OFFICIAL REPORT
AITHISG OIFIGEIL

Health and Sport Committee

Tuesday 24 January 2017

Session 5

The Scottish Parliament
Pàrlamaid na h-Alba

Tuesday 24 January 2017

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HEALTH AND SPORT COMMITTEE
2nd Meeting 2017, Session 5

CONVENER

*Neil Findlay (Lothian) (Lab)

DEPUTY CONVENER

*Clare Haughey (Rutherglen) (SNP)

COMMITTEE MEMBERS

*Tom Arthur (Renfrewshire South) (SNP)
*Miles Briggs (Lothian) (Con)
*Donald Cameron (Highlands and Islands) (Con)
*Alex Cole-Hamilton (Edinburgh Western) (LD)
*Alison Johnstone (Lothian) (Green)
*Richard Lyle (Uddingston and Bellshill) (SNP)
*Ivan McKee (Glasgow Provan) (SNP)
*Colin Smyth (South Scotland) (Lab)
*Maree Todd (Highlands and Islands) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Stewart Harris (sportscotland)
Richard Norris (Scottish Health Council)
Robbie Pearson (Healthcare Improvement Scotland)
Brian Whittle (South Scotland) (Con)
Pam Whittle CBE (Scottish Health Council)
Mel Young (sportscotland)

CLERK TO THE COMMITTEE

David Cullum

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Health and Sport Committee

Tuesday 24 January 2017

[The Convener opened the meeting at 10:00]

Decision on Taking Business in Private

The Convener (Neil Findlay): Good morning, everyone, and welcome to the second meeting in 2017 of the Health and Sport Committee. I ask everyone in the room to ensure that their mobile phones are in silent mode. It is acceptable to use mobile phones for social media, but not to record or film proceedings or to take photographs.

Agenda item 1 is a decision on taking business in private. Does the committee agree that its consideration of the evidence it has received on the draft proposal and statement of reasons on the Transplantation (Authorisation of Removal of Organs etc) (Scotland) Bill should be taken in private at future meetings? It is normal practice for the committee to consider in private evidence that has been received. Can we agree to do that, please?

Members *indicated agreement.*

Scottish Health Council

10:00

The Convener: Agenda item 2 is an evidence session with the Scottish health council. I welcome to the meeting Richard Norris, who is director of the Scottish health council; Pam Whittle, who is its chair; and Robbie Pearson, who is chief executive of Healthcare Improvement Scotland. I invite the panel to make an opening statement.

Pam Whittle CBE (Scottish Health Council): As members will know, the Scottish health council was established in 2005 to ensure, support and monitor the effectiveness of national health service boards' involvement of patients and the public in their activities. Originally, it was set up within the confines of NHS Quality Improvement Scotland but, as a result of the Public Services Reform (Scotland) Act 2010, it is now part of Healthcare Improvement Scotland. It has 14 local offices across Scotland and around £2.3 million of Healthcare Improvement Scotland's budget.

Our local offices support a range of activities with communities, and they provide advice and facilitate and support events. They do that in the context of supporting the NHS. They work with the third sector and many different networks, evaluate activities, and try to build skills and confidence.

The local offices gather patient and public views on a wide variety of topics, often through local discussion groups and street canvassing. For example, the Scottish health council supported the recent review of maternity and neonatal care by delivering a programme of engagement activities throughout Scotland. The local offices talked to a wide and diverse range of groups—65 in total—and there were one-to-one discussions and questionnaires to get a range of views.

More recently, the Scottish health council has been involved in the delivery of the our voice initiative, which is a more recent initiative on gaining public views. It has worked very closely with the Scottish Government, the Convention of Scottish Local Authorities, the Health and Social Care Alliance Scotland and others to introduce that new approach. Perhaps that is a more visible role for the Scottish health council in public engagement, as opposed to simply ensuring that health boards are engaged in public involvement.

A lot of issues have been raised in the time that I have been the chair of the Scottish health council. The introduction of the our voice initiative has added to changes in ways that services are delivered. We have recognised that, and I am one of the joint chairs of the separate review of the Scottish health council that is currently taking place. That review has not reported yet. I will be

extremely interested to hear the views that will be expressed today and will ensure that they are considered as part of that review.

The Convener: Thank you. Donald Cameron has the first question.

Donald Cameron (Highlands and Islands) (Con): I thank the panel for coming and thank the Scottish health council for its written submission. I will ask about the independence of the Scottish health council. You are a committee of Healthcare Improvement Scotland, which is a non-territorial health board, as we all know, that sits under the Scottish Government. What response do you give to the widespread concerns about the Scottish health council's independence from both Healthcare Improvement Scotland and the Government? On the subject of independent scrutiny, can you comment on what appears to be a very limited use of the independent scrutiny panels? I think that there were three between 2007 and 2009 but none since.

Pam Whittle: I ask Richard Norris to answer the question on the independent scrutiny panels.

Richard Norris (Scottish Health Council): The decision to establish an independent scrutiny panel would be made by the Scottish Government. When they were established, they were an innovation. There might be occasions when they still might be useful. However, what we have also seen happen is that NHS boards often commission independent reports on clinical issues that they face. That is perhaps a development that happened because of the independent scrutiny panels, so there can still be independent scrutiny.

We provided a view some years ago to the Scottish Government that there was benefit in independent scrutiny because it reassured members of the public who might not have as much confidence as might be desirable that there was sound clinical evidence for making changes. I think that independent scrutiny could potentially still be useful, particularly in light of the integration of health and social care services.

Pam Whittle: Although we are a governance committee of Healthcare Improvement Scotland, the actual work of the committee is undertaken more or less separately. For example, when we are considering views about whether something is of any significance, we do not refer that to Healthcare Improvement Scotland. The committee itself has a minority of members who come from Healthcare Improvement Scotland, because five of the eight committee members are not HIS board members but are appointed separately and not by ministers.

Do you want to add anything to that, Robbie?

Robbie Pearson (Healthcare Improvement Scotland): It is important for the distinctive identity of the Scottish health council that, although it operates within Healthcare Improvement Scotland, it is quite assertive in terms of retaining its independence. That is particularly the case when we get into issues of major service change.

The Convener: Just to be clear, the decision to set up a scrutiny panel would be the Government's decision.

Robbie Pearson: Richard Norris can answer that.

Richard Norris: Yes, it would be the Government's decision.

The Convener: How independent is that?

Pam Whittle: The decision to call an independent scrutiny panel is the Government's, but—

The Convener: Can you call one?

Pam Whittle: Not at the moment. It is not within our ability to call one.

The Convener: It is only the Government that can call one.

Pam Whittle: Yes, but the appointment of the people would be independent.

The Convener: This applies to any Government: if the Government did not want scrutiny, it would be unlikely to form scrutiny panels. Does that logically follow?

Robbie Pearson: I think that it is important to distinguish between the architecture around independent scrutiny panels and their independence. Obviously, at the moment, it is up to the Government to call an independent scrutiny panel—that is the current arrangement. However, the important point in the context of Healthcare Improvement Scotland and specifically the Scottish health council is that we would be clear in the instances when an independent scrutiny panel was established that it would be absolutely independent of the Scottish Government.

The Convener: Can I ask about the health committee itself? I had a wee look and saw that it has a former civil servant, a former council chief executive, a former NHS chief executive, a solicitor, a former MSP and a consultant who gets the majority of her work from Scottish Government quangos. Do you think that that is a representative organisation?

Pam Whittle: We have a former civil servant.

The Convener: A former senior civil servant.

Pam Whittle: Yes.

The Convener: A former council chief executive.

Pam Whittle: Yes.

The Convener: A former NHS chief executive.

Pam Whittle: That is it.

The Convener: According to the list that I saw, there are more.

Pam Whittle: More members of the health care committee?

The Convener: More members of the Scottish health council committee: a solicitor, a former MSP and a consultant.

Pam Whittle: That is not a medical consultant. That is a consultant who—

The Convener: It is a consultant who gets the majority of their work from the Scottish Government.

Pam Whittle: More or less, yes.

The Convener: Does that sound like a diverse and representative body? That is the organisation that is to promote the patient voice.

Pam Whittle CBE: I am a bit concerned that you may have the wrong list. There are five.

