The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

EQUAL OPPORTUNITIES COMMITTEE

Thursday 4 June 2015

Session 4

Thursday 4 June 2015

CONTENTS

EQUAL OPPORTUNITIES COMMITTEE
11th Meeting 2015, Session 4

CONVENER

*Margaret McCulloch (Central Scotland) (Lab)

DEPUTY CONVENER

*Sandra White (Glasgow Kelvin) (SNP)

COMMITTEE MEMBERS

*Christian Allard (North East Scotland) (SNP)
*Jayne Baxter (Mid Scotland and Fife) (Lab)
*John Finnie (Highlands and Islands) (Ind)
*Annabel Goldie (West Scotland) (Con)
*John Mason (Glasgow Shettleston) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Alex Neil (Cabinet Secretary for Social Justice, Communities and Pensioners' Rights)
Trevor Owen (Scottish Government)

CLERK TO THE COMMITTEE

Ruth McGill

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Equal Opportunities Committee

Thursday 4 June 2015

[The Convener opened the meeting at 09:30]

Decision on Taking Business in Private

The Convener (Margaret McCulloch): Welcome to the 11th meeting in 2015 of the Equal Opportunities Committee. Please turn off any electronic devices or set them to flight mode.

I start with introductions. We are supported at the table by the clerk, research staff, official reporters and broadcasting services, and around the room by the security office. Members will introduce themselves in turn, starting on my right.

Sandra White (Glasgow Kelvin) (SNP): I am the MSP for Glasgow Kelvin and the deputy convener of the committee.

Annabel Goldie (West Scotland) (Con): I am an MSP for West Scotland.

John Finnie (Highlands and Islands) (Ind): Madainn mhath. Good morning. I am an MSP for Highlands and Islands.

Christian Allard (North East Scotland) (SNP): Good morning. I am an MSP for North East Scotland.

John Mason (Glasgow Shettleston) (SNP): I am the MSP for Glasgow Shettleston.

Jayne Baxter (Mid Scotland and Fife) (Lab): I am an MSP for Mid Scotland and Fife.

The Convener: The first item on the agenda is a decision on taking business in private. We are asked to agree to consider in private item 3, which is evidence heard during today's meeting. Are we agreed?

Members *indicated agreement.*

Age and Social Isolation

09:31

The Convener: Item 2 is an evidence session with the Cabinet Secretary for Social Justice, Communities and Pensioners' Rights as part of our inquiry into age and social isolation. I welcome the cabinet secretary and his accompanying official. Cabinet secretary, I ask you and your official to introduce yourselves and I invite you to make some opening remarks.

The Cabinet Secretary for Social Justice, Communities and Pensioners' Rights (Alex Neil): I am the Cabinet Secretary for Social Justice, Communities and Pensioners' Rights.

Trevor Owen (Scottish Government): I am the human rights policy manager in the equality, human rights and third sector division.

The Convener: We have taken quite a lot of evidence from various organisations and have heard about the impact of social isolation and loneliness on young people and older people.

Sorry, cabinet secretary—do you want to make some opening remarks? I assumed from your introduction that you were not going to.

Alex Neil: I will do so very briefly, if that is okay.

I welcome the opportunity to discuss this important issue with the committee. We probably all agree that there are no easy answers to the challenges of social isolation and loneliness. We are talking about a fundamental societal issue and we are all committed to exploring what more we can do to tackle it. It is an issue that affects a lot of people in Scotland, although it is difficult to quantify precisely how many people are affected at any one time.

The issue strikes at our hearts because we all, no doubt, know someone who, at some point, has suffered from isolation or loneliness. All the answers cannot come from Government; often, it is about interpersonal relationships and issues that are well outside the control and remit of the Government. Nevertheless, it is important for us to do what we can, because isolation and loneliness can lead to other problems, not least with mental and physical health.

We believe that there is a strong moral case for tackling loneliness and social isolation. There is clear evidence to suggest that an unwanted lack of social contact can contribute to poorer outcomes for individuals across the board. When someone experiences long-term social isolation, it can lead to poorer health—as I have mentioned—a shorter lifespan and bad lifestyle choices.

To tackle that, we need to take a holistic approach. That may involve, for example, lifting people out of poverty; ensuring that housing and place supports independent living; ensuring that our schools and communities are the best places to grow up in; delivering accessible transport; and ensuring that people have access to fair and equitable work. Our success will inevitably be measured by the improvement in individuals' quality of life, their feelings of connection to society and their ability to create those connections for themselves.

Wider public services play a critical role. When services come into contact with somebody who is suffering from social isolation, it is imperative that we get better at recognising the signs and that we stand ready to help. The third sector is often the route into reaching those who may be invisible to services. That is why we continue to invest in that sector and work to integrate it into how we plan and deliver public services.

We fund a range of projects that contribute to tackling loneliness and social isolation among children and young people and among older people. Today, I will visit the Macmerry men's shed, which—happily—is celebrating its second birthday. We have established a partnership with Age Scotland to develop further the network of men's sheds in Scotland. Members will have heard of those community-led initiatives, which bring together older men—often those who are socially isolated or have long-term health conditions—to engage in activity in a community space. I have been told that those projects have made a critical difference to the quality of those men's lives, and I look forward to seeing that for myself this afternoon.

That is just a brief introduction to give maximum time to the committee to comment and ask questions.

The Convener: Thank you very much.

