture and design section in the Scottish Government to review the existing place standard guidance, so we have taken the opportunity to work with that section on the back of the task force's report, to see how that work can be developed in the light of the evidence that we received. That section has now engaged with a range of stakeholders. I understand that several meetings have been held with stakeholders from health services, the building industry, local government and planning, to see how they can develop the concept and the guidance more effectively. That consultation is on-going and details are now being drafted. Although we do not have a specific completion date, we hope that a new place standard will be agreed by the end of this year and that it can then be rolled out to local authority colleagues.

That work is based on the evidence that the task force received about the need to plan and deal with issues much more effectively in taking forward regeneration or housing developments. A body of evidence demonstrates that such developments can have a significant impact on tackling health inequalities in communities. The new place standard should help us to achieve that.

Colin Keir: I am grateful for that answer, because the subject has to a large extent not been worked on in local authorities over the years. I know that it is in an awful lot of reports, but I am not 100 per cent sure that what has been produced is working. I look forward to the work being completed.

The Deputy Convener: I have a small supplementary on community planning partnerships and the place standard. I am taken by the idea of social capital and the role of place in community empowerment.

How local are community planning partnerships? I do not want to overstate the danger that might exist. CPPs bring together stakeholders from the NHS, the local authority, the police and the fire service. They are senior officials and managers who come up with strategies for communities, but their engagement with communities might not be meaningful and might be just a tick-box exercise. I am keen to have assurance on how engagement is undertaken.

I will give an example. Summerston in Glasgow, which I represent—I declare an interest, as I live there—had a centre for adults with learning difficulties, which closed. I do not want to go into the reasons behind that; it has happened. That was a significant community amenity that could have been used for the wider community's benefit, but the local authority decided—as it is entitled to do—to declare it surplus and to market it. I do not want to get into the rights and wrongs of that, but the community might not have felt engaged in the process that involved that significant local amenity. I suspect that that is not just a Glasgow thing, and that it applies to local authorities across the country.

How do we ensure that communities feel empowered and consulted locally in a meaningful and deep way, so that they are co-producers of what will happen in their areas rather than observers who are consulted on a statutory basis? If the community planning partnership is the model to make that happen, how local does community planning get? Where does the power sit?

Michael Matheson: The key is to ensure that our community planning partnerships are much more focused on delivering the social capital that I mentioned. That involves doing things with, rather than to, communities and using the assets in a community for the wider community's benefit. We need to develop that work with our community planning partnerships to ensure that they do it effectively.

I will give an example. In my constituency, a good community-based initiative took place. When local authority officials took over management of it, many positive projects that members of the

community had developed withered quickly on the vine, because the community no longer had buy-in to its project. That initiative was meant to be the community's approach to meeting its needs, rather than the council, or a statutory agency such as a health body, coming in to say, "This is what you need—this is what we'll do."

A key part of the work that we need to do with our community planning partnerships involves ensuring that they see that the statutory agencies' role is not to do things to communities, but to work with communities to realise their potential and allow them to use assets in their areas. That is being done in some parts of the country; I have visited several projects where that can be seen.

The aim is to change the culture so that the approach is to do things with, rather than to, communities. The health and community care delivery group is looking at how we can support community planning partnerships to achieve that change. Through the national community planning group—I am one of the ministers who are on that—we are supporting our community planning partnerships to ensure that they take such an approach.

Bob Doris has made a very important point; I believe that the key to achieving the type of change that will give local communities much more social capital is for us to ensure that our community planning partnerships work to engender and support that approach instead of their simply going in and doing what they think are the right things, over the heads of local communities.

10:15

The Deputy Convener: That was helpful, minister. I will not ask you any more questions on this issue, but can you write to the committee with more information on best practice in ensuring that local decision making happens within community planning partnerships? I know that that is a cross-portfolio concern; I believe that Derek Mackay is the relevant minister.

Moreover, I know that Sir Harry Burns is very strong on having an asset-based approach to community development in relation to the disposal of community assets by local authorities. Can you provide us with information on best practice in that area?

It seems as though we might be drifting off the health agenda, but right at the start of your opening remarks you highlighted the importance of place, social capital and empowerment, so I would be very grateful if you could write to us with that information.

Michael Matheson: I am more than happy to do that. It is worth keeping in mind that the approach is based on evidence that the task force received when comparing areas in west central Scotland that have gone through similar periods of deindustrialisation and have similar demographic profiles and so on to other parts of the United Kingdom and Europe. One of the standout issues is social capital. Because it is different in different areas, it has been emphasised to the task force as a matter on which we need to focus much more if we are to close down some of the inequalities.

The Deputy Convener: I very much appreciate that, minister—and I thank Rhoda Grant for being patient.

Rhoda Grant (Highlands and Islands) (Lab): Thank you, convener.

We all find it disappointing that we have made no inroads into dealing with the health inequalities that Scotland suffers from, and it is all the more disappointing when we see that other countries have been able to make inroads into their health inequalities. Can we learn from other countries' successes and from the things that they have done that we have not achieved?

Michael Matheson: That brings us back to some of the work that is being carried out by the Glasgow Centre for Population Health on comparing data from areas in west central Scotland—for example, the Glasgow area—to areas that have similar backgrounds and which have gone through similar periods of deindustrialisation, but where the health outcomes and inequalities are different. The centre has also been making comparisons with European areas that have gone through similar periods of deindustrialisation, and Professor Carol Tannahill and her team have identified areas where there are differences.

Donald Henderson and Fergus Millan will correct me if I am wrong, but when the team compared the Glasgow area with other areas in the UK they found a marked difference in the number of people who volunteer in the local community and who are engaged with their local churches. We are not saying that going to church will help people's health or close down inequalities, or that volunteering will solve the problems, but the key point is that such people feel that they have value in, and are contributing to, their local community and value that role. The team found that it was all about a sense of place and the issue of social capital; that was the marked difference that they identified between areas in west central Scotland and other parts of the UK and Europe that have gone through similar periods of deindustrialisation.

There has also been speculation that our situation has been created by a particular Scottish gene, but it is worth keeping in mind that until the 1950s health levels in Scotland were pretty much in the middle of the pack compared with other European countries, and that the exacerbation of the differences started to happen between the 1950s and the 1980s.

There is no quick fix or single-agency solution to this, and it is not simply a case of introducing more health interventions. We need to make a change in some of our communities that will help deliver a sustained change, in the future. In the evidence that the task force received, the issues of social capital and place are key factors that stand out as areas where we differ from other parts of the UK and Europe that have gone through similar periods of deindustrialisation.

Rhoda Grant: That surprises me because although health inequalities can be at their greatest in poor communities, there can also be a strong sense of community in those areas. What could we do to empower those communities? It would be quite easy to get people to become active in their communities if we were to allow them to do that and to trust them with some decision making. In Norway, there is a programme of community empowerment. I wonder whether we should look at that to see what lessons we can learn about how to put those levers back into communities.

Michael Matheson: Community empowerment is key. It is not a matter of just saying that communities are empowered; it is about giving them the scope to be empowered.

I visited a project in Fife last year—if I recall correctly—that was supported by Inspiring Scotland. It was nothing sophisticated or fancy. It was in a traditional mining area that had significant inequality and rather standard assets, such as a community centre and a school. Prior to the project, very little was run by the local community. The health service came in and ran some sort of clinic, and community education came in and ran some stuff for the local kids.

Inspiring Scotland set up a project to support local people to identify what they wanted to do in their community and provide them with the resource to develop that. During the project, the community organised groups—for example cooking groups and bike repair groups—and an allotment programme for older people. It also started the gala day, which had not happened for years because no one was interested in organising it. Those things may not sound like the silver bullet, but the project was all about helping to connect the local community, allow it to identify the issues that it considered important, and take

forward and manage those issues in a way that best reflected the community's needs.

In the past there has been a tendency—for the right reasons, sometimes—for people to hold the view that agencies are meant to go into communities and do things, rather than be enablers that support communities to use their assets to take forward the things that are a priority to them and which they see as important. If there is something that we have lost, it is the value of that social capital. This is about re-engendering social capital in communities where it has been lost. The evidence that we received during the task force's work was that priority should be given to that issue. It stood out as the difference between some areas of Scotland and other, comparable areas.

Rhoda Grant mentioned community empowerment in Norway. That is a good example of social capital in communities, and people taking control of things and taking forward issues that are priorities to them. We need to look at how we can engender that much more effectively in our communities in Scotland.

Dr Richard Simpson (Mid Scotland and Fife (Lab): Minister, I am sure that you share our disappointment that, since the Parliament started, we have not narrowed the gap in health inequalities. Health has improved in every sector but the gap has not improved.

It is interesting that the latest report from the task force focuses on social capital. I do not disagree with that—it is an important area. However, if we look at the history, there are two examples of social capital that were developed but were not really followed through. One of those—the healthy living centres—was one of the concepts in the first session of Parliament, yet the number of those centres has gone down quite considerably.

Some initiatives will fail—that is entirely appropriate—but it would have been interesting to read evidence in the report about which initiatives from previous parliamentary sessions had succeeded and which had failed. Under the healthy living centres initiative, individuals were coming together, with some professional support, to try to tackle their problems.