The Convener: If I have, I apologise. That is the list that I have.

Pam Whittle: There are five council members. One of them is a solicitor by profession, but does not work as a solicitor. One has a special interest in older people and works with older people. One of them works with disability groups, and the other one works with a housing group.

The Convener: We will come back to that before the end of the meeting. There seems to be a bit of confusion.

Pam Whittle: Yes, I am a bit confused.

Alison Johnstone (Lothian) (Green): Obviously, the Scottish health council is intended to improve patient focus. As I prepared for this morning's meeting, it appeared to me that just over a thousand people have been engaged via social media and events in recent times.

It is also fair to say that I have had several emails from constituents who became aware that you were giving evidence this morning. They are clearly unhappy that the Scottish health council is not helping them to influence decisions that have a major impact on the delivery of health services in their area. Do you have any comment on that?

Pam Whittle: That probably goes into the realms of how we engage with our local communities more specifically. Perhaps Richard Norris would like to follow that up.

Richard Norris: Our role, as Pam Whittle has described, is to support boards to engage with local communities and to support communities to have their voice heard.

What is not our role is to campaign on behalf of local groups. That is an important distinction. If there are groups or communities that feel that we have not done enough to help facilitate their voice being heard, we are always interested in hearing from them and in reflecting on whether we can do more in that area. However, there is sometimes an issue as to how we execute that role. It is very important that people understand that we are not there to campaign on their behalf.

Alison Johnstone: I will come back just briefly, because we are pressed for time this morning. That is absolutely not the issue; the constituents who are contacting me do not have that misunderstanding. They appreciate that you have a facilitative role.

What proactive work do you lead on a national basis with health boards, to make sure that participation is optimised and maximised?

Robbie Pearson: That is fundamental to the role of the Scottish health council. The original premise for establishing it was to ensure among NHS boards a more consistent approach to engaging with local communities. I will ask Richard to say a bit more about that in a moment.

One of the key comments that comes out consistently from engagement with communities is, "I am always asked for my voice and my views at the end of a process, and not at the beginning." If we are going to have more fundamental and radical service change, it is essential that we learn the importance of that voice being heard consistently at the start—not at the middle or, indeed, the end—of the journey. It is an important message, which is heard loud and clear, about the consistency and the quality of the engagement between NHS boards and communities.

Richard Norris might wish to say more about our overall approach to promoting a more consistent and higher quality engagement with individuals and communities.

Richard Norris: We work at a number of levels. At the local level, we have offices in each territorial health board area. They give quite practical assistance and advice to boards and they meet with local communities.

A few years ago, we developed a participation standard and, at the national level, we conduct biannual processes in which boards look at the standard and we talk to local communities to verify the progress that the boards think that they have made.

10:15

We have also published a thing that we call the participation toolkit, which has a range of engagement methods. Often, there is no one correct engagement method; it will depend on the context and the issues. We will engage locally with boards and communities to help them choose which engagement method would be the most appropriate.

We do a number of things. We help out with evaluating boards' activities and we have produced guidance where we feel that boards need a bit more help with understanding how to engage on a particular issue. For example, it was clear to us that the options appraisal guidance that was produced by the Scottish Government and the Treasury was very technical, and when boards conducted options appraisals they were struggling to understand how they could involve people meaningfully. We worked with patients, patient representatives and boards to develop some guidance to support meaningful engagement with patients and community groups on that.

We carry out a range of activities nationally and locally to support boards on engagement.

Alison Johnstone: Do NHS boards self-assess on the participation standard? Is there any sanction if boards are clearly not meeting an acceptable participation standard?

At the moment, there is a public petition open on a service change to a care home, with questions about the efficacy of the consultation process. What is your role in reducing the number of cases in which people feel compelled to take additional action?

I would like to know whether there is self-assessment of the participation standard and what your views are on how to ensure that people feel satisfied with the processes that we have in place.

Richard Norris: The participation standard is designed to give comparative evidence across Scotland on how boards are engaging with communities. Boards will self-assess, but we will verify that by talking about the assessment with the people with whom the boards have worked in local communities. We will feed back to boards how we feel that they are making progress.

One element of that is how well they are using complaints and feedback to improve services. We conduct an assessment of that across Scotland every two years.

Can you say a bit more about the particular case of the care home?

Alison Johnstone: There is a public petition on a service change to a care home and it is questioning the consultation process. If constituents were aware that the Scottish health council existed, would they not come to you to see what action you might take before it gets to that stage? How aware is the general public that you exist?

Richard Norris: An issue that has arisen for us in terms of integration is our role in social care and care homes. We have been involved in some cases, when people have asked us for information. Your point is right: our profile probably needs to be higher, in the light of integration and the demand to understand the best ways to engage.

The Convener: I would like to clarify my earlier point about the committee. I am getting a bit worried, Mrs Whittle, that you do not know your fellow board members. You, a former senior civil servant, are the chair; the members are George Black, the former chief executive of Glasgow City Council; John Glennie, the former chief executive of Borders Council; Kim Schmulian, a solicitor; Elizabeth Cuthbertson, a consultant; Irene Oldfather, a former member of the Scottish Parliament; Marianne Wong, a fitness consultant; and Alison Cox, a consultant who gets most of her work from the Scottish Government. That is the board.

Are they diverse, representative and independent? That is the question that I am asking.

Pam Whittle: They are certainly independent.

The Convener: Do you recognise that that is the board?

Pam Whittle: Yes. It is the board.

The Convener: Thank you.

Pam Whittle: It is just that, when you described them as consultants—

The Convener: They describe themselves as consultants.

Pam Whittle: Elizabeth Cuthbertson actually works for a housing group, so I am not sure that you could count her as a consultant. You have said what their professional backgrounds are, but, as individuals, they are very outspoken in support of the wider public.

The Convener: Okay.

Alex Cole-Hamilton (Edinburgh Western) (LD): Good morning, panel, and thank you for coming to see us today. I am going to pick up on some of Alison Johnstone's questions about the Scottish health council's role as the patient voice. We have had a good discussion about the level of engagement. I also want to speak to what Mr Pearson said about the health council being quite assertive in the area of major service change.

I have been an MSP for nine months, and in that time I have made quite assertive representations to the cabinet secretary about three major service changes that directly affect my constituents—potential changes at St John's hospital in Livingston, which serves my constituents; the closure of cleft lip and palate services in Edinburgh; and the redesign of the centre for integrative care, which many of my constituents travel a great distance to use. I have made three major representations in nine months. The health council has made six in six years.

What bar do you set? If you are acting as the patient voice, how do you determine when you will make a view available to the Scottish Government and when you will not? You seem to have made awfully few representations in the past six years.

Robbie Pearson: To clarify, the Scottish health council has three broad roles. The first is to promote consistency of engagement at the local level between NHS boards, communities, individuals and patients. The second is about support for that level of engagement, and the third, which has been quite a strong focus in the past year or so, is on quality assurance of major service change. At any one time, there are 35 to 40 service changes happening in Scotland in which the Scottish health council is engaged in providing support, and some of those reach the threshold of what we consider to be major service change.

It is important to distinguish the role of the Scottish health council. It is there not to make representations but to play a quality assurance role and to offer ministers a view on whether a change is a major service change. Ultimately, decisions on major service changes in the NHS are a matter for ministers.

Your other point was about how assertive the Scottish health council is in exerting its independence. Pam Whittle talked about the distinctive accountability of the Scottish health council, which sits within Healthcare Improvement Scotland. There is no chain of command that takes decisions or views in respect of major service change back into the board of Healthcare Improvement Scotland. The role is quite distinct from the board of HIS. It is important that that independence is protected in order that there is confidence in the Scottish health council's decisions.

Alex Cole-Hamilton: Can you give us an idea of the anatomy of the six views that you have offered to the Scottish Government on major service changes? What do such views contain?

Robbie Pearson: If I may, I will hand over to Richard Norris to elaborate on that. When the guidance came out in 2010, the Scottish health council established guidance on the criteria for consideration of major service change. Perhaps Richard Norris will say a bit more about the criteria.

Alex Cole-Hamilton: And what is contained in the specific views that the health council has offered.

Robbie Pearson: Yes.