Do third sector and other service providers in health, social work and housing fully understand and appreciate the impact that social isolation and loneliness can have on those groups of people?

Alex Neil: The picture is varied. There is clear evidence in the social care sector. It is difficult to quantify, but people working in the social care sector who visit older people daily are usually very good at identifying isolation or loneliness and doing something about it. Many social care agencies in the public sector and the third sector are very good at picking that up and doing something about it, but there are other sectors in which that is not necessarily the case. The picture also varies throughout the country.

Loneliness and isolation can afflict anybody of any age and of any social or economic status in any circumstance. By definition, if people are isolated and not mixing in the wider community, it will often be difficult to identify who they are in order to help them.

The Convener: What can you, as the cabinet secretary, and the Scottish Government do to raise awareness, reach people who are socially isolated and lonely and help them not to feel ashamed to say that they are in that situation but to reach out and ask for help?

Alex Neil: In my previous position as the Cabinet Secretary for Health and Wellbeing and in my current position as the Cabinet Secretary for Social Justice, Communities and Pensioners' Rights, I have seen that we are much more aware of that as a problem that we need to do something about than we were five years ago.

I will give you an example of that. Dementia is often spoken about as the biggest challenge of our age for older people. It is a huge challenge and nobody here would want to underestimate the size or scale of it, but depression among older people is a far bigger problem than dementia because far more older people suffer from it than suffer from dementia. Therefore, because there is clear medical evidence that depression can be caused in part or in whole by social isolation and loneliness, if we are going to follow a preventive strategy we need to do much more to stop people being isolated and lonely.

In the health service, in social care and increasingly in other services, we fund non-medication solutions. A few months ago, when I was still the Cabinet Secretary for Health and Wellbeing, I visited a deep-end general practice in the east end of Glasgow and talked to the patients there. One lady, in particular, had suffered from depression. She had come back to Glasgow to look after her ailing mother, who had died. That lady had no friends because she had been out of Glasgow for 40 years. She was on benefits because she had had to look after her mother and could not find a job even when her mother died. She was extremely isolated. Her sister worked abroad, so she did not have daily contact with her.

The lady attended the doctor for depression that, in the doctor's opinion, was largely caused by her social isolation and the circumstances in which she found herself. She was very fond of animals, so the doctor put her in touch with an organisation that looks after animals that have been abandoned. Her health began to improve almost immediately because she was doing something that she enjoyed, she felt valued and she was meeting new friends and making new contacts in a social network that she had not been in before. I thought that that was a very good example of where so-called social prescribing is as important as medication. To be frank, I think that it is more

effective, as well as being more cost effective. We must try new ways of doing things and think outside the box not just in health but right across our public services.

The Convener: We will come to the issue of social prescribing later. Other members will ask in detail about that.

John Mason: Cabinet secretary, you used the phrase, "fundamental societal issue." We can measure the number of broken legs—that is obvious—and we can perhaps measure dementia issues, but can we measure isolation and loneliness? Measuring things is helpful with regard to targeting.

Alex Neil: I will give you a yes and no answer to that. There are some situations in which we can measure isolation and loneliness. For example, in the case that I just mentioned, the fact that the lady had depression that was caused in large part by social isolation and loneliness was in the doctor's notes.

We have to recognise that the condition is sometimes transient. I will give you a couple of examples of that. There is clear evidence from the university health sector that a young person who leaves the parental home and goes to university will sometimes suffer from social isolation and loneliness because they find it difficult to mix in the new environment in which they find themselves. However, that often happens in the initial stages of their first year or second year but cures itself—if I can use that phrase—when they get into the swing of things. Similarly, even in situations in which a large family is involved, an older person who loses a spouse after having been married for a long time will go through a period of feeling very lonely. They might be surrounded by family and friends but they cannot help but feel lonely because the person with whom they spent most of their time and whom they loved the most is no longer with them and is not coming back.

We cannot measure isolation and loneliness accurately. However, we can identify and measure the problem much more easily in some areas than in others. Where we can measure it, we should do so. More important, we should think about what is effective in tackling the issue and helping people who are dealing with isolation and loneliness.

John Mason: In relation to targeting, do we accept that a young person will simply meet people over time and that their loneliness will cure itself, meaning that we probably do not need to do anything about it? Should we therefore concentrate on the longer-term cases, such as the case that you mentioned involving the woman and the animals?

Alex Neil: Not necessarily. From my period in the health portfolio I know that some cases of loneliness affecting young people do not cure themselves. The incidence of suicide among young people in Scotland is still a major cause for concern. We have one of the highest rates of suicide among young people in the whole European Union, and some of that is down to loneliness and social isolation. You do not know who is going to end up suicidal as a result of those things. My belief, therefore, is that we should do everything that we can, because we do not know whether the situation will be temporary or permanent. That is not a risk that we can take. If we come across a young person who has just moved to university and is lonely and isolated, we should do everything that we possibly can to help them to get out of that situation.

John Mason: That is fair enough. How do you see the Government's role in that, compared with the roles of others such as councils, GPs, the rest of the health service and the good third sector stuff that exists in areas such as Easterhouse and Islay, which we have visited? Is the Government's role to support those organisations?

09:45

Alex Neil: We are probably getting to the stage at which we need a fairly wide-ranging strategy at a national level, and I hope that we can look at that jointly once the committee has reported. We could have an overarching strategy that covers the whole range of services. We probably also need a research programme to find out more about the incidence of loneliness and isolation, the typical profile of people who are most at risk and so on. There is a lot of work still to be done.