The second example is the retired and senior volunteer programme, which had a number of professional staff who supported a lot of volunteers to develop programmes. The only programme that has survived is the one in Forth Valley—in our respective constituencies—because it raised money externally and still has the national organiser coming in. The programme created simple things such as walking groups and, for example, a knitting group. Those may not strike us

as big things, but they are about social capital and are examples of what is described in the task force report on health inequalities as “bridging” or “linking” social capital. Those things are fundamental to the structures of our society. I am disappointed that the report does not look at the initiatives that have not succeeded.

The other issue is evidence of successes. For example, the Scottish schools adolescent lifestyle and substance use survey reports indicate that levels of drinking and smoking among young people have gone down, although there is a group who are drinking very heavily. Something is happening as a result of sure start and home start, and all the early years stuff that is being followed up by the collaborative is following through.

It is great that we are talking about the importance of social capital, but where is the detailed analysis in reports that are produced as a result of single outcome agreements? What reports have been produced in local authorities? I can find very few. What reports are there that health is putting money into the development of social capital through the third sector? Again, I do not see such reports. I see excellent high-level stuff, but not the detail that I would have expected. After 15 years of the Parliament, I would have expected there to be analysis on which initiatives from the Labour years or the early Scottish National Party years have not succeeded, and on which have succeeded and look like they are coming through.

Michael Matheson: Health Scotland did some work on aspects of what has been achieved around tackling health inequalities. Work has also been done to evaluate the effectiveness of keep well. You will be aware of the Government's position going forward on keep well, as a result of the challenges in evaluating the benefits that have been achieved through that approach.

Donald Henderson might want to say a bit more about what Health Scotland looked at in the report that it commissioned on some of the aspects around tackling health inequalities. That may address the issue that Richard Simpson raised about areas in which progress has been made and analysis of what has and has not made a difference.

Richard Simpson mentioned single outcome agreements. Aspects of the SOAs that we agreed last year are about community planning partnerships and ensuring that inequalities are seen as a key part of the process. The challenge is to turn that into real action. We need to take a slightly different approach and to look at how we can deliver this and drive forward the work much more effectively. Under the health and community care delivery group, I have set up a process that can help to support that work. I have also asked

Health Scotland to look at the support that it can provide to community planning partnerships in driving the work forward in their day-to-day processes.

If we can get some of those factors right, we can ensure that the decisions that are being made at community planning level take these issues into account. For example, if the healthy living centre is the most effective way to take forward the delivery of that work, that might be the appropriate approach in that CPP area and the CPP should look to take an approach that helps to support that work and achieve that aim. We must ensure that community planning partnerships understand clearly what they should be doing, get the support that is necessary to encourage social capital and look at how they can deliver that.

To be perfectly blunt, that has not happened. My clear view is that it has not happened because health inequalities have been seen as the NHS's responsibility. Health inequalities are the consequence of social inequality. If we do not tackle social inequality, we will not deal effectively with health inequalities. Richard Simpson makes a good point about our health service being seen as a health promoting service rather than just a service that treats ill-health. A key part of that is the role that the health service can play in working with its strategic partners in local authorities and the third sector to help to support and build social capital.

10:30

For example, some of the work that has been done through the change fund for reshaping care for older people has generated social capital. In my constituency, the partnership between NHS Forth Valley and Falkirk Council has enabled a number of projects to be taken forward that are of benefit to the health service and the local authority but which also generate social capital, because a key part of them is volunteering and people being engaged in delivering something in the community. The challenge is to sustain that.

Rather than look from the perspective of whether it is better for the council or the health service to do something, actually it is better to work with a third sector organisation and to bring in volunteers and others to deliver some of the things that we need to do. That has the by-product of creating social capital, which is of benefit to the local community. It is about changing the mindset on how we take forward some of these things. I do not underestimate the challenge of changing the cultural perspective that our statutory bodies too often have that they have to go in and do things.

I believe that that approach will deliver change. Dr Simpson mentioned some of the targets that

will be set. For example, we have set early targets for the early years collaborative to measure progress and we can already see some of the progress that is being made. I am sure that all members will appreciate that that approach is crucial to changing things. Some of the early years collaborative work will be tremendously beneficial in future, but we need to ensure that it happens systematically. The initial indications are that it is starting to happen in a fashion that did not happen before. The purpose of some of the early targets is to try to achieve that.

A lot of the work that we are doing to reduce health inequalities, such as our work on smoking cessation and alcohol misuse, will continue. That work is all key to rebalancing our relationship with some of those issues in our society. Dr Simpson is right that the SALSUS report shows encouraging signs on young people's attitude to alcohol and tobacco. We need to capitalise on that. We do not need to invent another strategy—we need to capitalise on the things that are working. We know that some aspects of policy on children are working. Some of the work that we are doing in the new tobacco control strategy is about capitalising on good practice that has been identified and which we know is influencing young people's behaviour in relation to smoking.

We need to share best practice and encourage it where we can, but we also need to ensure that we change the mindset of those in our statutory sector so that there is recognition that working with the third sector can have a significant benefit in creating social capital in our communities and that those organisations have a part to play in helping to deliver.

I ask Donald Henderson to say a bit more about the Health Scotland report, which might address some of Richard Simpson's specific points.

Donald Henderson (Scottish Government): Fergus Millan might come in on some of the detail. In work that was led by Dr Gerry McCartney, Health Scotland was keen to understand what sort of health improvement work or health inequalities work drives the change that we want by improving health and reducing health inequalities. Some initiatives have improved health for certain parts of the population but, ironically, they have increased health inequalities because they have not always been accessible to or effective with the bottom 5, 10 or 20 per cent—it might be the people who are at 30, 40 or 50 per cent who have gained the most.

Health Scotland produced a report to analyse things that have happened here and elsewhere in the UK and worldwide and to consider the types of intervention that improve health and reduce health inequalities and those that might improve health but which, ironically, could increase health

inequalities. It was able to offer us the background for the group's work and it was quite clear that, regarding price and fiscal matters—over which the Parliament has some powers, albeit more limited powers than it has over some areas—aspects of regulation are good when they are appropriate. They are good at both reducing health inequalities and improving health.

However, we need to look at the approach to some things that often can feel right to us, such as citizen education. The people in the population who are best able to take advantage of that are often not the people whom we are trying to target, in relation to health inequalities. That can widen the inequality gap. One part of the fact that we have not been making improvement—one factor in a very noisy and complex environment—is that some of the work that we have been doing has been helping the 30, 40 and 50 per cent of people whose health is improving, rather than the 10, 15 and 20 per cent of people whose health is falling behind. That provided a backdrop.

I am not aware—although Fergus Millan may be able to correct me—of Health Scotland looking specifically at the two examples that Dr Simpson mentioned. If it did so, it was in the undergrowth, as it were—it was very much in the backdrop of the research. However, we can certainly ask Health Scotland about that and write to the committee to let you know.

Dr Fergus Millan (Scottish Government): I do not think that Health Scotland covered that in its report. There is nothing to add, really; Donald Henderson and the minister have covered what Health Scotland said.

The inequalities action group is meeting properly for the first time on Monday, so I do not want to second guess what it will conclude its role and remit to be. However, we imagine that it will produce a paper that will cover what is happening in local authorities that is already good. We know that an awful lot of activity out there will contribute to what we are trying to achieve.

It will also look at the political, economic, social and technical costs. What is holding us back? Do we understand what is in the way? The group will look at the evidence of what is happening. It should be reassured that some of the things that are needed are being done already. The question is how the group scales that up or puts it in co-ordinated activity.

Dr Simpson: Mapping is critical. Some local authorities have to produce directories of things that are out there and it is vital that we have comprehensive mapping in relation to CPPs. If they do not understand what is going on in their communities, they will not be able to deliver any of this.

Following Bob Doris's point, I have two examples in my constituency. RSPB and Scottish Natural Heritage have supported the work of volunteers on an old bing at Fallin. The bing has now been carpeted with plants—it has butterflies and birds and all sorts of things, and the volunteers are keeping the birch back. That is all being done by community volunteers, and it is exactly the sort of thing that we are talking about.

On the other hand, if you go across the Forth to Alloa you will see Hawkhill community centre, which is a physical building. I agree with Bob Doris entirely: the local authority has to manage its estate in the best way it can, but it is proposing to close the Hawkhill community centre, in which 22 groups operate, without saying where those groups will operate from. Bob Doris's point was that if adult learning people will not use that centre, what will happen to the other groups that use it? There needs to be integrated planning.

After the meeting on Monday, I would welcome a report on whether the inequalities action group will map what is going on and look at the things that have been tried. Community schools are another example; they were supposed to integrate psychology and schools. The group should look at what happened in the first parliamentary session and the early parts of the second and third parliamentary sessions to see what was tried and what did not work.

The Deputy Convener: Thank you, Richard. If the group could do that, that would be helpful. It would be difficult for me to chastise my colleague for raising several local examples when I indulged and did likewise from the chair. It was good to get that on the record.