Richard Norris: When a board is looking at making a service change, the Scottish Government expects it to go to the Government with a view on whether the proposal constitutes a major service change. As part of that process, the Scottish Government asks boards to ask us for our views. It is not always possible to say at the start of a process whether a service change will become major. We sometimes need to explore that a bit further before it becomes clear.

We would normally ask the board to use the guidance that we produce on identifying major service change, which Robbie Pearson mentioned. It identifies nine areas. For example, in our view, if a proposal concerns unscheduled or emergency care, that makes it more likely that it should be seen as a major service change. We ask the board to go through the nine issues and give us its views on what it thinks the issues are with the service change that it is proposing.

We will support the board in its engagement with the community. We will be present at some of the local meetings and we will talk to local community and patients groups. We will then look at all the information. Our staff and four members of our committee will meet to discuss the case and we will arrive at our own view on whether the proposal meets the threshold of being a major service change.

It is not a science; it is quite a subjective process. We are mindful of similar examples because we want to be consistent in our approach. We will look across Scotland to see whether there are similar examples that will give us an idea of where the proposal sits. We then provide our view to the board, which will go to the Government, and the Government will make its decision on whether it views the proposal as a major service change.

The distinction is not always helpful. If a proposal is not a major service change, it implies that it is not important, but service changes are always important to the people who are affected by them. Also, it sometimes creates two classes of service change and suggests that all service changes fall into one category or the other, but it is more graded than that; it is not a binary issue.

The reason why we give our view is that we are thoughtful about advising on what would be a

proportionate degree of engagement for the board and, for example, whether the proposal requires a formal consultation. We are aware that for some of the campaign groups—this has certainly been the case recently—the real issue is the referral to the minister. That is why the decision on whether a proposal should be deemed a major service change is rightfully for the Scottish Government to make, because a formal consultation is entailed when it is deemed to be major.

Alex Cole-Hamilton: The Parliament passed a motion before Christmas—albeit that it was an Opposition-led motion—stating that we expect the cabinet secretary to bring major service redesign proposals to Parliament so that there will at least be scrutiny and discussion. My anxiety about the bar being set very high for what we define as major service change is that, although the Government is not bound by that motion, the Parliament will take a dim view if we do not get a look in. We might not even get to the races on some proposals because ministers can hide behind your view—or your lack of a view—on whether a proposal is a major service change, and they may decide not to bring it to Parliament at all.

That is really a comment. You do not have to come back on it.

Clare Haughey (Rutherglen) (SNP): I have to pick up Mr Cole-Hamilton on what he said. As a clinician, I am extremely concerned about his suggestion that this Parliament would prevent major service change that is driven by a clinical need or the lack of a clinical—

Alex Cole-Hamilton: I never said "prevent"; I was talking about scrutinising service changes.

Clare Haughey: Okay. I wanted to have that clarified, because that suggestion would have concerned me.

I have a health background. I was—and I still am—a nurse, and I have been involved in lots of major service changes in my career, particularly in my role as a Unison divisional convener. Some of those service redesigns were more welcome than others, shall we say? I fully appreciate that any such redesign causes anxiety to the service users and the staff who are involved in running or managing the service. What difference does media interest or public concern make to how you view services and your decisions on whether a proposal is a major or a minor change?

Richard Norris: That is one of our nine categories. Political and public concern is one of the areas that we say need to be looked at, so we acknowledge that it has to be taken into account. I suppose it is about trying to get the right balance between the different factors.

We were aware of the parliamentary debate and that we were being asked to give an independent view, and we wanted to base our views on our normal process, whereby we look at service redesign in the context of other changes. If there is a high degree of public and political concern, that makes a service change more likely to be seen as major, but that would probably not be sufficient—there would need to be other factors as well.

10:30

Clare Haughey: Will you elaborate on what those other factors might be?

Richard Norris: As I mentioned earlier, one of the categories is whether the change is concerned with unscheduled or emergency care. From past experience, we know that a change is always more likely to be seen as major if it is concerned with unscheduled or emergency care. We also look at the number of patients who are affected, the experience of similar proposals in other parts of Scotland, any possible knock-on effects or ways in which the change could impact on other services and whether any particularly strong financial issues are involved.

When we produced our list of nine issues, which was seven years ago, we consulted health boards, patients, the public and professionals. Our experience is that some of the categories tend to be used more than others. For example, whether a change is concerned with unscheduled or emergency care tends to be a big factor.

Clare Haughey: Throughout the committee's evidence sessions, we have had lots of discussion about the changes that need to be made to the NHS, including the shift in resources from acute services to community services, the integration joint boards' budgets and so on, and the delivery of care at different venues. How do you see your role in that process? Do you foresee more complaints coming to you? Do you think that you will be more active in encouraging health boards or IJBs to consult more widely? I am interested in how you see the future of the Scottish health council against that background.

Pam Whittle: The answer is yes. To be honest, I do not think that there is any doubt that the role of the Scottish health council will need to change in the future because of the changing ways in which services are provided. At present we have no formal remit in relation to IJBs unless it is around the health elements of their care. The development of our voice will also change our role.

Colin Smyth (South Scotland) (Lab): Looking at the criteria that you describe, I find it astonishing that, in six years, from 2011 to October 2016, only six out of 27 changes have been deemed to be major. For example, the

closure of the CIC was deemed to be a minor change. Who ultimately makes the decision whether a change is major? On how many of the six changes that have been deemed to be major have you taken a different view from that of the health board, or have you simply gone along with the health boards' conclusions that the changes are major?

Richard Norris: Just to clarify, I note that the guidance makes it clear that, when boards wish to know whether a proposal constitutes a major service change, they should seek advice from the Scottish Government. We are asked to provide a view, but the decision whether something is seen as a major service change is not ours.

You asked how often we disagree with the health board. As you say, most service changes are not deemed to be major, and often, when a change is major, that is fairly clear to everybody. I will give a recent example. NHS Greater Glasgow and Clyde expressed in a board paper its view that the changes to maternity services at Lightburn hospital were not major, but we took a different view. That has not happened a lot, because there have not been a lot of major service changes, but we have noticed more major service change taking place recently and we think that that trend will probably continue.

Colin Smyth: Ultimately, the Government decides whether a controversial decision should be referred to it. Is that pretty much the case?

Richard Norris: Yes.

Colin Smyth: Where a proposal has been deemed to be a minor change, will you describe your role in supporting the health board in the consultation? There seems to be a lot of criticism of your role in that regard. When there is a major change, you have a major role, but there are a lot of examples of poor consultation when it comes to minor changes.

I will quote the views of a number of people that appear in an article in today's *Times.* Evonne McLatchie of Dunfermline, who opposed the change to cleft palate surgery being centralised in Glasgow, said:

"The SHC is a chocolate fireguard. One public engagement meeting was arranged the day before the decision. They couldn't produce minutes or a record of answers from officials. I've complained to the health secretary that they are hopeless."

The article states:

"Catherine Hughes, a disabled patient who campaigned against closing the CIC beds ward, said consultations were 'utterly useless' and added: 'The SHC is toothless, just a tick box outfit which doesn't explore key points thoroughly.' ... In the CIC engagement process, a patient panel was chaired by ... the official proposing the cuts."

It continues:

"Carolann Davidson, campaigning to save the children's ward from closure at the Royal Alexandra Hospital ... says: 'Our engagement process is a seriously flawed shambles with managers dominating and little information.'"

There is a lot of anger out there from patients and communities about the consultation process for minor changes. What role do you have in influencing such consultations?

Richard Norris: When the proposal is not a major change, our role is advisory. We will support the board and feed back to it our findings. For example, with the engagement exercise around the centre for integrative care, we publicly fed back to the board the views that were given to us by the participants. However, we are clear that the decision ultimately belongs to the board.

I accept that people have given their views and said that they feel that the engagement process was not as good as it should have been. That is what they said to us. However, there was certainly evidence that there was a very open and realistic discussion at the board, which was fully aware of the strength of feeling of the campaign groups. I compare that with the situation when we started. A common feature was that there would be a controversial proposal with lots of public controversy, and there could be marches and lots of media coverage, but when the proposal went to the board, there would be little discussion and it would be passed unanimously or nearly unanimously.