I think that our job is to do that research, to look at what works and what does not work, to enable organisations such as universities to provide the necessary support and to enable social care organisations to provide support for disabled people and older people who may be subject to conditions such as loneliness. Our job is to enable and to make sure that people are aware of the issues. However, it very much comes down to individual circumstances, and I do not think that we could issue a prescription on how we can identify social isolation in every single circumstance throughout every possible situation in society.

The Government's role is about awareness, research, enabling, having a strategy in place and getting the public sector, the third sector and organisations behind it. It should cover health, education, transport and a range of other things. That would be a good starting point.

John Mason: That is positive. I like the ideas of a strategy and research.

It has been suggested to us—you have touched on this—that certain groups may be particularly vulnerable. One such group is older men, and we have received evidence on men's sheds, which sound very positive. Other groups are lesbian, gay, bisexual and transgender folk as they get older and, sometimes, minority ethnic communities. It interests me that somebody from a minority ethnic community or any of those other groups might have friends within their own circle but have no friends from, for example, another ethnic group. I am not sure whether that matters as long as people have some friends. Does it matter whether people have a wide range of friends?

Alex Neil: I personally think that it does. Let us take rural communities as an example. Being a member of a minority ethnic community in a very small community can sometimes be a lonely position to be in. Being a member of the lesbian, gay, bisexual, transgender and intersex community in a rural community can be a lonely place to be. If the person lived in a town, they might be a lot less lonely because there would be many other people in similar circumstances to theirs. There are networks in towns and cities that do not necessarily exist or are difficult to access in rural communities. Similarly, if a widow or widower lives in a rural community and there are not many communal activities, that can be a lonely place to be.

We could describe a million different circumstances and scenarios. Loneliness is not an easy problem to tackle because it can happen to any one of us. It can happen to anybody of any age and of any social or economic status in any part of Scotland at any time. It can be transient, temporary or permanent—we just do not know. It affects every single one of us. I do not think that there is a silver bullet.

John Mason: My final question is based on what you have just said. Do you think there is more of a problem in rural areas?

Alex Neil: I think that there can be in certain circumstances. I had two sets of grandparents—I was very close to both of them—and they both lived in rural communities. One community was well organised—there were bus trips, a box of things was delivered to every pensioner in the village at Christmas and there was a lot of social activity—but in the rural community where my other set of grandparents lived, none of that happened. There tended to be a lot of second homes there and people just visited, so there was not the same level of activity. In one of those rural communities it was almost impossible to feel lonely because of the amount of activity that was going on. The other community was at the other extreme, with nothing going on to help older people to mix, such as trips and all the rest of it. I do not think that we can categorise; it is very much down to individual circumstances.

Sandra White: I want to come in on the back of John Mason's questions on measuring loneliness and social isolation. You have spoken about raising awareness, cabinet secretary. Before we can measure, we need to raise awareness and to find out exactly what loneliness is in this context.

Is a national campaign to raise awareness something that the Scottish Government might consider? Mention has been made of dementia, and there is the see me campaign for mental health. Might you consider a national campaign in the context of research? There are obviously different forms of loneliness, but some people are not aware that their next-door neighbour might be lonely, for instance. Might the Scottish Government think about looking into that?

Alex Neil: Absolutely—I do not see why not. Loneliness is the type of thing that we need to make more people aware of. It might be a simple case of people checking on their neighbours. We tend to do these things around Christmas, to make sure that people are not left alone on Christmas day, but loneliness is not just a problem at Christmas—it is a problem all year round. We should consider doing something more consistent and longer term, and at different times of the year. If the committee wanted to make recommendations about that, we would take them seriously.

Annabel Goldie: We have been very interested in an area that is described as social prescribing. You gave an interesting illustration of how that can work, which you encountered in Glasgow.

The Royal College of General Practitioners produced a very positive report about the benefit of employing links workers in general practices, following the Government-funded programme to look into that. I do not want to draw you into anxious questions about costs and resources, but I am interested in whether you think that there is scope to put the concept of social prescribing, which is new to many people, on a more formal footing. I am not talking about how you do that; I am talking about getting that concept out there on the radar screen.

Alex Neil: Given that the new health and social care partnerships are writing their business plans and strategies, there is an opportunity to build that in as part of the preventive strategy. The problem is large in scale. In the great scheme of things, the cost of funding lunch clubs for older people, for example, is pretty negligible compared with the cost of having to treat people for depression.

When I was Cabinet Secretary for Health and Wellbeing, I encouraged boards to use some of

their funds to do some social prescribing activity as part of the preventive strategy, and I know that my successor is doing the same. It might not be social prescribing in the sense of issuing prescriptions for individuals; it might be done at more of a community level. Both are relevant. The kind of social prescribing that I described in the case of the lady who was fond of animals is appropriate—it clearly worked in her case. On prevention, if we can ensure that the funds are there to encourage communal activity, that is definitely worth doing.

One of the most effective things that we have all done, by supporting it in the Parliament, has been to implement the bus pass. Its value does not just lie in people getting a concessionary fare; it encourages older people to go out and visit friends, shops and relatives, even if they are far away, which, frankly, they would not do if they did not have a pass.