Before I bring in Nanette Milne, I should add that some healthy living centres have been developed into mainstream provision in local authorities. The centres have not disappeared and, in some cases, they have become embedded in the fabric of local community provision. I am thinking about the Healthy n Happy Community Development Trust in Cambuslang in particular, which is flourishing. I have just done it again and put another local example on the record.

Dr Simpson: There are some good examples, but the question is which ones work and which ones fail.

The Deputy Convener: Again, I am stretching the patience of colleagues. Nanette Milne is next, to be followed by Richard Lyle.

Nanette Milne (North East Scotland) (Con): You can be assured that I will not be raising any local issues.

What concerns me are the unacceptable mortality rates in the 15 to 44 age group. We all

know the outstanding importance of the early years, and of prevention at that stage. However, the task force's second review stated:

"It may be that we need to consider a framework approach that builds on the early years collaborative but is focussed on"

young people, as they progress through life, at pinch points such as the transition from

"primary school to secondary school, or secondary school to work".

I know from other contexts, including disease groups, how important transitional years are. Do you have any thoughts on how to progress with that?

Michael Matheson: The task force spent a long time considering that issue because we know that a range of factors—alcohol, drugs, violence and suicide—contribute significantly to excess mortality in the 15 to 44 age group. The issues are complex and must be dealt with appropriately. We do not have a strategy, as such, for that demographic group, but are keen to explore in our work whether we can do something more systematic for that age group.

We also want to look at work that is already being done that would have an impact on the 15 to 44 age group. For example, there is violence-reduction work, work around drugs and alcohol, and the suicide prevention strategy. We want to see whether we need to do something to draw those closer together.

The former chief medical officer, Sir Harry Burns, had already started looking at that aspect and is continuing to look at it for us. He should report in due course on what measures, if any, we could take to draw some of the work more closely together. When we have Sir Harry Burns's report, we will have a clearer understanding of whether we can do something more specific for the 15 to 44 demographic. We already have a range of policies to tackle issues that affect that group, but we want to see whether we can focus such work particularly on 15 to 44-year-olds. If we were to make inroads on the issues that affect that group, that would have a significant impact on life expectancy in Scotland because of the excessive mortality rate for that age range.

So, once we have the body of work that I have outlined, we will be able to take an informed position. I expect that that would then go to the delivery group for it to consider how it can be taken forward.

Nanette Milne: Have you any idea of the timescale for that?

Dr Millan: I think that the group met about a week or so ago and is just beginning to formulate the information. Its members are gathering a lot of

colleagues to discuss what is happening. I think that they are looking to try to pull some work together after the summer.

Nanette Milne: I will be interested in the outcome of that. I am sure that you will update the committee on it.

Michael Matheson: I am happy to keep the committee updated on that, as well.

Nanette Milne: Thank you.

Richard Lyle (Central Scotland) (SNP): I have listened to the points that the deputy convener and Richard Simpson have made this morning, and I agree that what works locally through local groups should be supported, rather than the council, or Big Brother, coming in and saying "Oh, let's change it to do something else." I agree with many of the points that the minister made earlier.

The task force has made changes to the areas of priority and action, as the strategy has progressed. Given that the strategy has been in place only for six years, is there a danger that not enough time has been given to allow actions from the original strategy to bed in before moving on to what I call the new flavour-of-the-month priorities?

10:45

Michael Matheson: The objective, though, for the task force is not just to say "Let's forget what has happened in the last six years." It is about building on the bits that we know are making a difference and acknowledging and considering the areas that are not making a difference. Our approach will not involve creating a new strategy—it is about building on the bits that we know can make a difference, based on the evidence that we have received, and progressing that work.

Richard Lyle is right to highlight the danger that we might develop projectitis, and support something for a time before deciding all of a sudden that the project has run its course and will, even if it has worked, have to come to an end. If we are to tackle the issues in this area in a way that can make a difference in years to come, we need to be in it for the long term. Everybody who has a part to play needs to be in it for the long term—that is why community planning is key to delivering the approach.

I hope that I can reassure the committee that our approach is not a new strategy. We are using the evidence that we have received in order to bring particular focus to the areas in which we think we can gain more by using a much more strategic approach and by supporting work at national level through inter-community planning partnerships.

Richard Lyle: I welcome those comments, and I acknowledge that the approach involves building on what has worked previously. All too often, in my experience, project funding suddenly runs out after five years, and we say, "Oh, that was great, but we'll move on to something else." I totally support the points that the minister has made.

Michael Matheson: Our approach must be sustainable. Richard Simpson mentioned the Fallin bing, which uses a sustainable approach in order to create social capital in a community. "Sustainable" does not mean that projects need a lot of resource going in over the long term, but we can create the connectedness and social capital that can make a difference in the long term by providing the right type of support and the place for that to happen.

Sometimes, the small practical things can make all the difference. That can mean a community simply getting permission from the local authority to use a particular building or piece of land for a particular purpose that it feels could make a difference. We need to empower communities to be able to do that.

Projects will still happen, and if they do not work and do not produce the outcomes that we want them to achieve, we should no longer invest in them. However, if they will be sustainable in the future because they make a difference, all stakeholders must recognise the value of that and look at how they can support the project's work.

Richard Lyle: That has been my experience over the years. Basically, projects do not need a lot of money; they just need people to buy in to them. When projects have been worked up locally by local people, the council should listen, rather than trying to direct the project or channel it down another route. As Bob Doris and Richard Simpson highlighted, projects work best when they get local people to buy in to them rather than when the council comes in and tells everyone what to do.

Michael Matheson: I will offer a small example from my constituency—members have mentioned local examples.

A new community school was built in a new housing area in my constituency, and the community wanted to use the school when it was not being used. The biggest battle was to get the padlock taken off the gate so that the kids could use it—that took months. It was a community school, but someone took ownership and saw it as their school. It was a community asset and the community wanted to use it, so people organised themselves in order to do so. That is the sort of small issue that can make a difference in generating commitment and involvement within communities.

The Deputy Convener: We move to a final question from Gil Paterson, who should feel free to mention a local constituency initiative, if he wishes to.

Gil Paterson (Clydebank and Milngavie) (SNP): I might do more than that.

I have two questions, the first of which is more of an observation. I take the view that although Parliament has been working extremely well in these areas and has been doing all that it can under all Administrations—I do not think that this Administration is doing more than the last Administration—I see it as just being a holding operation with regard to health inequalities.

We are making a difference and I would not for one minute say that we should not do the work that we are doing, because the situation would be much worse if we did not. However, we need to tackle the real problem, which is poverty. If we do not take on poverty, we will continue to discuss this issue forever. In terms of causes and impacts, poverty touches everything—it touches schools, employment, lack of employment and everything else. To make the necessary change, we have to break the cycle of poverty. That will make the step change that we need.

That is an observation, minister. You can comment on it if you wish. What I really want to talk about is social capital and my personal experience of it, but you should feel free to put on the record your feelings about the Scottish Parliament's lack of power to make the necessary changes.

Michael Matheson: I completely agree that poverty is a key part of tackling the challenge. Just after the 2007 elections, when the committee was coming together, the chief medical officer gave a presentation to the Health and Sport Committee—Richard Simpson was there, too. The principal recommendation in his annual report that year was about creating hope in communities—there was a picture of a mother with a buggy at the end of a tenement building in Glasgow. I was quite struck by that point, at the time. The approach was not about trying to find a health solution to the issues; it was about creating hope and aspiration in communities, which is absolutely key to tackling health and social inequalities in our society, to which poverty is a major contributor. That is why we need to take a systematic approach and ensure that all aspects of Government are pulling in the same direction to achieve that. If one bit of Government goes off at an angle that undermines the work of another, we will be, in effect, running to stand still. We need to tackle poverty effectively.

If there is increasing child poverty, the work that we are doing through the early years collaborative to improve opportunities for children in their early

years will be undermined. We need to be able to co-ordinate all aspects—welfare and everything else—so that they are all pulling in the same direction, in order that we can work much more effectively.

Gil Paterson: You have expressed the Scottish Government's determination to deal with the problem, which I agree with. I pay the same compliment to previous Administrations with regard to the determination that has been shown in tackling the problem. However, my firm belief, based on what I see happening and what has happened in the past, is that we do not have the powers to finish the job.

I want to talk about social capital and social cohesion, which you mentioned, and which Harry Burns talked about when he came to the committee. I was born in Springburn and left there at the early age of nine years old. At that time, Springburn had work—employment was available. There were cafes, sweetie shops, chip shops, snooker halls, cinemas, department stores, dance halls, swimming baths and laundries. I had grannies, uncles and other relatives there. I was moved to the Milton scheme, which is where my headquarters still is. My doctor is still in Egilsay Street, in that scheme. None of the shops and facilities that I have just talked about in relation to Springburn exist in the Milton scheme. They are not there. The scheme is roughly the size of Perth, and people were used to having facilities and having neighbours. In Springburn, if there was a death, people would send round a sheet and there would be a collection to help the family. In Milton, that did not happen.