With the proposal on the centre for integrative care, we saw a very open and lively discussion at the board. The chair of the board did not support the proposal but supported the case that had been put by the campaigners. That demonstrates that the board was clearly aware of the issues and the strength of feeling.

However, our role is not—and has never been—to replace the board's governance or ability to make decisions. We cannot say to a board that it has made the wrong decision or that it should not have taken the decision that it took. Quite properly, it is the board's role to take the decision. Our role is to help the boards to go through an engagement process so that they are fully aware of all the issues when they make their decisions.

Colin Smyth: At no time did I ask whether your role was about influencing decisions. My question was about how you facilitate appropriate and proper engagement. The concerns in the quotes that I read out are about the engagement process. Ultimately, those people will also have concerns about the final decisions, but they were specifically expressing concerns about the engagement process. Are you saying that you are happy with the way that the health boards conduct engagement processes?

Richard Norris: No.

Pam Whittle: No.

Colin Smyth: You are not. What influence do you have over engagement processes? If you are unhappy about them, how public do you go in explaining your unhappiness about consultation processes?

Richard Norris: We wrote formally to NHS Greater Glasgow and Clyde and we put in that letter the feedback that we had received from people who had been involved in the engagement process. We drew that formally to the board's attention and we also had meetings with the board. That is quite normal and it would happen in other circumstances with other boards.

Colin Smyth: In your opinion, health boards are carrying out consultation processes that are, to be frank, not up to scratch. However, by the sound of it, unlike in the case of major changes, you do not have a huge say on consultations on minor changes.

Richard Norris: We hope that, in most cases, boards will take our views on board as learning for the future, if not for the decision that is concerned. However, you are absolutely right to say that we do not have a remit to intervene and prevent boards from engaging in change that is not deemed to be major or to give them orders, if you like, on how they should do that.

The Convener: Are all the minutes of your meetings and discussions with the Government publicly available, or do people have to make a freedom of information request to get them?

Robbie Pearson: In a spirit of openness, we would be happy to share with the committee—

The Convener: That is not what I was asking. Are the minutes of your discussions with the Government, health boards and so on all publicly available?

Robbie Pearson: If you are asking whether they are available on our website or readily available by clicking on something, not everything is there. From a transparency point of view, there are things that are missing, but we would be happy to share with the committee minutes of Scottish health council meetings or other documentation.

The Convener: I am not talking about health council meetings. If you meet health board A, B or C to discuss issue A, B or C, are the minutes of that meeting published anywhere?

Robbie Pearson: We do not normally publish those.

The Convener: Thank you.

Maree Todd (Highlands and Islands) (SNP): I must declare that I am a health professional, too. As a health professional who has come into politics, seeing how politically heated some of the discussions can be and how much of a political football the NHS can become has been difficult for me.

When it comes to difficult decisions in relation to which there are safety grounds for a change, how much weight should be given to what the public want and how much weight should be given to what the clinicians suggest as a way forward?

Robbie Pearson: I can make some opening remarks about that. On the lessons that can be learned from our engagement with communities and patients, an important consideration is where that engagement sits with the range of experts and voices. As I said earlier, in the traditional approach, some of the process around service change can appear opaque. Patients are engaged with further and further down the track, so the level of their engagement can feel pretty minimal.

It is key that we have much earlier and more open engagement about the quality of care, of which safety is a fundamental part. Some of the work that has been shared by the chief medical officer on realistic medicine and the national clinical strategy has started a more open conversation about the quality of healthcare that we want in Scotland and how we deliver it. We need to have a different relationship between patients, experts and clinicians. It is key that we make sure that that conversation is held at the start of the process so that there is better understanding.

Language is an important issue, because people can get lost in technical and obscure language. It is important that we are not condescending or patronising in how we engage with patients and that we level with them about some of the challenges that we face in delivering increasingly complex healthcare, including the workforce challenges.

I will pass over to Pam Whittle and Richard Norris to talk about the balance when it comes to engagement on safety and patient care.

Richard Norris: The Scottish Government's guidance on how boards should engage with the public, which was produced in 2010, uses a phrase that has been used previously—in fact, it has probably been used for 10 years or so, if not longer. It says that it expects boards to give the views of patients and the public "the same priority" as they give to clinical standards and financial performance, except—this is an important proviso—when there are exceptional grounds to do with, for example, safety. When we have had discussions with patients and the public about how

they feel that that balance should work and whether it is the right one, they have said that they feel that it is right. They agree that the point about overriding clinical safety issues is important.

As Robbie Pearson said, our view is that the issue is best tackled by boards being open and honest with their communities and not appearing to prejudge issues or using that as a reason not to engage. That is tricky, and we understand that it is sometimes difficult for boards to achieve that balance. We would never stand in the way of a board making temporary changes that it felt that it had to make to ensure that services were safe. We would never say that a board should not do that without engagement; we would want a board to make whatever urgent changes were required to ensure that services were safe.

Pam Whittle: It is probably worth pointing out that the Scottish health council's role focuses on boards' engagement with the public—it looks at whether a board has engaged or is engaging with the public. The fact that it does not have the remit to focus on other elements might be a stumbling block in the process.

10:45

Maree Todd: In a complete change of subject, although this has been touched on, I want to ask about your citizens panel—is that what you call it?

Pam Whittle: Yes.

Maree Todd: I am interested in how people become a member of your citizens panel. People are not randomly selected, as for jury service, so I presume that they put themselves forward for the role.

Pam Whittle: We have only just done that—the current panel is the first one that we have had. It is semi-random, is it not, Richard?

Richard Norris: It is random in the sense that people do not self-select for it. As Pam Whittle said, the panel is partly a test, as it is an innovative process. We used the electoral register to identify people initially, and we then mailed them and invited them to join the panel. We were quite ambitious and wanted to recruit 1,300 people across Scotland. That was important, because we wanted a minimum of 30 in each integration joint board area to ensure that the panel was reasonably demographically representative of the people of Scotland. We also recruited by standing on the street, going into shops and so on. We approached people and asked them.

The result is that the make-up of the panel is broadly representative. We ended up with more women than men, but in other respects it is broadly representative. We are now analysing the first set of results. It is random in the sense that, importantly, people did not self-select and say that they wanted to join; instead, they were approached. It is a panel of citizens as opposed to people who commonly get involved in participation networks. There is nothing wrong with people who get involved, but we were clear that we wanted the panel to be more representative of the people of Scotland.

Ivan McKee (Glasgow Provan) (SNP): I want to touch on two or three things.

On the role of the SHC, which, as you described at the start, is to monitor the health boards' involvement of the public, the process is that a health board puts forward a proposal, the SHC is involved in part of the engagement process and then it moves on with a recommendation to Government. Specifically on Lightburn hospital, which I know something about as it is local to me, it is heartening that the SHC played a role in redefining the proposals as a major service change. The health board clearly did not want to do that and originally proposed it as a minor change.

My first question is to set the scene. Are you comfortable with the overall flow of that process? I suppose that my next question is a leading one, but take it as you like. Would you be happier with Government ministers intervening much earlier in the process, as has been called for by others?

Robbie Pearson: I will make some broad remarks and then hand over to Pam Whittle and Richard Norris on the SHC role.

A point that was touched on earlier and that we will need to think about is that, of the £13 billion which is spent on health and social care, £8 billion is sitting in the integration authorities. A bit of redesign and rethinking is required by the SHC and HIS in the round on how we relate to the different world that is emerging.

The cabinet secretary intends that, as we get to the end of this session of Parliament, the majority of the spend on the health and social care budget will be within the integration authorities. That is a bit of the journey that we now need to think about in the context of service change and existing advice, support and guidance from the SHC.

On specifics, I will hand over to Pam Whittle and Richard Norris.

Richard Norris: In the Lightburn case, there was an issue about exploring with communities and the board some of the aspects of that change so that we could give it proper consideration. The Government could have called the case in earlier in the process, but it chose not to—it was clear that it wanted to follow the local process.

I agree with Robbie Pearson that this is a good time to look again at how the process works. For

example, we give our own view. To be blunt, when that started, the process was fairly informal, and there was not really a lot of interest in our view or how we arrived at it. Understandably, that has changed, as proposals get called in. Perhaps it would be helpful to think again about how that role should work, particularly in the light of integration.