If we abolished the bus pass and added the money to pensions, that would be a retrograde step. The bus pass plays a big role, which we have never tried to quantify—we have never thought of it in that way. However, there is clear anecdotal evidence that the bus pass is one way in which older people are incentivised to get out and about, which would not happen otherwise.

Annabel Goldie: I think that we are all very encouraged by your response, cabinet secretary. If we accept social prescribing as a positive concept, what struck me about the example that you cited is that it was made possible by the existing structure, in which a GP knew that there was something that might appeal to and help his patient and he was able to refer her. We took evidence from the medical profession, which is anxious about the expense implications of extending the practical element of social prescribing. I would be interested to hear your views on that. Do you think that, if it is acknowledged that social prescribing is a sound and positive concept, a lot can be done within existing structures, so it is a question of changing the culture of how people think?

Alex Neil: Absolutely, and GPs have a critical role to play, because they are very often in touch with people. At any one time, 50 per cent of the Scottish population is under the care of the national health service, and 90 per cent of those people are under the care of GPs, so they are in an ideal position to make inroads into the problem.

I again cite the example that I gave—of course, we should not always generalise from one example—because the social prescribing in the deep-end practice was organised through the links worker. They got the lady involved in an organisation that looks after animals, and she gradually came off her anti-depression pills as she got better. That saved the health service money. It was not done for that reason, but it was cheaper. It did not cost the health service anything other than an hour of the links worker's time to organise that and, once it was organised, the GP's practice did not need to be involved any further in her activity with the animal charity people. By coming off anti-depressants and all the rest of it, the woman felt a lot better, and it was cheaper for the health service, because the GP no longer had to prescribe the level of medication that he had had to prescribe previously. Of course, the objective was to get her off anti-depressants entirely.

Annabel Goldie: Again, that is very encouraging. If we find the concept positive and we are aware of how it can be applied within existing structures, is there a better way to make links between GP practices and what may be available out there in the community?

Alex Neil: Absolutely. Part of the job—both collectively and individually—of the links workers who are employed in the Glasgow deep-end practices is to build up a list of all the local organisations to which the GPs can refer patients. The GPs told me that they were absolutely astounded by the number of organisations that are on the ground in these fairly poor communities, to which they can refer their patients if they feel that they will benefit from that. That is why we have invested heavily in the links workers in the deep-end practices. That is a good example of a job that a links worker can do that a GP will never have the time to do.

Annabel Goldie: The cabinet secretary has partially answered my final question. The partnerships that are formed from the integration of health and social care should be imaginative in devising their own strategies to combat social isolation and loneliness. Is it a question of helping the new partnerships to understand their potential or is there a bigger role for them to play that will require Government intervention and guidance?

10:00

Alex Neil: The key to this—it is the key to a lot of things—is to put much more emphasis on and more resources into prevention. That is where the partnerships can make a huge difference in scale for, relatively speaking, not a great deal of money, because that is not particularly expensive to do. We do not need to fund lunch clubs, because people contribute to them and other organisations come in and volunteer. I do not think that we use the volunteering sector enough. This is volunteering week.

Let me give an example. I was in Govan yesterday, where I talked to community activists who are doing a fantastic amount of work in the

community in central Govan. Because of cutbacks in Glasgow City Council's budget, they lost two mental health workers who had been working with them to help local people to address mental health issues. I said to them, "Why don't we look at creating, probably at a Glasgow level, a corps of retired doctors?" When I worked in eastern Europe, there were people there who worked for an organisation called SCORE—the Service Corps of Retired Executives. They did not get paid—they just got their expenses. They helped people in eastern Europe to set up new businesses, because after communism they did not know how to do it. There are many people who retire from the medical service who would like to give something back on a voluntary basis. If we organised a corps of retired doctors, nurses and mental health workers who were willing to do such work—it would not be compulsory—we could achieve a great deal. In fact, many of those retired people themselves live alone, so it would benefit them, too.

It is like the men's sheds. One of the benefits of the men's sheds is that, as well as delivering a service to the community, the men feel as if they are valued and are part of a network, because they are getting out and about. That should not apply only to men or to men who have a trade. We could do the same with retired mental health workers, retired nurses and retired workers of all descriptions. The voluntary sector could do a lot more, not to substitute what we should be paying for on a professional basis, but to add additional resource. That often helps the volunteers, because they are just as vulnerable to social isolation as the rest of us.

Annabel Goldie: I really enjoyed that answer from the cabinet secretary—thank you.

Alex Neil: Thank you very much indeed.

The Convener: Christian, do you have any questions to ask, or shall we move on?

Christian Allard: I want to ask about the integration of health and social services. We heard from a lot of people and we went to see a lot of people who were optimistic about the integration of services but, as we know, the picture is a bit patchy and some areas are doing better than others. I know that referral seems to work, but there seems to be a bit of concern. You said that a definition of social isolation should be included in the preparatory work and in the plans that are drawn up for service integration, but do we know whether that has been done?

Alex Neil: By now, all plans should have been submitted to the Cabinet Secretary for Health, Wellbeing and Sport. It is an area in which the Government, the health service and local government need to work together to ensure that such strategies are aligned. Right across the board, the prevention strategy must be an essential ingredient of how we deal with the challenges that the health and social care sector faces and which wider public services will face in the future. Prevention will be essential. As part of the strategy to prevent social isolation and loneliness, the kind of activity that we have talked about should be included in those plans.