I bet that the west of Scotland's problems are corralled in schemes such as the Milton scheme. Right now, the situation in the Milton scheme is just as I have described it; there are a few churches there and a couple of rows of shops, but virtually nothing else. I think that there may be swimming pools in the schools.

I do not think that we can compare the situation in the west of Scotland, where the community spirit has been ripped apart, with anywhere else. How can you get social cohesion, engagement and hope in such areas? Those things need to be provided. I am not saying that you, minister, should do that—that would be ridiculous. I see that as the missing evidence. We assume that the west of Scotland is somehow unique, but in fact its social cohesion was destroyed. I find it very difficult to understand how that can be put together again.

Michael Matheson: The task force heard a lot of that type of evidence—that it is not simply about providing more health interventions, such as smoking cessation programmes or alcohol brief interventions, but about creating in communities

social connectedness that is not there to the degree to which it should be, and about the benefit that can come from social capital.

As I said in my opening comments, we have forgotten the value of social capital. If you look historically at where Scotland was over the past couple of generations, the issue is not genetic; rather, our society has changed quite a bit and some of our communities have changed significantly over that time. Certain factors stand out in that regard. The challenge is not just about whether an area has a community centre, but about how that community centre is utilised and how the community manages the centre. Is it run for their benefit or is it run on the basis of what the council thinks should be provided? Does the health service in the area operate purely for the benefit of how the general practitioners want to operate, or does it operate in a way that can better reflect the community's needs?

We need to consider those issues. If we can empower local communities much more effectively over a sustained period, give people a sense of hope and purpose within their community and a sense of the value of that community, we will create, in bringing together such issues, the necessary level of social capital. That will take time and everyone must play their part.

I hear continually about the challenges that Scotland faces in closing down its health inequalities. We will continue to fail to close down our health inequalities if we do not tackle effectively the social inequality that affects our communities, including poverty and all the other factors. Those health inequalities will continue to blight our society. That is why I believe that we need to take an approach that builds into communities the social capital that helps to engender that change in future generations.

Gil Paterson: I do not want to politicise the issue, but I just cannot help it. I have a vision for how we would put some of those things in place, but you would need lots of power and lots of money, and the determination to do that. To be quite honest, my challenge is not for you, minister. We are coming up to a big time in Scotland's history. People elsewhere have to explain to me how, without power, we can get those things into the Milton scheme. Without real power to make a determined change, the scheme will be the same in 30 years. That is my prediction. I will be dead and gone, but I have been hoping for changes in the Milton scheme almost my whole life. That change has never materialised through different Administrations, whether Westminster or Holyrood, SNP or Labour. You need the powers to change the situation, or it will never change.

The Deputy Convener: It has been a morning for mentioning local matters. Gil Paterson

mentioned Milton, so I hope that he does not mind if I mention it, too, because it ties in nicely with the idea that was referred to of having a mapping exercise. I know the area very well; it is part of the area that I represent. In that area, there is a church-led organisation called Love Milton, an active trade union in Unite, whose branch does work in the community, a youth club called North United Communities, and Glasgow community and safety services run the Ashgill recreation centre, which was, through a brave councillor called Billy McAllister, taken back from people who were, to be frank, gangsters.

My point is that a lot is going on, but lots more needs to be done and stakeholders do not always work in a joined-up fashion. That brings us back nicely to the idea of a mapping exercise and the need to get that right. That has probably taken us full circle in terms of mentioning local initiatives.

Minister, do you want to comment further on Mr Paterson's points?

Michael Matheson: No—other than to say that Gil Paterson made a valid point about the challenges that are being faced. As I said, if we are trying to close down health inequalities while policy elsewhere is exacerbating child poverty, that undermines aspects of our work.

The Deputy Convener: I am sure that committee members will not mind my saying—given the passion that Gil Paterson spoke with—that it is evident that the committee is united in its support, irrespective of our views on the powers that are needed to tackle the issues.

Do you have any final comments before we close this part of the meeting, minister?

Michael Matheson: No—other than to welcome the committee's particular interest in the topic. We will return to the committee on the several points that you asked us to get back on, and on work on which we can keep you up to date, in order to inform the committee's on-going interest.

The Deputy Convener: I thank the witnesses for coming along to committee this morning.

11:01

Meeting suspended.

11:07

*On resuming—***Food (Scotland) Bill: Stage 1**

The Deputy Convener: Welcome back to the meeting. Item 3 is consideration of the Food (Scotland) Bill. We will be taking evidence on the bill in a round table this morning. My brief says that we should not do introductions in the interests of time, but I think that we will do introductions. We will go around the table and people should say briefly who they are and which organisation they are from.

I am the deputy convener of the committee, and an MSP for Glasgow.

Laura Stewart (Soil Association): I am director of the Soil Association in Scotland, which is part of the UK membership charity that campaigns for sustainable food farming and land use.

Richard Lyle: I am an MSP for Central Scotland.

Charles Milne (Food Standards Agency Scotland): I am the director of Food Standards Agency Scotland.

Nanette Milne: I am an MSP for North East Scotland.

Dave Watson (Unison): I am the head of bargaining and campaigns for Unison Scotland.

Gil Paterson: I am the MSP for Clydebank and Milngavie.

John Lee (Scottish Grocers Federation): I am public affairs manager with the Scottish Grocers Federation. We are the national trade association for the convenience store sector in Scotland.

Colin Keir: I am the MSP for Edinburgh Western.

Dr Simpson: I am an MSP for Mid Scotland and Fife.

Colette Backwell (Scottish Food and Drink Federation): I am the director of the Scottish Food and Drink Federation. We represent food manufacturers large and small in Scotland and the rest of the UK.

Rhoda Grant: I am an MSP for the Highlands and Islands.

Tim Smith (Tesco Group): I am group quality director at Tesco.

Aileen McLeod: I am an MSP for the South of Scotland.

The Deputy Convener: Thank you everyone. You are all most welcome here this morning.

When we go to questions and answers, I will give priority to guests over MSPs. This is your opportunity to have your say and put your thoughts on the record. I will give the first question to Gil Paterson.

Gil Paterson: I have a very general question about the onset of food standards Scotland. What are the upsides and downsides of that body coming into being?

The Deputy Convener: That is a fairly general question. Perhaps Mr Milne will go first.

Charles Milne: One of the upsides is that the new food body will be able to be much more cognisant of the Scottish landscape. That does not come without risks that need to be managed, however. What has caused concern for people across the UK is the management of incidents that, by their very nature and the nature of the food business, need to be managed on a UK basis.

It has been clear right from the start that the chair and chief executive of the FSA and the Scottish ministers have recognised that and have given a commitment to work closely together. Service level agreements and memorandums of understanding will be drawn up to ensure that that happens. There are parallels in animal health, as animal diseases are managed on exactly that basis. We have no reason to believe that that commitment will not work.

It is also recognised that there is a risk—albeit a manageable one—to access to expertise in scientific committees and within the organisation. Again, that cuts both ways. We have expertise in Scotland in areas such as shellfish that is of use to the rest of the UK FSA. There are also areas of expertise that are held in London, Cardiff and Belfast to which we need access. That can be managed through the appropriate use of MOUs.

Dave Watson: We support the creation of the body. We understand that there is a risk but, frankly, the arguments against having a stand-alone body in Scotland could apply to a whole range of devolved areas, particularly regulatory functions that are already devolved. It is particularly important that these functions be devolved because of the tie-in with the other matters that are already devolved to Scotland.

We also support the new body because we do not feel that the UK FSA always has the balance right between consumer protection, brand protection and the safety of the consumer. That has sometimes drifted too much in the way of meat producers and there has been less emphasis on safety for consumers. We hope that having a Scotland body will mean that we have a proper focus and we get the balance right.

John Lee: Our main concerns are about ensuring consistency of advice, guidance and enforcement action, particularly around food incidents. We also have a concern about how the European dimension will be managed. Will FSA UK continue to be the lead body at the European level and how will it negotiate on behalf of Scottish businesses, particularly in light of the potential referendum result? The European dimension is an overarching issue that could do with further exploration.

Laura Stewart: We also support the creation of this new food body for Scotland. There are some potential benefits in how policy is looked at from the food perspective in Scotland, because it can be quite confusing. The new food body will give a chance to air where that policy is being set, and to make sure that we are properly linked up. It is not just about food and health; it is also about food and sustainability. The health of individuals and the health of our planet are linked and the new body is a good chance for us to look at what we can do better and at how other systems around the world work. For example, in Sweden it is normal to talk about healthy and sustainable food and to give advice on both those things at the same time.

Tim Smith: We have shared successive Scottish Governments' vision of ensuring that customers have food that they can trust. Scotland Food and Drink has been a tremendous boost to the industry and to consumers, including our customers, and nothing matters more to us than them. If we are thinking about how we ensure that we sell the best-quality products that are safe, taste good and are great value, what is proposed goes pretty much in that direction at the strategic and policy level.

The things that I would tick off as being achieved through the design are those that the architects of the FSA in London also contemplated, such as transparency and the fact that science and evidence will play a huge part in what the organisation does. It appears, on the face of it, to be proportionate and risk based. There are question marks over whether that will apply to some of the enforcement regimes, but that is the second-order problem. Another thing is independence, which will allow the body to stand away from the Government and so be trusted more by consumers and therefore our customers. That is all good news.