I would like people to have more confidence in the local decision-making process so that it is not necessary to have a big discussion every time about whether a designated major service change should be seen as major. Frankly, I would like to get away from the overly simplistic division between major and non-major changes. As I have said, that sends an unfortunate message to people who are affected by a change that is very important for them. Just because a change is not major, that does not mean that it is not important.

When we started, we referred to "significant service change". It was then called "major service change". It was felt that it was bad to refer to "significant service change", because that meant that other change was insignificant. We cannot really win with the terminology, but it would be helpful to look again at a better way of classifying change.

Ivan McKee: I want to move on to the relationship between the Scottish health council and the health board in fulfilling the remit that we talked about at the start. As I mentioned, I am aware of the Lightburn situation. Local groups have raised a lot of concerns with me about the engagement process—we are not yet on to the consultation process. For example, there was a meeting at which there were 13 members of the stakeholder reference group, seven of whom were health board employees, including the chair. We talk about politicising these things. The director of planning went to the media and took a full page in a local newspaper to argue the case that the health board was pushing forward. The health board's public involvement manager told the stakeholder group that the board was not in a position to invest in the hospital. That prejudges the process.

Two of the meetings were held on the same day at a location that most of the community agreed was fairly inaccessible to the people who were affected by the change. I turned up at one of those meetings, and the health board tried to prevent me from speaking in it. That was an interesting process. As you can imagine, I made my views known at that meeting.

There are a number of examples of people calling into question that engagement process, and we have heard about issues in other areas. My question is about how you intervene—you have touched on that process—and the idea that changes are a fait accompli, if I am still allowed to use a French phrase in a post-Brexit world. Do you have any evidence or data on the number of proposals that are changed through consultation processes, or is the reality by and large that, once a health board has made a decision, it is just carried through? Are there any data on the percentage of proposals that are changed through engagement and consultation processes?

Pam Whittle: We regularly find that we have to really push some health boards to consider the options appraisal approach. There needs to be some sharing, and it should not be a matter of saying, "This is it." We would like the public to be really engaged in developing options. Our view is that a process is much more likely to be successful if the public are engaged.

Sometimes there is resistance to the options appraisal approach and sometimes there is not. That might be why, in some areas, there is only a small number of major changes—because people might already have moved through that process and they have perhaps worked together in a better way. However, we know that, in some cases, there is resistance to developing a full options appraisal.

Richard Norris: I will add two points.

Before a board goes to a formal consultation, we monitor the quality of its engagement processes. The option appraisal process and the option development process, which Pam Whittle mentioned, are important. If we do not think that the board has done sufficient work to go to a formal consultation, we will say so at that point. We do not think that there is any benefit in boards going to formal consultations if they have not done sufficient work to prepare for them.

Once the consultation has come to an end, we publish a formal report in which we describe what the board did and how it has complied—or not—with the guidance. In practice, if we do not feel that the board is doing as much as it should to demonstrate compliance with the guidance, we do not want to let it get to the end of the consultation. We want to step in and tell the board that it needs to be more thoughtful about how it is approaching the consultation, that we have some suggestions to make and that we would like to discuss the matter with it. We would hope to agree a way forward with it.

Richard Lyle (Uddingston and Bellshill) (SNP): I have listened intently to some of the answers that you have given. Will you honestly tell me how relevant the SHC is? Your remit is to monitor what health boards do for patients and how they carry out their functions. Should your role be increased? With all the changes that Richard Norris said have come along in the past couple of years, should you be given more teeth?

To be honest, I do not think that you have any teeth.

Pam Whittle: There is no doubt that the council's role needs to change. At times, I have been quite frustrated that there is not wider awareness of what the health council is. Even its name is a little bit confusing. Many factors have stacked up, so there is a need for change. We will need to consider whether that change should be teeth or separation of different aspects of the role.

Richard Lyle: One of the problems in my area is that NHS Lanarkshire does not correctly get across to the public what it is doing. Basically, it does not publicise it enough. With the greatest respect to Ivan McKee, I say that I have also attended meetings at which I have been totally aghast at what the board was doing.

How do you sit down with a board such as NHS Lanarkshire and entice it to change its views and consider what it is doing? I have to point out that some of the things that it is doing are correct. We have to change. It is a new world and things have changed since the NHS nearly 70 years ago, so we have to revamp and redress things. Like my colleague Maree Todd, I hate the NHS getting used as a political football all the time. We should all work together. We have one of the best health services in the world and we continually kick it. What would you do to try to get NHS boards to put across their views better? They ain't doing it.

Pam Whittle: We are extremely aware of that. NHS boards might see us as not really being part of the system and not necessarily knowing what is going on. That is a useful perspective because we tend to be more like the public in that respect. If the boards cannot convince us, they do not have a hope of convincing the public.

We constantly try to work with boards to make them more effective at engaging with the public. Recently, some boards have recognised the importance of doing that and made significant progress, but those are isolated approaches. I would like that approach to be taken much more broadly across the piece.

Richard Lyle: How can you get across to the public the fact that you exist?

Pam Whittle: That is absolutely the right question. It is one of the points that we hope we will be able to address.

The Convener: I sense a lot of frustration from committee members. I certainly feel that. The Scottish health council has a budget of £2.3 million and is looking for extra funding from the Scottish Government. According to the accounts, it has engaged with 1,180 people over the past two years.

I am really struggling. You have 14 offices and have managed to contact and engage with just over 1,000 people in two years with a budget of £2.3 million. I fail to see what we get for our money. Richard Lyle is absolutely right: you are a toothless hamster. I do not see where you add value. A major overhaul of some kind is needed if we are to have transparency and processes in which patients and the public genuinely engage. In my experience as an elected representative since 2003, we absolutely do not have those at the moment.

There are a lot of frustrated people in the room. The committee will have a discussion afterwards on the evidence that it has received.

What is the timescale for the council's review?

Pam Whittle: I anticipate that we will be able to publish it in February.

The Convener: Is there still time to submit to it?

Pam Whittle: I am more than happy to take your comments.

The Convener: Thank you.

I thank the witnesses for attending. We will suspend briefly to change the panel.

11:01

Meeting suspended.

11:05

On resuming—

sportscotland

The Convener: Item 3 is an evidence session with sportscotland. I welcome to the committee Stewart Harris, who is the chief executive of sportscotland, and Mel Young, who is its chair. I invite you to make an opening statement.

Mel Young (sportscotland): Thank you for inviting us along. We are very keen to give evidence today. In the global scheme of things, the key inputs that sport can have for the wider population—it is not just about winning medals—are beginning to be recognised. I travel round the world a lot in connection with sport and this area. Lately, Governments around the world have been starting to recognise the impact that sport can have on the wider community through the social agenda and the health agenda. In work that I have done that is not connected with sportscotland—on the homeless world cup, for example—sport has been used to make an intervention in the lives of the most marginalised people on the planet and changes those lives as a result. There are many other examples of how sport can be used in different areas to create change.

We in sportscotland have created a system that is connected. It connects the community and high performance in one overall system to make an impact and create change. When I am in other countries talking about Scotland, Governments and others are interested. They say that Scotland appears to be ahead of the curve. We are definitely ahead of the curve in terms of the integrated system that we have in Scotland. It is something to be proud of and something that we can grow.

It is interesting to be sitting here today. Sport is part of the active Scotland policy, which is innovative and world leading. Sport has a critical role to play in that. Obviously, on its own it cannot sort out all the health challenges that we have across Scotland, but it can work with other areas. There are plenty of examples of that, but we need to do it better.

We are very happy to be sitting here, having this discussion and giving evidence today. We would be delighted to answer your questions.

The Convener: The committee is looking at participation in sport. What is the main barrier to participation in sport?

Stewart Harris (sportscotland): We have tried to put in place a system that breaks down those barriers, and there is a degree of universality about that. We have a foothold in every school in the country and we give every young person an opportunity to try activity, sport and physical education and we are beginning to join that up with what is happening in the community. We are looking at a system in which schools are connected to the community and performance is driven by people and facilities, and we are beginning to build capacity across the country. We must continue to do that, so we need more people to be involved and we will continue to look at how we can access more facility time in every authority in the country.