The documents that we have been discussing are strategic documents, so they might not go into a lot of detail, but a prevention strategy is absolutely essential for all those new partnerships. Although it might not be detailed at this stage, that is the kind of thing that we should be looking at, because it clearly works.

Christian Allard: I am not sure whether it is a detail—many of the people we took evidence from thought that it should be at the core.

I am concerned about timing, because the strategy is already being delivered—that has been happening since 1 April—and I know that some authorities and health boards are going more slowly than others. That could make things more difficult. If you are trying to develop a strategy on social isolation, it might be a bit too late.

Alex Neil: We have been talking about the initial strategies, and there is no reason why we cannot build in future provision, because there is always contingency funding for other things that come along in all those types of organisations.

My view is that prevention is absolutely key and that, in order to prevent isolation and loneliness, that kind of social prescribing-type activity either at communal or individual patient level is absolutely essential. Indeed, it will grow as part and parcel of how we deal with the challenges in the health and social care sector.

Christian Allard: How much of the third sector is involved in the integration of the two services? Is it seen as an equal partner?

Alex Neil: The two statutory partners are the voting partners on the joint boards, but I have made it clear, as has Shona Robison, that the third sector—in fact, all the other stakeholders, including the users of the services—must play a key role in designing services. The situation varies and, in my time as health secretary, the third sector would complain to me from time to time that it did not feel as though it had been involved enough in the drafting of the business plan and the strategy. When I received that feedback, I immediately tried to rectify the situation, because the third sector has huge experience and huge untapped resources; indeed, I have just mentioned the volunteering sector. All of that is required to deal with the challenges that face us.

Christian Allard: I am happy to hear that. You have mentioned more than once the example of the men's shed initiative. My home town is very proud to have started the first men's shed in the United Kingdom—and I should at this point say that I had a little hand in it; in fact, I am visiting the people there today. However, when we talk about third sector organisations, we should remember that, as you have said, the people involved are themselves service users.

Alex Neil: Absolutely.

Christian Allard: How we can ensure that, when the two services are integrated, the third sector is right up there at a strategic level?

Alex Neil: All the guidance that has been issued to the joint boards on this matter makes it very clear that the third sector, as well as other stakeholders, must be involved in the design of services.

Christian Allard: It would be great if there could be a caveat about social isolation, too, to ensure that the matter was addressed at a strategic level, not as an afterthought.

Alex Neil: Absolutely. Again, the committee might well want to make recommendations on that matter.

Christian Allard: Thank you.

John Finnie: Good morning, cabinet secretary. I have some questions about housing. The term "sheltered housing" can mean different things to different people and it is not exclusively about older people but, from what we have heard, most people understand it to mean that people remain in the community. You mentioned research, and I know that local authorities are obliged to carry out a housing needs analysis, but does the Scottish Government have any plans to encourage the building of more sheltered housing?

Alex Neil: Absolutely. As you know, the local authority is responsible for the housing plan in its area. I should point out that my interpretation of the phrase "sheltered housing" is a wide one, because the demands, needs and aspirations of older people are changing. A number of years ago, the demand was for one-bedroomed sheltered housing but there is now much more of a demand for two bedrooms to allow families to visit. After all, older people's families do not always live nearby or indeed in the same town. Therefore we should, as I have said, define the terms "sheltered housing" and "very sheltered housing" more widely, given that we now have a range of different models for such housing across the country. In any case, it is absolutely essential.

With regard to sheltered housing for disabled people, for example, I still do not think that we are building enough new houses to cater for disabled or very disabled people, particularly in the owner-occupied sector.

John Finnie: Design is important.

Alex Neil: Absolutely.

John Finnie: What input is the Scottish Government making to design standards to help design out things that might cause isolation? After all, we know of some well-meaning designs that, at various stages, have not only left people feeling isolated but have actually created social problems.

Alex Neil: Most of that has come from planning, and it has more to do with the designing of vast housing estates that have no facilities than with the specific design of a house.

As you know, we have moved away from large-scale developments that have no facilities. Easterhouse was built for a population of 50,000 people—the same size as Ayr. Ayr has a high street, a main street, a shopping centre in each of the housing schemes and so on. In contrast, Easterhouse had barely half a dozen shops at the start. I think that we have learned the lessons. Do not get me wrong, the post-war priority was to get people into housing with basic sanitation and so on, and it is easy for us to look back and be critical. However, the lessons about such designs have been well learned.

All the guidance that we issue and the funding for new builds is very much geared towards ensuring that the facilities—not just shops—are there. It is a big challenge and has been a particular problem in Aberdeen, where there are big housing developments that have no medical facilities or GP practices. From a local government and health point of view, Shona Robison and I have been looking at how, in future, we make sure that health facilities are built in. Section 75 agreements are often about schools and community facilities, but they are not often about health services, yet health services are absolutely critical to provision.

Sandra White: I hope that John Finnie will not mind if I ask the cabinet secretary a quick question about health services. Is it a fact that the population must be over 5,000 before a doctor's surgery will be built in an area?

Alex Neil: It depends. There is an indicator rather than a rule. What matters is whether there is sufficient health provision in the area for the size and nature of the population.

Coming back to section 75 agreements, that is where I would like to see those agreements address health needs. As I said, in Aberdeen, there is a lot of new housing but no GP facilities are being built as part of the section 75 agreement. That puts additional pressure on the health service elsewhere, which is not very clever.