There are currently 11 or 12 advisory committees, and it will be important—I think that this is contained in the bill—that access to them is as good as it currently is for policy makers north and south of the border, both in relation to the work of those committees and in relation to the more acute problems of incident handling that

others have mentioned. It would be good to know that, if there is an incident—let us hope that there is not one—consumers will be able to trust whichever body it is that gives them advice because the bodies will use the same evidence and take the same proportionate, risk-based approach.

11:15

Colette Backwell: We have had a positive relationship with FSA Scotland across all its activities and we are keen to see that continue. In considering the scope and remit of the new body, it is important to take into account the nature of the food and drink manufacturing industry. Not all companies that sell food products in Scotland are based in Scotland, and food manufacturing companies that are based in Scotland export the majority of their products elsewhere, not least to the rest of the UK. Sales to the rest of the UK are a vital part of the Scottish Government's food and drink policy, and it is important to be aware of the breadth and size of the companies that operate in Scotland, and particularly the small and medium-sized enterprise nature of the companies that tend to exist in Scotland.

With all that in mind, we would like a number of issues to be considered. The first and possibly the most important is the consistency of the approach to enforcement. There should be a proportionate approach that is consistent across the UK wherever possible, and the new food body should try to ensure, as Charles Milne set out, that appropriate mechanisms are in place for it to continue to liaise with other bodies and committees across the UK.

Someone else raised the issue of the voice for the industry in Europe. There are questions about how that will be achieved once the new food body has been established.

Tim Smith alluded to access to scientific advice, which is another issue. It is important that the new food body has robust, peer-reviewed evidence on which to base its decisions. FSA Scotland currently draws heavily on other committees and groups as part of the FSA in the UK, and it is important to ensure that those mechanisms still exist. With a broad remit, a new food body could represent many diverse stakeholder groups, so it is important to ensure that potential conflicts of interest are managed.

Last but certainly not least, the new body must be adequately resourced to ensure that it continues to fulfil the functions that it is established to fulfil.

The Deputy Convener: Gil Paterson's opening question seemed to tease out all the issues in the bill in one fell swoop. We heard that there are a lot

of risks but there are opportunities as well. Do you want to come back in, Gil?

Gil Paterson: Yes. I have a question on the opportunities. Scotland has an enormously high reputation for safe and good-quality food. Will the proposals hinder that or add to the brand? Are they neutral or will they add to or subtract from the image of good-quality products from Scotland?

The Deputy Convener: I see that Mr Milne wants to respond, but I ask Mr Smith to respond first, because during his answer I scribbled down something about opportunities from the quality of Scottish food, which links in closely with Gil Paterson's question.

Tim Smith: We have 170 producers in Scotland who produce 1,600 products for us, and we sell £2.1 billion-worth of Scottish produce across our UK markets. Nothing in the way in which the bill is shaped or in the way in which I imagine the body will work will do anything to slow that progress down—I cannot imagine why that would happen.

Colette Blackwell can speak for manufacturers better than I can, but what they will want is a clear line of sight to any new policies and plenty of time to think about any changes. Ultimately, however, I think that our producers—I hesitate to speak for them, but I will do so—will want a level playing field, clarity of purpose and an evidence base to back up what happens.

Since I wrote my submission, we have added another 10 producers to our list of Scottish producers, and I can only imagine that our business will grow with Scottish food and drink producers; I cannot imagine why it would not do so.

Charles Milne: One thing that has not been mentioned yet is that the new food body will be charged with putting consumers first in everything that it does. That is very important, but to deliver for consumers we have to work closely with the industry. We can have all the policies that we like but, at the end of the day, it is the industry that produces the food. Consumer interests and industry interests align. Industry wants to produce safe food, which is what it says it is on the label. That is important for developing consumer confidence, thereby allowing industry to grow and underpinning Scotland as a land of food and drink.

I will give you two examples of where that has not worked in the past. In 2009, there was an incident where the export of white fish from the UK to Russia was banned as a consequence of a visit by their inspectors. More recently, exports of cheese from the UK have been banned by China, again as a consequence of visits by their inspectors.

It seems to me from talking to industry representatives that they want a proportionate, fair enforcement system. They want the reputation of Scotland to be underpinned by good and effective regulation. I believe that the new food body gives us the opportunity to deliver that.

Colette Blackwell: Charles Milne made my case for me very well, and I will not reiterate that. The key is effective and proportionate regulation. Tim Smith's point about engaging often and early with industry stakeholders is well made.

Dave Watson: Having proper regulation adds to the brand. It is sometimes argued that the brand is all, but the brand is only good for as long as there is no scandal. If something goes wrong, as Charles Milne said, the damage takes years to get over. Our view is that the brand is best protected by having rigorous regulation.

Our concern in recent years has been about light-touch regulation. Your committee had a proposal put before it that there should be only a visual inspection of pigs, which means that tumours and abscesses are minced in without inspectors being able to cut the meat open and inspect it properly. In our view, that is a move to light-touch regulation. We know from the banking and other scandals that light-touch regulation is not the right way forward.

The Deputy Convener: We are in danger of going off on a tangent about how we deal with pigs—I never thought I would say that at the Health and Sport Committee—but I suspect that Mr Milne wishes to come in on that point.

Charles Milne: Yes, I do. It is worth mentioning that the current post mortem system that we have at abattoirs is based on one that is more than 100 years old. Science has moved on since then. I totally agree that we need appropriate regulation. Staff in abattoirs do a fantastic job under difficult and trying circumstances, but it is a matter of delivering what is right for consumers.

A lot of the conditions that we currently examine are quality issues, not public safety issues. The purpose of the change in the regulation is to move away from quality inspection to safety inspection. What are the modern challenges? Salmonella, campylobacter and E coli are invisible organisms on carcasses, so we will not pick them up by cutting into lymph nodes. We need to change the system to suit the challenge of the times.

I will talk about the work that we have been doing in Scotland in the past six months. In September, carcass contamination levels were about 4 per cent across Scotland. We introduced an initiative that, by March, had delivered a reduction of 50 per cent down to 2 per cent. That will make a difference to public safety, and it is

being delivered by our inspectors on the ground. That has to be driven by science.

Dave Watson: There is a difference of view on this matter. Our inspectors are clear. They say that there are many examples of inspection being carried out without inspectors being able to cut in. I agree that this is not hugely a health issue; it is a quality issue. However, we are talking about the brand, and quality has to be important, too. There are things that are now going into the meat process that the consumer, if they saw them, would not want to see in their sausages. That is the reality.

The Deputy Convener: I will bring in Mr Smith. I might then move to another question—unless Mr Paterson wishes to come in with a supplementary.

Tim Smith: I wish to broaden out the issue a little bit. I suggest that the trust that customers have in our brand, and therefore in the brand of Scottish food and drink, is only enhanced by having competent audit checks, safety analysis and so on, all the way through the supply chain. Many members of Dave Watson's organisation are doing that work. My encouragement to them and to others is to continue to press to have their role.

The customers, who matter so much to us, have trust in a government body acting as a regulator almost as much as they do in the individual retailers and manufacturers, some of whom are represented around the table, who also do a good job. It is a complementary system.

Charles Milne is right about the science and the proportionality, but what matters to customers is the ability to trust the food that they are eating, and their knowledge that what is on the label is what is in the pack.

The Deputy Convener: That was quite a nice comment on which to end that section of our discussion. The emphasis is not just on safety, but on quality, because that is where the branding opportunities come in.

The next question is from Richard Lyle MSP.

Richard Lyle: I should say that, after leaving school, I went into the grocery trade and was a grocery manager for 10 years.

The bill introduces new administrative sanctions for food law offences. In response to a question that I asked last week, William Hamilton, environmental health officer with Glasgow City Council, stated:

"Prosecution is not a great option, so administrative fines or fixed-penalty notices—call them what you will—would be a boon to us."—[*Official Report, Health and Sport Committee*, 3 June 2014; c 5580.]

However, I note that some of our witnesses today, particularly those from the Scottish Food and Drink

Federation and the Scottish Grocers Federation, are not in favour of new sanctions. Do the rest of our witnesses agree with our previous witnesses that the new sanctions in the bill for food law offences are a positive addition to existing sanctions, and, if not, why not?

The Deputy Convener: I suspect that we will get some definite replies to that question.

Of course, when I say something like that, no one puts up their hand. Who wants to go first?

Dave Watson: You will not be surprised to learn that we are in favour of the new sanctions or that, as the union that represents environmental health officers, Unison can say that our members welcome the new powers. You have only to look at how few prosecutions there are in Scotland to realise that there is an issue here. The issue itself is not largely about regulations—we have lots of those—but about enforcing them. At the local authority end of the business, there has been a 17 per cent cut in the staff working in environmental health departments and a 13 per cent cut in professionally qualified EHOs. The reality is that we are not inspecting food premises at the rate at which we used to inspect them.