There is lots of progress being made and there is lots to do. We think that the system approach is offering greater value than the funding-stream, project-based approach that there probably has been in the past.

The Convener: Does that universality mean that you do not target areas of multiple deprivation?

Stewart Harris: We have taken the view that targeting every school in the country gives us an input into each of those schools. If we have a system, we then have more opportunity to target. Going forward, we will work with local partners. We are also quite keen to look at how we get closer to education in some of the attainment challenge authorities and how we can contribute to the attainment agenda. We also want to offer more and better opportunities for people in every community across the country. So that universality is—

The Convener: You do not target at the moment.

Stewart Harris: In the schools area, we have gone for every single school.

The Convener: So you do not target.

Stewart Harris: In that instance, no.

The Convener: What evaluation is being done of the active schools programme?

Stewart Harris: We have an annual evaluation—

The Convener: What independent evaluation is being done of the programme?

Stewart Harris: Each co-ordinator contributes to data gathering. All the data is collected nationally, and each co-ordinator has as the job of forwarding all the data from their school. We therefore have data from every single school. Equally, from time to time we have independent evaluation of how we are getting on. Over the past four or five years, there has been a huge amount of progress in that we have built the numbers and access for children across the country.

The Convener: Who carried out that independent evaluation, and has it been published?

Stewart Harris: The evaluations have all been published. I cannot remember the last contributor.

The Convener: Can you provide the committee with that information?

Stewart Harris: Yes, we can do that. We will provide the committee with as much detail as we can.

Colin Smyth: I want to touch on the issue of universality, which you mentioned. Based on your comments earlier, would it be fair to say that you think that it is an important role of sportscotland to increase participation in sport among those who are currently inactive and those who come from the least wealthy areas, given the lower level of participation in sport among people in more deprived areas?

Stewart Harris: Yes, I think that that is our role. We have a strategic role of looking at how we bring partners together to create physical activity strategies across the country. We are looking at how we bring together partners from health, the local authority, the trust—everyone locally who can contribute to people being active across the piece.

The aim is to have a physical activity strategy that looks at play, dance, sport and recreation, and active living, and for us to be a part of that solution locally. Our contribution is to add value to local resources—a local focus in school sports, clubs and leisure and recreation. From our perspective, we have both a strategic role and a contributory role to ensure that we add value to each local community.

Colin Smyth: However, in the projects that you support, you do not measure activity levels based on the criteria of being in one of the two groups that I mentioned. You measure activity levels based on, for example, sex and age, but you do not measure according to someone's background or whether, before they came to an event, they were inactive. You cannot distinguish whether little Johnny is coming along to four events a week instead of three, and is already active, because you do not measure that.

I think that the recent BBC documentary "The Medal Myth" concluded that nine out of 10 participants in your performance sport programme went to a private school or a school in a wealthy area. You do not measure that at the moment. Why do you not measure it? Why did the documentary makers have to do their own research to get that information, if it so important to increase activity among people who are inactive and people from deprived areas?

Stewart Harris: From our perspective, we believe that, by building that system and by having an impact on and a contribution to every single school in the country, we create the opportunity. We are too small to do it alone and, fundamentally, we work in partnership across all those areas. Our aim and aspiration is to have more and better opportunities. You are correct that we have not managed to touch everyone yet, but we want to create more and better opportunities.

I would prefer to look at the information in a slightly different way. Two thirds of the more talented individuals who are involved in sport at the top end come from state schools. We aspire to improve that; we aspire to give everyone the opportunity.

We measure absolutely everything that we do with respect to intervention. Every single school submits data. Every single community sport hub submits data. We are seeing growth in all those areas. They are big samples. In the schools arena, we are talking about nearly 300,000 young people. In the community sport hubs, there are over 100,000 people. Those are not small samples for measurement.

We believe that, with partners, we are beginning to tackle that. We have to improve how we measure whether inactive people are becoming more active. Locally in the east end of Glasgow, we are looking at how we can work together with Clyde Gateway, the NHS and Glasgow Life to get people to be more active, from simply leaving the house to taking some exercise at a local sports centre. Although there are general measures of progress, we have to look more closely, as partners, at the specific question of how that translates on the ground.

11:15

Donald Cameron: I want to ask about the budget proposals. The total budget for sport for the coming year, 2017-18, is down by 7 per cent in cash terms and 8.3 per cent in real terms. I accept that that is the sport budget and not the sportscotland budget, but can you tell us what those reductions imply?

Mel Young: From our point of view, that has serious implications for what we are trying to do. As I said earlier, we are building a system. That is developing and we are getting more people involved.

There is another hit, too, in that lottery receipts are going down. In addition to the budget reduction, that lottery reduction will have a further impact on us. Taking those two together, I think that serious cuts will have to be made in about three areas. One of those is potentially in the sports themselves. The second cut will be in the

number of people involved. More than 1,000 people are connected in some way with the funding. Thirdly, serious thought will have to be given to redundancies in sportscotland, although we do not want to go down that route. The overall budget component for sport in Scotland is 0.14 per cent. That investment from the Scottish Government has a massive impact. If the strategy is to get Scotland to be a healthy nation and to become more active, the last thing that we should be doing is cutting the sports budget. The budget reduction represents a challenge for us, but the two reductions together are particularly challenging.

Stewart Harris: We will take a prioritisation approach. Although we passionately believe in the system of school to community to performance, and the people and facilities that underpin that, we will have to hit performance sport quite hard this time round, because our priority will be community, and giving opportunities across the nation. Rather than taking a salami-slicing approach, we are taking a brave approach, in which we say, "Here are the things that we think we must prioritise—the choices that we make will be in those areas." We will try to keep a balance so that we do not break the system completely. However, that prioritisation approach is vital. We cannot take lumps out of the system and hope that it will continue to deliver, not just in engagement and participation terms but in terms of medal success. All are equally valuable, but in this instance we will have to prioritise community.

Alison Johnstone: Do you have any concern that that approach could break the performance system completely?

Stewart Harris: We will be as measured as we can be about taking that forward. You have probably seen that one or two sports have been completely taken out of the funding and investment system at the United Kingdom level. We will try to avoid that and ensure that we do not break any particular sport. However, we will have to be very specific with each sport to ensure that each one is clear on what its targets and ambitions are, and on what it will try to achieve, both in supporting community development and in performance.

To be honest, this is not ideal. As Mel Young said, the double whammy with the lottery receipts is quite challenging, but we will continue to talk to the Government about how we take things forward. Belief in the system is vital. We see that as unique to Scotland, and it gives us a better chance of achieving our twin goals on performance and participation.

Alison Johnstone: This seems to be a surprising conversation to be having a couple of years after the Commonwealth games and hearing a lot about its legacy. How would you assess the legacy? How concerned are you about the funding for it?

Stewart Harris: I will give you a specific example. Our Commonwealth games legacy commitment with regard to partners was a target to create 150 community sport hubs, and we deliberately focused on that. We now have 157, and we will continue to prioritise them. I think that I have mentioned that more than 100,000 people are involved in the hubs. We are bringing communities and sports and activities together to make that more sustainable and to offer communities a chance to do more things for themselves. That is a key priority for me. The twin goals of participation and performance are important in building any system, but we have to protect that part of the system that gives people opportunities to participate locally, whatever their reasons for participating.

The strategy was deliberate; sportscotland could have focused on a lot of different things, but we focused on one infrastructure project across all 32 local authorities. It has been a success. All our partners can probably report similarly on their own local plans for building a legacy.

Alison Johnstone: On priorities and targeting, I note that, since the Commonwealth games, there has been a 3.9 per cent fall in physical activity among children, and more notably among girls. That seems quite surprising. When you see such figures, do you step in and take action to try to address the situation?

Stewart Harris: Yes, we do. Again, I will give you a specific example. We work with each local authority on active schools. At the moment, the gender breakdown is 52 per cent boys to 48 per cent girls, and we want to try to continue to improve that. Local authorities produce their results every year, and we do not wait on other measures to tell us that there is an issue; we focus on what is happening locally, and we take a customised approach in which we sit down with each authority and ask how we address the matter.