John Finnie talked about design. When a new housing estate is being designed, it is essential to look at health needs as well as education needs.

Sandra White: Thank you. I might write to you on that particular point in relation to the new builds in the merchant city in Glasgow.

John Finnie: I am interested in the relationships. Clearly housing and planning are local authority issues and health also has a local basis, but we turn to you, cabinet secretary, for the overview. How are those managed together? You can provide guidance and you do not want to become heavily prescriptive or legislative because we want people to work collaboratively, but how can we be sure that that collaboration takes place?

As someone who used to sit on a planning committee, I know that you are right when you say that schools and recreational facilities were considered, rather than health facilities.

Alex Neil: The key document is the local development plan; it is a planning document, core to which is the housing needs and demand assessment. Historically, when LDPs were unsuccessful it was because the local authorities underestimated the demand for housing and did not create enough land supply to accommodate house building, which in turn pushed up the price for land and unnecessarily pushed up the price of housing.

John Finnie: Do you see no tensions between local and central Government on the objectives?

Alex Neil: No, not on the objectives. I am now taking a much more critical look at LDPs and I am not prepared to endorse an LDP if I think that it underestimates housing demand in an area. Developers in the rental sector as well as the owner-occupied sector tell me that the biggest challenge is finding the land. John Finnie represents a rural area and it is a particular problem in such areas.

John Finnie: I am grateful for that answer, cabinet secretary.

10:15

Christian Allard: I have a little challenge on that. I represent Aberdeen and Aberdeenshire, and we know that land is very expensive. Sometimes in a local development the problem might be with the way that we think housing should be built, because many detached houses can create problems for services. Some people have told us that the problem is with the way that we design new communities. If we build new communities that demand so much land, perhaps we are building the wrong type of housing. Should we be addressing the design of housing?

Alex Neil: I am in favour of doing much more of what the continentals do, and now that we are out of recession it might be easier to move towards such a system. They do not wait for developers to designate and then apply for a parcel of land. The local authority develops the land, puts in the infrastructure and says to the developer, "Which chunk of this do you want to build houses on?"

Christian Allard: And what type of house.

Alex Neil: Yes. We then get a much better alignment between need and supply.

The Convener: I apologise if I am going back a bit, but we were talking about building sheltered accommodation and it would be good if the Government and local authorities were to bear in mind that such housing should not be built in isolation. It should be integrated so that it can bring in the community from that area, including young people. I read about a good example of one area where young students were living in the same flats as elderly people. They got cheap rent, but part of their commitment was not to be noisy and they were also supposed to mix in and spend an hour or two with an elderly person in that block. Will the Government seriously consider integrating different age groups as well?

Alex Neil: I think that we are seeing that more and more. I know a lot of older people who will not move to sheltered housing because they do not want to move into what they see as an old person's ghetto, if I can put it like that. They do not want that; they want to be part of the wider community, and when we are dealing with some of the challenges that we are talking about this morning, we can understand why. We traditionally try to build sheltered housing as near as possible to shops and the post office and so on, although there are so few post offices these days that it is difficult always to do that. We need a much more integrated approach so that it is not about saying, "That's the old folk over there". Sometimes the way in which we design and locate housing can make older people more isolated. We must be more proactive about ensuring that that does not happen in the future.

The Convener: One initiative that we were supposed to go to see—because of the bad weather we could not get across to Jura—was a housing community for the elderly that is also a social hub for the whole community in that area, and it integrates really well. That is the kind of thing I am thinking about.

Alex Neil: I am keen to encourage such developments.

The Convener: It is probably a good model to look at when considering this issue.

Jayne Baxter: I recommend that the cabinet secretary and the convener go to Lumphinnans in Fife, where the weather is always good. It has a care village that incorporates some of the things that we have just been talking about, such as a sheltered environment that is not just old folk's housing but encompasses the whole spectrum of people's needs as they get older. People should not need to move away when they move into a different kind of housing, and you only have to go to Lumphinnans to see that. That was not my question; it was just for information.

Cabinet secretary, I was pleased that in your introductory remarks you talked about accessible transport. What features do you think contribute to making transport accessible?

Alex Neil: One of our biggest problems with public transport is that because of the routes, older people often have to walk quite a distance to access transport. I would like many more dial-a-bus type arrangements in which a bus picks someone up at their house or a bus stop nearby.

We can do more in all of this. Some community transport facilities and services could be expanded. A lot of that is run by volunteers. For example, there is an organisation in my constituency in Shotts called getting better together. One of the services that it provides—not just for Shotts but for a large part of North Lanarkshire—is to help patients to travel from their homes to hospital appointments.

That is an invaluable service, and not just because of the physical need for transport—it would take half a day to get from Shotts to Monklands hospital in Airdrie without it, not to mention the expense. It is also bringing people, a lot of whom are elderly, into contact with other people. In addition, some of the drivers are elderly, retired people and that is how they keep themselves active and involved. There is a lot of scope for expanding community transport facilities across the country.

Jayne Baxter: I agree, but there are a lot of transport providers and some of them are in the private sector. There is probably scope to use taxis more effectively than we do, especially for people who have disabilities or who need to travel in an adapted taxi. There is a whole range of resources.