An MSP once asked me whether we should introduce the European system and ensure that every restaurant posts its inspection report on its door. I replied that we could but it would be fairly pointless, given that for most restaurants the reports would be two years out of date. At the end of the day, you can have all the regulation you like, but if we do not have the resources to allow inspectors to do their jobs, it will not be very effective.

The Deputy Convener: Of course, the bill contains a proposal for requiring inspection reports to be displayed in every outlet.

Charles Milne: The bill proposes a number of legal measures, the first of which is the food hygiene information scheme that has just been referred to. The local authority's inspections are converted into what you might call a score on the door that says whether the premises have passed or whether improvement is required. At the moment, businesses can display the certificate if they choose. I am pleased to say that 31 local authorities in Scotland currently administer the scheme and that, by the end of the month, all 32, including South Lanarkshire, will be in it.

The argument is that by having better regulation and making it mandatory to display certificates you are allowing consumers to make a choice and putting pressure on businesses that require improvement to up their standards. Wales is introducing legislation that makes the display of such notices mandatory, as is Northern Ireland, and we will have the opportunity to look at the

issue in future. As the power in the bill is an enabling one, we would need to have further consultation if we chose to go down that route. In summary, though, I support the measure.

The second legal measure in the bill relates to food authenticity, which is an issue that came to light with the horsemeat incident. It became apparent that a number of our food safety measures are not replicated for food identity, and the idea behind the proposal is to bring those things into line and give us powers to seize and, if necessary, destroy food that is not what it says on the tin.

As for the notices themselves, it has been pointed out, quite rightly, that many local authorities do not seek prosecutions. It is another tool in our armoury but in my view we need the appropriate tools for the right circumstances to ensure that we can take effective action against the businesses that are not playing the game or abiding by the rules. That would reduce the burden on the very large number of businesses that trade responsibly.

Finally, I support the provisions in the bill on feed legislation.

11:30

Colette Backwell: The purpose of the food hygiene information scheme is to provide accessible information for consumers, so that they can make informed decisions. Some thought has to go into the best way of doing that, and we believe that consumers relate to the approach that is taken in the current scheme.

On food authenticity, since the original incident that sparked the discussions on the matter, there have been a number of reviews, including the Scudamore review in Scotland and the Elliott review in the United Kingdom. All those reviews have acknowledged that the food industry works hard to deliver safe and competitively priced products, but we need to recognise that, regardless of complexity or risk, every supply chain is at risk and we must work collaboratively to address some of the issues.

We have recommended a whole-supply-chain focus on prevention of fraud, as part of which we have produced a five-step guide to protecting businesses from food fraud to inform companies of the questions they should be asking and the steps they should be taking to ensure that they are not victims of fraud. It is important to remember that companies want to do that.

We have a number of incident prevention and technical committees that assess what is happening elsewhere, and we also support the concept that came out of the Elliott review of a

Government intelligence-sharing hub. Such a hub would be facilitated by Government, which is the most effective repository of information on all the issues that can lead to food fraud and similar incidents, and it would work with trade associations, which could feed into and off such a hub to ensure that we have the best access to horizon-scanning data to identify where such fraud might come from in future.

Tim Smith: I have the privilege of knowing that successive Governments in Scotland have led their local authorities in this work in an exemplary manner and that the 32 Scottish local authorities do a very good job, particularly on the ground through the hard work of the various enforcement officers.

We want proportionate and evidence-based enforcement, which I suspect all of us would say is pretty much what we have at the moment. As you would expect me to say, nothing matters more to us than being able to say that what is on the label is what is actually in the pack. Internally, our organisation and our manufacturers will also point to very robust testing regimes, the outcomes of which let us know not only how stringent that work is but its importance to our customers.

My sense is that the food hygiene information system, at least as it is already being applied in Wales, helps customers to make choices in areas where previously they might not have thought too carefully about hygiene standards—in other words, in catering establishments rather than in retail outlets.

As for authenticity, I think that Colette Blackwell has covered the ground very nicely. Only when you understand the whole supply chain and have made it shorter and more transparent can you get a clear sense of where the risks might lie, and it is the outcomes for our customers that we will be contemplating when, as we hope, we work with the Scottish Government, the proposed new food body here and others on formulating how all this will work in practice. We are certainly keen to help where we can.

Laura Stewart: On food authenticity, testing regimes are a very important tool in the toolbox but they are not the whole answer. We need to strengthen our supply chain assurance schemes, which might, of course, be independent of the new body, and the new body must acknowledge and support not only organic schemes but the many other schemes to help with that aspect.

John Lee: Mr Lyle is quite right to say that we are not particularly in favour of civil penalties. I should say that, in taking that position, we very much have smaller independent retailers in mind.

It might be a bit idealistic of us, but we hope that the establishment of the proposed new food

standards agency will provide an opportunity to develop a spirit of partnership between retailers and enforcement authorities.

In our submission, we mentioned the development of primary authority partnerships. I might say a bit more about those later, as I think that it would be helpful for the committee to be aware of them. Perhaps there could be some read-across between different committees and the different Scottish Government departments that are taking primary authority partnerships forward. The partnerships have the potential to offer retailers and businesses that operate in more than one local authority area the opportunity to develop new and constructive partnerships that are based on guidance, information and advice rather than on, potentially, the imposition of new civil penalties.

The Deputy Convener: That throws up a couple of issues that I want to discuss. However, Richard Lyle asked the question. Do you want to follow it up, Richard?

Richard Lyle: I welcome Mr Lee's comments. Having been a grocer, I know that there are many excellent grocers in Scotland—by the way, I am not looking for a job at Tesco. I was also previously a councillor. When, as a grocer, I worked with EHOs, I found that they wanted to work with us and came in to give us advice. They could be hard if they so wished, but most of the time they worked with us, and I hope that the Scottish Grocers Federation will embrace the new law.

The Deputy Convener: Before we move on to another question, I have a supplementary question on the same theme. The bill contains a duty to report breaches elsewhere. I am keen to get a flavour of whether, in your view, breaches are reported now, without there being a statutory duty to report. I take on board what Colette Backwell said about how companies, producers and retailers can spot food fraud and how they can be the victims of it as well. However, does the duty in the bill to report any breach that is discovered fit in nicely with Richard Lyle's comments?

Richard Lyle also asked about the proportionality of the fines, which came up during last week's evidence session. If a breach was discovered not within the supply chain but in a local Tesco store—I mention Tesco only because Mr Smith is sitting at the table—any fine that Tesco received would be, proportionately, minuscule compared with the fine that a small grocer would receive for something similar. We must ensure that the fine system is proportionate and that, as Mr Lyle said, the local authority enforcement agency works in partnership with local businesses instead of being there just to fine them.

Richard Lyle asked specifically about the proportionality of fines and the duty to report, but I do not feel that those issues were teased out in the answers.

John Lee: I do not quite have the answer to the question. For our members, the issue is very much one of consistency across local authorities. For example, a lot of our members—very encouragingly—are now developing relationships with genuinely local suppliers, whether they are butchers, bakers or whatever. Some of our members have an arrangement with a local baker, and the local authority allows them to have an open display of bakery products—bread, rolls and whatever. That is very popular with customers and goes down incredibly well. However, some of our members in other local authority areas tell us that they are being told that that is an infringement of health and safety rules and that all bread products must be packaged. For our members who operate across Scotland, that causes a lot of hassle and anxiety.

There must be consistency. Whatever we have, it would be hugely helpful if there was consistency across Scotland in relation to the civil penalties that are being introduced and enforcement activity. We have a big issue with different approaches being taken to food health and safety in different local authority areas, and we hope that the bill will address that.

Tim Smith: I am keen to help with this one if I can. We enthusiastically support the Scottish Government's approach of primary authority partnerships because that seems to work more effectively. That is on the enforcement side. The vast majority of activity by food officers and enforcement people who go on to manufacturers' and retailers' sites is advisory. They are doing a great job in helping people to do the right thing, which helps our customers and everybody else's.

The requirement to notify almost slipped past me, because it is just so obvious that such a thing should be a requirement. It usually happens on a Friday afternoon, as Charles Milne will tell you, but it means that there is a clear sense of direction in the handling of any potential concern, whether it concerns fraud or food safety. In my experience, our suppliers do what our customers want them to do and act in a timely and proportionate manner. Anything that changed that would be concerning, but I do not see anything in the spirit of the bill that could be a risk, if we follow the track of having a clear primary authority-type approach.

The Deputy Convener: That is helpful. We are scrutinising a specific bill, so we keep trying to bring the discussion back to the detailed scrutiny of the bill.

Colette Backwell: The problem with the duty to report on food standards relates primarily to the broad range of issues that can be covered by that duty. At one end of the scale, there are extreme cases in which someone may have adulterated food with something that they should not have used, and at the other end there are cases of mislabelling caused by a printing error or some other issue arising on the production line. The question in the latter cases is how such issues would be managed by those who are enforcing the regulations. Will there be a light-touch approach to genuine mistakes that have arisen through no fault of the individual responsible? What approach will be taken in cases of reckless mislabelling and repeated failures to comply?