There will always be changes, no matter whether that is because of gaps in staffing or other issues with schools. We cannot always be going on an upwards trajectory; sometimes it plateaus, and sometimes it dips. Regardless of that, we take that action every year with each local authority that we work with on active schools, community sport hubs and whatever other help we give them on local participation.

Alison Johnstone: The physical activity guidelines for children say that they should have 60 active minutes a day. I would suggest—and I am sure that others would agree—that that is in no

way sufficient. You have talked about a whole-systems approach; as the Health and Sport Committee, we would suggest that an active Scotland is a healthier and well Scotland.

With regard to engagement with other portfolio areas, you might be aware, for example, that the Government is spending only 1.6 per cent of what is a massive transport budget on walking and cycling. I think that there is general agreement that physical literacy is not what it used to be. Children are not out and about in their neighbourhoods and, for various reasons, are not able to cycle and walk as safely. Have you been asking the Government to look at investment in walking and cycling as part of a physical activity strategy?

Stewart Harris: Yes, we have. Mel Young has already touched briefly on this issue. Active Scotland as a framework and policy is world leading, but it needs every contributor—sport, education, health, transport and planning—to get around the table, because, ultimately, we all have a responsibility to contribute to it. We need to get better, nationally and locally, at how we partner and how we are then held to account by ministers, Government and committees. It is that partnership and the agreement about what we are going to try to achieve—which is just as you have expressed it—and how we each play a role in that respect that will change population behaviour.

If we want to make the nation more active, we are all going to have to contribute. I have had this conversation before. It cannot be just about sport—our nation is too small. We can play a strategic role in motivating and co-ordinating people as well as playing our own specific role, but we need that co-ordination at both levels. We think that the situation has recently improved locally because we have grabbed that leadership role locally and are bringing partners together, setting a strategy and making sure that everyone has a role to play in delivering against it. We need to improve that, both nationally and locally.

Mel Young: Although I am relatively new to my job as the chair of sportscotland, it is clear to me that the Government is working in silos, and it is vital that, as Stewart Harris has said, we come together around the issue.

I will share an anecdotal example from another country. In Rio, in Brazil, all the bus shelters are mini-gyms. In the mornings, you will see people in suits doing—oddly enough—pull-ups on bus shelters; later on, you will see children doing step-ups and so on. There are also races between the bus shelters, which kids get involved in. That is an example of thinking outside the box slightly, and it might be applicable here—I do not know. Transport and planning have come together with sport, and the role of sport is to say, "Let's create a race around this." We need to think and work together in that way in order to come up with such things, because we will increase physical activity by being smart about it.

Tom Arthur (Renfrewshire South) (SNP): Following on from Alison Johnstone's questions, I note that health surveys show that, between 2014 and 2015, there was an 18.5 per cent increase in physical activity levels in the over-75 age group. That is welcome news, particularly given that the 75-plus age group is the least active. What has accounted for that rise? Is it a result of the Commonwealth games legacy or increased investment? How can we build on that progress?

Stewart Harris: I would certainly not put it down to the games legacy. I think that there is a greater awareness among the older population of the health benefits of physical activity, and there are now more co-ordinated opportunities locally. One example of our contribution is that, where there is a community sport hub, we can connect cycling clubs, walking clubs, swimming clubs and whatever people like to it. In fact, perhaps a community sport hub should be a community hub—full stop. We think that there are lots more opportunities, but collectively as a society we need to get better at showing people where those opportunities are. That is the job of local agencies, helped by us and by others. I think that there is a greater awareness of the health benefits of physical activity, plus there are more social and group opportunities such as jogging clubs, cycling groups and community sport hubs that are helping to contribute to that.

Tom Arthur: I was thinking about the percentages of those aged 75-plus who met the physical activity recommendations. In 2012, it was 25 per cent; in 2013, 26 per cent; in 2014, 26 per cent; and in 2015, 31 per cent. Perhaps "games legacy" was not the correct term, but people might have been inspired by the games. Do you think that the games increased awareness of the benefits of physical activity?

Stewart Harris: Absolutely. We are often asked about the inspiration effect. Inspiration requires action, though, and whenever a young person—or even someone of my age or older—is inspired to do something, they have to know where to go and what to do. There then needs to be social acceptance of and camaraderie around the activity to encourage someone to stick at it. Awareness is as high as it has ever been, whether among older people looking at the health benefits—quality of life, extension of life and mitigation of chronic illness and disease—that physical activity can bring or among young people running about daft at school or at home before they begin to get into some more formal sporting activity at what is the right time for them.

The level of awareness is much better and the system approach is in good shape. We continue to get good feedback from partners in other countries who think that we have a really good product here, but we have to ensure that it continues to develop and evolve. We are not asking for a huge amount of money, but we have something that is working pretty well and which we must try to protect in order to achieve the two outcomes of people of whatever age being active and engaged and then, through progression, getting better at something.

11:30

Maree Todd: I represent the Highlands and Islands region. As well as the other barriers that folk face in trying to get involved in sport, those in the region that I represent have to tackle the issue of geography. Much of what happens in competitive sport takes place in the central belt. My own kids have had to get up in the middle of the night on a Saturday to travel down on a bus to Glasgow to perform, apparently, in some sort of competition starting at 9 o'clock on a Sunday morning. What are your aspirations for encouraging participation across the whole of the country? I know that islanders face a particular challenge with regard to expense.

Stewart Harris: That is a good question. Just last weekend, I was up in Orkney for the sports awards, and it was a great social gathering and a great celebration of all things good in sport there.

I have a couple of answers to your question, but I want to focus first on the islands before I look at the rural issue. We are trying to build capacity and infrastructure on the islands in terms of facilities, access and expertise. Over the past 10 to 12 years, we have—to be fair—been committed to all 32 local authorities, but we have looked specifically at the island communities because they face a real challenge. We have had some discussions recently with the islands—

Maree Todd: Can I ask where you have focused your attention? Is it mainly on the northern isles, or is it on all the islands?

Stewart Harris: The main focus for us has been Shetland, Orkney and the Western Isles. We recognise that there are other island communities—

Maree Todd: There are more islands.

Stewart Harris: Yes, but, to be fair, they all come under their local authorities. In Argyll and Bute, for example, we cover the islands as part of the local authority strategy. I hope that we do not exclude any community, because we think that building capacity in local communities is vital. We have looked at how we can help talented athletes or those on that performance pathway with transport off the islands or from deeply rural areas in order to get to competitions, and we often require the help of ferry companies and air companies as part of that solution. Again, the integrated approach is important. We have had discussions with island local authorities about clubs and schools coming off the islands for competitions, but that is a bit more challenging, because the affordability of doing that across the piece is quite a difficult issue. Nevertheless, we think that we have done a good job in helping to understand the needs of communities.

For those on the talent pathway, we have just put in place another tranche of support that will probably help 60 athletes not just from the islands but from the Highlands get to training sessions that will help take them to the next level. We are well aware of those needs locally.

Maree Todd: Following on from that, I want to look at the accessibility of sponsorship and funding for all. Because of the easy access to good mountain biking facilities, cycling is huge in the village of Strathpeffer where I live. A couple of young lads in the village have taken that to the next level and are competing at a very high level in cycling; indeed, one of them is doing it nationally and internationally. However, the other has a disability, and it is much harder for him than it is for the other lad to access funding and sponsorship in order to make progress to the elite level.

Yesterday, I saw a news story about a female boxer; in fact, it was all over last night's news. A promotion guy who for his whole life had been against women doing that type of sport had been won round by that lassie. It is difficult for women to gain funding. For example, my daughter is a brilliant footballer, but she will never manage to make a living at it. What are you doing to tackle that type of issue?

Mel Young: We would obviously want to support as many athletes as possible. Equalities are at the heart of what we do in sport. More generally, the Paralympics have inspired people to get involved in sport and have probably helped with the issue of inclusion of those with a disability in wider society.

On the issue of sponsorship, however, the level of private sector support is really poor in Scotland. Compared with other countries, Scotland is way behind on that. We are doing really well with sport and there is more that we can do at not just community level but higher to support athletes, but, as I have said, the level of private sector sponsorship and support is really poor. We would want to look at that to see how we can improve it, because there seems to be a view that the Government should just do all of this when, of course, it cannot. Having the private sector come

to the table would help enormously. On the sportscotland side, we would certainly want to support the two people that you mention and do so in the best way that we can.