I also agree with what you said about the bus pass being a brilliant thing but a bus service needs to be available. We have a lot of resources, some of which are publicly funded while some are not, but they need to be co-ordinated. Do you think that they are co-ordinated enough, or at all? Is there scope for that to happen more?

Alex Neil: Co-ordination is the job of the regional transport partnerships. In services such as health and housing, we probably need to do a lot more joined-up thinking in parts of the country than actually happens at present. In isolated rural communities it can be very difficult to access any public transport, let alone joined-up public transport. I agree that we can do a lot more in all of that.

Jayne Baxter: You mentioned prevention and the writing of business plans in relation to health and social care integration. I am thinking about all the resources that currently sit within health services, councils and the voluntary sector. That is all about the effective use of money and of the vehicles and drivers. Do you think that there is any role, perhaps through the regional transport partnerships, for strategies to look at those aspects of using transport and how to bring them closer together?

Alex Neil: Absolutely. In many parts of the Highlands and Islands it has long been the case that public vehicles are used to transport people from one place to another, because that is the only way that some people can get around. It might be the post office van or whatever. I think that we should expand that. The national health service has fleets of vehicles and if there is scope in particular areas to make greater use of those in helping with inter-hospital transfers, or transfers of patients from home to hospital, we should look at how we can do that.

Jayne Baxter: It is not just about older people. Younger people—people of all ages—need to get to work. Travel to work is a big isolating issue. If someone cannot get to work—

Alex Neil: Absolutely. It is about accessing not just hospital services, but a whole range of services and, not least, work.

Jayne Baxter: And college.

Alex Neil: Yes, absolutely.

Jayne Baxter: Okay. That is good to hear.

John Finnie: I have a range of questions on the use of technology and social media. They probably fall into two sectors but, as time is limited, I will summarise a number of them. What benefits do you see, from the Government's point of view, in the use of technology and social media to combat issues of isolation and bullying?

Alex Neil: I see huge benefits, and I will give you an anecdotal example of them. I know of an elderly lady who lives quite a long way from her family. Her husband died and she was not a big mixer in the local community. However, she discovered YouTube and it has transformed her life. She goes on YouTube every day and finds out what is happening locally and nationally. She looks at all sorts of different things—she is interested in sport, and she sees much more sport

than she can access on her television. That is a good example of how technology can be used effectively to reduce the impact of social isolation and loneliness.

Skype provides another good example. Ironically, Knoydart is one of the most easily accessible parts of Scotland by superfast broadband thanks to the work of Professor Buneman at the University of Edinburgh. People in Knoydart talking to their grandchildren in New Zealand through Skype is a good example of how we can reduce isolation. People are communicating without leaving their house. It is particularly beneficial for people who are housebound, because when they use things such as Skype they can have conversations with people and keep in touch with friends and family.

Technology, properly used, has a fantastic contribution to make. That is why the roll-out of superfast broadband is so important. It is not just about economic development; it is about dealing with some of the social issues and challenges as well. Superfast broadband will be relatively cheap and will allow many people to make far greater use of the internet than they currently do, which will reduce isolation.

John Finnie: Yes, indeed. There is a challenge around access. People can feel isolated if they do not have access.

Alex Neil: Absolutely.

John Finnie: It has been suggested to me that telecare and a lot of the technology that I see as positive can sometimes be regarded as an attempt to remove all human contact. It is seen in a cynical way, whereas I see it as complementary. What role can the Scottish Government play in positively promoting it? We have heard evidence about intergenerational schemes whereby young people teach older people about the benefits of Skype and so on. Do you have a view on that?

Alex Neil: Annabel Goldie and I were on the Education and Lifelong Learning Committee together for some years and produced a report on the importance of lifelong learning. No matter what age they are, people enjoy learning. Technology—whether it is Kindles or computers and the internet—can expand people's horizons and give them an interest or something to do that they will enjoy, all of which is extremely important.

I am a big fan of telehealth and telecare, as they will transform how we deal with patients. They are a key part of how we rise to the challenges of an ageing population. The Government is spending about £80 million a year on telehealth—a lot of money is being invested in it—and things can be done on the back of that technology. If somebody has a portal in their home, as part of a healthcare service, their use of the portal does not have to be restricted to talking to the GP surgery or the consultant; they can use that portal for anything. That is a good example of how we can expand the uses of technology to people's benefit as part of a preventive strategy to deal with depression, social isolation and loneliness.

John Finnie: Are you aware of some people's view—it is not necessarily widely held—that the use of technology is depersonalising things? Some people say, "They've given me a box instead of someone chapping on my door every morning."

Alex Neil: Absolutely. I have found that, when people start using that kind of technology, that is often their approach. They are sceptical of it. However, they often quickly come round to realising its benefits.

A good example of those benefits is in Inverness, where consultations are held with dementia patients who live in areas of the Highlands that are very far from Inverness. Requiring a dementia patient to undertake a 120-mile return journey to Inverness for a consultation is the worst possible thing that you can do to them. As you know, telehealth is being used for the monthly consultations between the hospital in Inverness and the nursing homes or houses where the patients live. Travelling 90 miles to Inverness and 90 miles back is absolutely no good for someone with dementia.

The benefits of telehealth and telecare are immense, but we are not realising them to their fullest extent. We could make far greater use of the portals that are installed in people's homes when they get involved in telehealth and telecare.

10:30

John Finnie: Are you able to give an assurance that there will not be a blanket application of any approach? Will there be individual needs assessments to ensure that the approach that is taken is appropriate for the individual?