An issue that we want examined in more detail is the extent to which there will be guidelines and guidance for local authorities and environmental health officers—or whoever is to implement and enforce the regulations—as to what stance they should take.

Last week, in partnership with the FSA, we ran a workshop for SMEs in Scotland on the new regulations on food information for consumers at which two things struck me. First, small companies often do not really understand what is coming over the hill at them, so they need a lot of support, however things turn out, to understand what is happening, how to implement new legislation and what the penalties will be. Secondly, those who were ahead of the game and had started to explore some of the issues arising from those regulations were saying, for example, that they had received three pieces of conflicting advice from the same local authority. Consistency of approach is key; we must not use a sledgehammer to crack a nut.

Dave Watson: We support the duty to report. Inspectors and regulators need all the help that they can get, so it is important that everyone in the chain has that responsibility.

We are not opposed to primary authorities. When we gave evidence on the Regulatory Reform (Scotland) Act 2014, we pointed out some of the challenges that primary authorities present, particularly to smaller local authorities and particularly in areas such as environmental health and trading standards, as some local authority departments can be very small indeed and have small numbers of professionally qualified staff. The right authority must be identified, and it must be properly resourced.

Our view is that consistency is probably best achieved not by top-down regulation by Government, but by local authorities coming together with the industry and producing national frameworks. That is the way forward. Our members are keen on a partnership approach.

Last year, we did a survey of environmental health officers, and one of the things that they were particularly concerned about was that, because of the pressure on their time and the reduction in resources, they were having to give up educational and preventative work, inevitably focusing more on the policing function. The worry is that, if they do not have time to do educational and preventative work, they will focus simply on being policemen.

Charles Milne: You will not be surprised to hear that we strongly support the reporting duty. I hear what Colette Backwell says about proportionality, and I reassure her that the incidents that we are aware of are dealt with on a risk-assessed basis. I envisage that any duty to report will be treated in exactly the same way. We would not take the same action over a serious health concern as we would over a labelling issue. That is how I envisage it working.

However, the duty is important for a number of reasons. The first is obvious: companies or individuals might not report an incident to begin with, which could result in potentially significant public health issues.

11:45

Secondly, we regularly receive reports in which we are told that a company in Fife or in Highland is doing something but the individual will not tell us which company is involved or provide any details that allow us to take action. The duty would enable us to get the information.

The duty would also address a third issue. We have recently had examples of companies that reported but delayed doing so until the economic impact was minimised. Delaying a report until the best-before or use-by date allows the product to go through the market to the consumer, whereas an earlier report would have prevented it from reaching the consumer.

Rhoda Grant: I will ask about the financial resources that will be available under the bill. Is the resourcing adequate for the new authority? Many people are talking about it taking on some health prevention work. Will it be sufficiently resourced to do that as well as look after the standards of produce and the safety aspects that the Food Standards Agency already covers?

Charles Milne: The objectives of the bill as set out in the policy memorandum are extremely challenging. They are not only to make

“sure food in Scotland is safe”

but to ensure that people’s

“diet and nutrition”

enables them to live

"longer, healthier lives".

That, in itself, could require a huge amount of work and you are absolutely right to flag up the fact that, if considerable work is required, resources have to be provided to do it.

The financial provision as laid out in the financial memorandum is probably adequate for the functions that the FSA currently undertakes, but there is a discussion about the new food body's future scope and the potential for it to take on further work. If further work and further responsibilities are allocated to it, suitable financial provision must be made.

Dave Watson: I do not disagree with that, largely. Our concern on resources relates not only to the FSA but to local authorities, because the FSA has only one part of the role.

Our concern about the FSA is that, if resources are tight, people will inevitably start to think about cutting costs. Over a number of years, the UK FSA has had a track record of pressure to cut costs. One of the methods of doing that has been to deregulate by transferring the responsibility for meat inspection from the independent meat inspection by FSA staff to contractors or directly to the meat producers.

I welcome Tim Smith's comments about Tesco's concerns that regulation must be seen to be independent. If a meat inspector is employed by a meat producer, their approach to inspection will be different from that of a Government meat inspector who is employed by the FSA, who has a degree of independence. Inevitably, there is pressure on people who are employed by a company, not only from the company but from other staff working in the plant. An independent inspector does not have that pressure.

Our concern is that, if the new body is not properly resourced, we will carry on down the road of cost cutting and, in effect, deregulation, which will mean that we lose the independent nature of inspection, which is important for the Scottish brand.

Colette Backwell: I will make two points. The first builds on Charles Milne's point about extending the scope of the agency. In May 2013, when the establishment of a new food authority was first mooted, there was a lot of discussion with stakeholders about a large number of fairly meaty—if you will pardon the pun—additional responsibilities that could be given to the new body. It is obvious from the bill that the decision has been taken for that not to happen, but it is not clear where the additional resources for such functions would come from should they be given to the new food body in future. We are keen to have some clarity on that.

The second point relates to hidden costs. FSA Scotland is currently part of FSA UK and benefits from the synergies that that brings—the committee structures, the research that is commissioned and access to other bodies. All that is available within a structure that comes at no cost.

Once the new food body is established, how will it access those sources of expert advice, research and evidence—all the things that are fundamental to delivering a strong and effective food standards agency? Will that access come at a cost? If so, have those costs been considered? It is not clear from the bill that those costs have been actively considered.

We have submitted our comments on funding issues that relate to the new food body to the Finance Committee. Unfortunately, that was done after the Health and Sport Committee's call for evidence, but we would be happy to share those comments with you, if that would be useful.

The Deputy Convener: That would be helpful.

Rhoda Grant: What additional funding would be required? Has work been done to look at the parts of the new organisation that will need to be set up and which will not benefit from the UK organisation, such as human resources and finance functions? It would be useful to have an idea of those costs, because they will be incurred regardless of whether the new authority takes on new functions.

Charles Milne: Corporate support is costed in the financial memorandum. The UK advisory committees are for the UK, so the new food body in Scotland will have access to them. An example of how that will work comes from what happened when responsibility for nutrition transferred from the FSA to the Department of Health. The FSA used to take advice from the Scientific Advisory Committee on Nutrition. After the responsibility transferred to the DOH, Scotland continued to have access to that committee's expertise and was still able to ask appropriate questions of the committee. That model will apply going forward.

Scotland has its own research budget and it is part of the UK research programme. I see that continuing after the new food body comes into being. That has a parallel with what goes on with the Department for Environment, Food and Rural Affairs in relation to animal health. There is an annual get-together to co-ordinate programmes—to ensure that they are complementary and that there are no gaps and to get as many synergies as possible. When Scotland manages its own research budget, it will also have more opportunities to leverage additional funding.

The main concern that I have flagged up is that if, as is set out in the papers, we bring in additional functions from local authorities or elsewhere in

relation to nutrition or other matters, we will need to identify what those responsibilities will involve and what resources will be needed to administer and deliver them. We will need to cost that and ensure that those resources are provided.

Tim Smith: I have three points to add to what colleagues have said. It is inevitable that the fixed costs for Scotland alone will be significant, to the point that they will need to be identified and have protected resources. The new body will need its own systems; some of them will be shared for a while and some will not be shared.

What would work best for us, our customers and our producers would be knowing with certainty that the most important priorities, which the FSA and FSA Scotland lay out clearly now, will be protected. That relates to a point that Dave Watson made. If the new body is about protecting consumers and ensuring that, when they buy food that derives from Scotland, they can trust it, enshrining protection in the bill would be helpful.

There will always be priorities that are not things that would just be nice to do, but nothing will be more important than food safety. It is important to protect the regimes that others might be more worried about than I am, because they concern other supply chains.

I have a final observation about access. Charles Milne made the sensible point that Government bodies can share access to committees. I encourage more boldness and suggest that the new body will want not just access but influence. Some issues will be more important in Scotland than they are in other parts of the United Kingdom. The new body will need to ensure that those priorities are met with the same enthusiasm as applies now.

The Deputy Convener: That is helpful. I would like to ask a supplementary, but Rhoda Grant asked the initial question. Would she like to ask anything else?

Rhoda Grant: No, thank you—I am happy with that.

The Deputy Convener: I will refer again to Tesco, Mr Smith, simply because you are sitting here. A suggestion has been made in evidence that large retailers may test what they know to be safe, rather than what might be risky. I am not saying that that is the case, but there can be an affirming testing process. We see that there is a food chain in place, we think that the process is done very well and we decide to test it. That validates what we think we already know, rather than taking a risk-based approach to testing. I am not saying that that is the case, but such suggestions have been made.

There is also the idea of full disclosure, where there can be commercial issues. The more testing a large supermarket or manufacturer carries out, the more breaches will be found, by definition—that is the world we live in. Reputational damage could come through reporting on that, but that would be important information for informing food standards Scotland, or the FSA currently, in relation to partnership working. I would be grateful to know how comfortable you would feel if there was a duty to share the testing process, and to hear any information that you have regarding what the balance is.

I know that you are here to speak for Tesco but, in more general terms, is it your view that tests validate what people already think is safe? To what extent is there a risk-based approach to testing?

Tim Smith: I am happy to clarify what others might have thought we do.

The Deputy Convener: The people concerned did not mention Tesco; it is a general theme.

Tim Smith: Considering things from a customer perspective, let us go back to the events last year concerning horsemeat. We were already very much taking—and we strengthened—a risk-based approach to our auditing regime, our testing, our sampling and our surveillance, according to a simple two-dimensional grid of likelihood and impact. If a product had the potential to cause harm to human health if it was badly handled—for example, a ready-to-eat sandwich—or if there was a high likelihood of that happening, because we had intelligence to suggest that, there would be more work going into that area.

To date, we have 5,300 DNA tests up on our website, which display what we have tested, why we have tested it and what we have found. We took that view, which relates to your point about transparency, because we thought that, if there were two things that would make consumers, our customers, feel more comfortable, the first would be knowing that we were doing that and were bringing that testing result to them, and the second would be for that sampling surveillance testing regime to act as a deterrent to those who might possibly be tempted to do the things that happened during the horsemeat situation.

We were already doing that. We were already taking a risk-based, proportionate approach. Our investment has gone up substantially since that time, as it has proved easier to identify the risks as we have shortened our supply chains and made them simpler.

The important aspect is that, even if we were not disclosing that information to our customers before, we are now. That pre-empts any need to do that with a regulator—but we did that anyway.

That would be a normal part of our daily, weekly and monthly regimes. We are happy to share any of that information with the proper bodies.

The Deputy Convener: That is really helpful. Mr Milne, is that your experience? Is the sector as a whole doing that? Is Tesco being a bit more progressive than some other retailers in that regard?

Charles Milne: I would find it hard to believe that industry would deliberately look at samples that it knew would be clear. That is an awful lot of money to waste. Industry would certainly want to underpin its knowledge of and confidence in the food and the ingredients that it buys.

On the subject of overall surveillance, having access to industry sampling and an open and transparent sampling system is a tremendous benefit. That is just one layer, however. We need industry to sample, and we also have a co-ordinated sampling programme for local authorities across Scotland to underpin that, for verification.

The Food Standards Agency is developing advice for ministers on what a world-leading food surveillance system would look like. The lessons from that exercise will be pertinent to the new food body.

12:00

Richard Lyle: Before I come on to my question, I point out that I previously served on the Rural Affairs, Climate Change and Environment Committee and I would suggest that Scotland's food and drink is the best in the world. Most companies and grocers—such as Tesco, Asda and Morrisons—check their food daily for the dates and so on.

I put in a plea to the EHOs, because I go into my little local shop and love to select my rolls in the morning. I hope that you do not create a situation whereby rolls have to be covered, because that would make it likely that apples, pears, bananas and everything else in grocery shops would have to be covered.

My serious question is that, given that FSS should have a structure that enables it to provide a service for all food and drink manufacturers, who should be on the board? Should the board be made up of people from the industry or people who take a great interest in the industry?

The Deputy Convener: What should the FSS board look like and how do you feel about the bill's provisions on that?

Tim Smith: The critical issue is that anybody who observes the new body would be able to detect the single purity of its independence. That

means that, although the voices around the table would need to be drawn from industry, from consumer bodies and from a whole range of academic and scientific backgrounds, when they sit round the table and debate a specific issue it would not matter where they came from, because they would add an independent clarity of purpose and hold the executive to account.

It is important to understand that it makes policy making a lot easier and implementation more straightforward when there is expertise round the table that adds value. If a huge amount of the work that goes on in the next few years is about changes in meat regulation in Europe and how that might be applied in the UK, it would be strange, would it not, if there were no bodies or individuals around the table who could bring to it expertise on the matter, as long as—given that there is transparency and openness—it is clear to anybody looking in that they are acting in an independent manner.

Colette Backwell: I support what Tim Smith said. The important issue, given that FSS will be a consumer-facing body, is that consumers have confidence in the agency and in its board. The independence point is well made and is very important. There needs to be breadth on the board to cover all the bases, if you like, and a knowledge of the industry that provides food to consumers must be captured in some way on the board and, indeed, within the organisation.

Laura Stewart: Those comments are all very sensible. The independence point is key. I add that food is such a cross-sectional issue that, to reflect the work of FSS, we will need people who understand health as well as the environment and the social implications of food and our food sector.

Dave Watson: I reassure Richard Lyle that, given the cuts in environmental health, it is highly unlikely that anyone will visit his corner shop. I suspect that Tesco probably has more time focused on it, on a proportionate basis. He should certainly not worry about whether his rolls are covered. The more serious point is that there has been a big cut in the amount of food sampling that is done by environmental health officers, so that is another area in which there is a problem.

Of course, the board has to have a balance of expertise, but one point that we made in our submission was that the bill does not mention staff governance, which we have developed in other public bodies in Scotland. In the NHS and elsewhere a staff governance framework has been introduced and that has involved staff representation on the board. Frankly, the bill is almost entirely silent on the subject of people—you would think that food inspection was done by robots, not by people, but as it is done by people we would like to have seen a little bit more about

staff governance in the bill, including provisions on staff transfer and other issues that seem to have been missed out.

The Deputy Convener: Could some of those issues be picked up in guidance?

Dave Watson: It could. Such arrangements usually have a statutory requirement saying something like, "There shall be a staff governance framework" and secondary guidance then picks that up. All that we are looking for in the bill is a general statement on staff governance; the detail could be left to secondary legislation.

John Lee: Mr Lyle asked a good question. At the risk of making it a crowded table, it would be useful if retailers could be represented in some way, to bring their expertise and knowledge to bear.

The Deputy Convener: The bill does not deal only with the appointment of the chief executive and the top-tier committee; it also has a permissive power to establish various committees, as the senior staff see fit. Does everyone have to be represented at the top table—I do not like that language—or could there be roles for other committees and for stakeholder groups, such as an industry reference group or food producers' reference group? The same question arises with every subject that we ever discuss in committee. You would have to build a table the size of the Scottish Parliament to get everyone around it who wants to be on the board of the new FSS, so could a system of committees be a way of ensuring that those who are not at the top table can have some form of representation?

I see a few heads nodding. Would anyone like to comment?

Colette Backwell: There is no doubt that committees work well, but they are primarily advisory and the decisions are taken at the top table, so what is really important is that that top table has the breadth and balance to properly represent all the stakeholders involved, and to ensure that there is an appropriate challenge at the top table, so that when proposals are made there are people who can say, "Hang on. That is not going to work." That applies across all aspects of the agency's work, not just in relation to industry.

The Deputy Convener: Thank you. I just wanted to ask the question, because the same issue seems to arise with everything that the committee has ever scrutinised. There is always a clamour to be at the top table.

Nanette Milne: What is the ideal size of the board in numerical terms?

The Deputy Convener: That is a very good question, because we might say six and then find

that 20 groups want to participate. To make it fleet of foot but still appropriately representative, how big should the board be?

Any takers? Everyone is silent.

Charles Milne: The only thing to say is that there are so many different areas of expertise that you cannot realistically expect all of them to be represented on the board. The type of people who are on the board must be questioning and they must put the consumer first, but they must also have access to information from the executive and more broadly, to inform their decisions. I agree that you do not want to make the committee too big. You need a reasonable mix of expertise on the committee, but if you make it too big it will become pretty unwieldy.

The Deputy Convener: That is more of a politician's answer than a politician would give.

Richard Lyle: I would like—

The Deputy Convener: I am sorry, but I should let Tim Smith comment before I bring you back in.

Tim Smith: Independence and putting the consumer first have been mentioned a number of times by witnesses, including me. If in doubt, go for that, because science and evidence gathering, people who understand the science and the industry, and retailers, manufacturers and the whole supply chain will need to be represented, but if consumers are to trust the body it must be seen as independent and it must feel as if the people on whose behalf work is being done are represented round the table.

The Deputy Convener: Thank you, Mr Smith. Richard, I apologise for cutting you off.

Richard Lyle: That is okay, convener. I have been cut off by better people than you.

The Deputy Convener: Why does that not surprise me?

Richard Lyle: I agree with Mr Smith and I know why Mr Milne gave that politician's answer. I understand that you are leaving Scotland and going to Australia, Mr Milne. I am sure that everyone round the table wishes you well and thanks you for your work with the Food Standards Agency Scotland. Given your expertise, can you not just tell us before you go how many people should be on the board?

The Deputy Convener: Mr Milne, feel free to answer that—or not, as the case may be.

Charles Milne: An appropriate number. *[Laughter.]*

The Deputy Convener: I suppose that one of the most important things is that Richard Lyle's morning rolls are uncovered, and if we can

achieve anything today perhaps we can achieve that.

Meeting closed at 12:10.

I thank everyone for participating in our round-table discussion. As always, we are conducting on-going scrutiny, so, as our convener, Duncan McNeil, would say at this point, if you think of something that you should have mentioned, put it in writing and send it to us. I am not soliciting further comments from witnesses, but we do have a tiny bit of time left. However, as I see no indications that people want to put anything on the record at this stage, I shall take that as a resounding mandate to close the meeting. Thank you very much.

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