Alex Neil: Absolutely. That is how the health service works, and being person centred is a key part of the strategy.

Christian Allard: As I said, during our inquiry we got a lot of positive feedback and a lot of people told us that they were delighted with the integration of healthcare and social services. There are high expectations in that regard, just as there are in relation to the getting it right for every child approach, and the Government must manage that expectation. In the integration of services, we must ensure that social isolation is dealt with at a strategic level and that sufferers are not invisible but can be counted. Organisations such as the Scottish Youth Parliament, Children in

Scotland and YouthLink Scotland referred to GIRFEC and said that social isolation should be included as one of its wellbeing indicators. What are your thoughts on that?

Alex Neil: That would not be a decision just for me; it would be a wider Cabinet decision. However, I think that that proposal is worth looking at. The point of GIRFEC is that it is not relevant just to the years in which people are in school; it is meant to set people up for the rest of their lives. If we want to tackle social isolation and all that goes with it, there is a case for doing something as part of GIRFEC so that people are encouraged to mix and be involved in sports, communal activities and so on as part and parcel of being physically and mentally fit.

Christian Allard: A lot of young people who were in care have told us of the abrupt transition that they faced on leaving care. How can we ensure that there is a seamless transition into adulthood through GIRFEC? Are we working to ensure that work that is done on social isolation in childhood continues into adulthood?

Alex Neil: A lot of work has been going on under the overall umbrella of GIRFEC in relation to cared-for children. You probably saw the report on foster children that was published the other day and know about the national campaign to recruit 750 more foster parents. All those aspects are part and parcel of the GIRFEC approach.

We know that looked-after children are the most vulnerable when it comes to getting into a life of crime and so on. They face particular challenges around the age of 16, with the transition to alternative accommodation and the world of work, and they tend to be underrepresented in university and college education. A lot of work is going on in all those areas.

Christian Allard: As you say, there are a lot of challenges. We heard from a lot of people about the national fostering campaign. There was a feeling that it is important for the campaign to concentrate not on the challenges but on the positive examples and on things that work well. Is that how you see the campaign developing?

Alex Neil: We must be honest not only about the challenges but about when we try something and it does not work, because we have to learn lessons from that as well. We should be perfectly open and say, “Look, there are some things that we have tried that would not work.” Let us not jump down each other’s throats because we have tried them. We must be innovative. By definition, when people are innovative and take risks, some of those innovations and risks will not pay off, but that is how we learn what works and what does not work. That is extremely important, because people are coming from all over the world to see the work that we are doing with GIRFEC. It is a trailblazing way of dealing with the challenges of young people and preparing them for tomorrow’s world. We must be honest about the failures as well as the successes, and we must learn from the failures.

The Convener: I have listened to you speaking about GIRFEC, and I feel that it is a very powerful tool that we have and can use.

When the committee met in Easterhouse, we heard about two young people who spoke with American accents because they were socially isolated and lonely and did not interact with their peers. When they went home from school, they sat playing on computers the whole time, and they picked up the accent from the games that they were playing. If GIRFEC is used properly, it gives us the opportunity to reach out to every young person and prevent them from going through a period of social isolation and loneliness.

We also heard from an organisation that goes out into the streets in order to connect with young people who are isolated and who do not come up on the radar through social services, schools or whatever. It is the same problem that we have with people at the other end of the scale—the elderly people who do not go to the doctor or join social clubs—and there is possibly a hidden 10 per cent in that group as well. GIRFEC is a good indicator for use in early intervention. It would be helpful if the Government considered using it effectively to target those young people.

Alex Neil: That is absolutely right, convener, and the committee may want to recommend that. For children, a period of transition can be particularly challenging, whether it involves going from nursery education into primary school, from primary school into secondary school or from secondary school into higher or further education. Transitional periods are often when children are at their most vulnerable because of the changes in their lives.

Similarly, losing a parent will be a very challenging period, and failing at school can lead to feelings of isolation, as can having a disability—particularly a learning disability. There are certain circumstances in which it is very clear that we need to intervene, and we already know those circumstances. However, there are probably many other circumstances in which we are not picking that up and we need to do more to pick it up. It is absolutely right that we do that under the umbrella of GIRFEC.

The Convener: Thank you very much. As no one has any further brief questions, I thank the cabinet secretary for coming along today. It has been an enjoyable and informative session.

Alex Neil: It has been a pleasure.

The Convener: That concludes the public part of today's meeting. I am not on top form this morning—we have quite a few questions that, due to time constraints, we have not had the opportunity to ask you, cabinet secretary, but we will write to you with them.

Our next meeting will take place on Thursday 18 June.

10:38

Meeting continued in private until 11:09.

Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice to SPICe.

Available in e-format only. Printed Scottish Parliament documentation is published in Edinburgh by APS Group Scotland.

All documents are available on
the Scottish Parliament website at:

www.scottish.parliament.uk

For details of documents available to
order in hard copy format, please contact:
APS Scottish Parliament Publications on 0131 629 9941.

For information on the Scottish Parliament contact
Public Information on:

Telephone: 0131 348 5000
Textphone: 0800 092 7100
Email: sp.info@scottish.parliament.uk

e-format first available
ISBN 978-1-78568-730-3

Revised e-format available
ISBN 978-1-78568-744-0

Printed in Scotland by APS Group Scotland