Stewart Harris: In some cases, it probably depends a little bit on standards in the event in question. There is a bit of a cut-off. Once you reach a particular standard, you unlock more resources and get more help from the system.

Maree Todd: Indeed. One challenge is that the lad with a disability started out as a mountain biker but because mountain biking is not a Paralympian event he has had to convert to a different kind of cycling.

Stewart Harris: I had a conversation with a young lad with some significant disabilities who boxes. There is no outlet in the Paralympics for that, but he still wants to box. We can help where we can with local opportunities and we can try to improve the coaching in his club to help him specifically, but there is no Paralympic outlet for him.

Maree Todd: The lad I am talking about is in a coaching group, but his coach is based in Manchester and he has to trek down there on the train with his bike, which is tricky.

Miles Briggs (Lothian) (Con): Good morning. I have a specific question about the primary school estate. In my experience, we are not really utilising the primary school estate for sport. I am interested to hear your comments on that and how you think, post school hours, we can have more sport at primary schools. When I have been on visits, I have found that often when the school day finishes the buildings are locked up. I think that we are missing a great opportunity to utilise them more.

Stewart Harris: You have probably realised that it is an aspiration of mine that schools become community hubs and a focus for sport and other activities in a very programmed way, in order to ensure that it is very clear where opportunities are so that people can get involved.

A study that we did a few years back showed that the school estate is 95 per cent available—meaning that that there was someone there to look after the building, to open and close it, and to take care of health and safety. However, only 55 to 60 per cent of the school estate is accessed. We are progressing that in our discussions with every single local authority—we are looking at how they build capacity and access to facilities. The only way we will increase participation or engagement is to increase capacity and availability of space. It is not a competition, but often there is a focus on coaching and volunteering. That is right—but it has to go hand in hand with facilities, space and programming so that we make the most of the spaces, as well as having places where coaches can coach and volunteers can work with groups.

We cannot be silly about this: there is a cost attached. However, the bottom line is that we would like in each local authority a programmed approach that maximises available space, in particular in relation to use of schools, because they are deep in communities and sit in what I think are really good spaces for community activity and engagement. For me, that will probably be one of the biggest factors in developing and sustaining participation in the future. It is about local communities, local spaces, and local uptake.

Mel Young: I will add to that point. Where we are going at sportscotland—in terms of what we have to do within the general overall framework—is towards a culture change, and use of schools is just part of it. The questions that committee members are asking are all connected to culture change.

In the past, people have felt that a school is just a school—when it shuts, it shuts, and people go away. To get people to feel that they can all use the school asset requires a culture change that will take time, but it is slowly happening. Across the board what we are desperately trying to do with sport is to get people of all ages, at all levels and wherever they are to automatically get into sport and to play it and get involved wherever it takes place.

Stewart Harris: Of the 157 community sport hubs, 60 per cent are in schools, which we think is great. We need more, but that is a good start.

The Convener: What is your plan for making that happen?

Stewart Harris: The plan for us is to continue—

The Convener: How will you make that happen when local government budgets are being shredded?

Stewart Harris: We will continue to work with all local authorities on looking at their estates. The model that community sport hubs enshrine gives the community more responsibility for running its own affairs and its own programmes. Rather than everything being delivered by professional staff, it is clear that there is an economy in giving communities power and responsibility to manage some facilities themselves. That is how we are taking things forward.

It seems to me that there could be a positive mixed economy in Scottish communities—I see no reason why it could not be the case in every local authority area—that would involve an element of programmed activity that would be delivered through professional sources, along with community-driven programmes and clubs and community sport hubs, which would be staffed

largely by members of the community. That is what people do in clubs, anyway.

The Convener: Would such a system be run on magic beans? Where is the money that will make those things happen? To put you in the picture, as the convener of the committee, I am contacted by a lot of people. A number of the people who have contacted me, who include some significant and influential individuals, do not buy the club model that you are promoting. They say that it is exclusive, that it prevents people from accessing sporting activities on the basis of cost, and that cost is the biggest barrier to participation. They charge sportscotland with being elitist and bureaucratic and with not being a grass-roots organisation that is in touch with communities—especially the most deprived communities. They say repeatedly that cost is the biggest barrier to participation, but I have barely heard you mention cost.

Where will the money come from to allow people in the most deprived communities to access sport for fitness and wellbeing? Who knows what they might go on to? I am not particularly interested in whether they become world champions. I just want people to be active and engaged, but I do not see where the money is coming from for your model.

Stewart Harris: Your comments are interesting and we will take them on board. If any of the people whom you mention want to come and talk to us, we will be happy to meet them.

The Convener: A number of them said that they have already talked to you, but I will direct them to you.

Stewart Harris: Thank you for that.

With the resources that are available to us, we work locally to get the best possible local plans. I take your point about availability of resources. A statistic that we have used a number of times is that 90 per cent of the budget for sport in Scotland is locally based. Therefore, there is huge reliance on what happens locally. Sportscotland accounts for only 10 per cent of the total budget. We have to prioritise locally as much as we can the resources that we have available. The system that we have allows us to prioritise and target, so we target communities.

Mel Young: I take on board the convener's point. There is a triple whammy, if you like. We mentioned our cuts, but there is also the reduction in National Lottery funding, as well as the local authority cuts. The amount of money that is available to sport is a significant issue. Local authorities face a big challenge in deciding between keeping prices low so that people can get involved and getting income in.

We want a system in which everyone can participate at some level. The lack of funding in the sports system, whether in local authorities or in our organisation, is a real challenge—you are absolutely right about that. We must address that issue.

The Convener: How are you going to address it?

Mel Young: If I was in the Government, I would double the sports budget. I would put more resources into sports because, in the long term, that would have a better effect for society as a whole.

As well as looking at the resources, I would look at doing things in a much smarter way. I know from other work that I have done that it is sometimes not particularly expensive to get people involved at grass-roots level. In some cases, all that is needed is a ball, some volunteers and some creative thinking. We need to think about how we can be smarter and do more at grass-roots level, particularly in the poorest areas. We have ideas about how we can do that.

I do not buy that sportscotland is an "elitist" and "bureaucratic" organisation. We are responsible for administrating public money, so we must have systems that are clear and robust. We provide the catalyst for others to work in the wider community; that is why we do what we do. I believe that sport is a very important part of the fabric of society, so we should invest in it. That is the answer to the convener's question.

11:45

The Convener: Just to be clear: you have said that finance will increase participation; therefore, for an individual, the same applies: people's ability to access sport is strongly correlated with their ability to pay for that access.

Mel Young: I believe so—yes. I am trying to say that people can do sport anywhere. They can do it out in the park quite easily, for example, and it would not cost them anything.

We live in a society in which many people hark back to the days when we just played in the street. Society does not work like that any more; we must have facilities in places where people can go. That is where the barriers are—how to get there, whether there is transport, the cost of being there—and that is what we must look at in the poorest communities where people do not have finance. The challenge is how they can access the facilities. Sport will provide answers.

Alex Cole-Hamilton: I have a question about how the culture of elitism in sport acts as a barrier to inclusivity. Right back in my early days at primary school, my experience in P1 and P2 was

that we were sorted almost by peer review into those who could play football and those who could not. We were often picked last if we were in the second group, and not often if we were in the first group. That became the received wisdom as we went through the school ranks. I found a school report at the weekend that talked about my lack of interest in football, but I did not lack interest in football; rather, it was perceived that I was not very good at it, which was probably true. Nevertheless, I was interested. The physical education teacher realised that I missed that bar. As a result, it was only in adult life that I found sports that I was good at and interested in, and became active through those sports.

That issue is a massive barrier to kids and goes right up to where the weight of investment is targeted, which is largely at the elite athletes who compete on the global stage. That is where the focus lies. How do we break down that culture of elitism from that early age?

Stewart Harris: I disagree with your assertion that the bulk of resources is targeted at performance sport. I mentioned that 90 per cent of the budget of sportscotland and local agencies is for school and community sport. With the remaining 5 to 10 per cent, we are probably the only agency that supports the performance end. The word “elitist” does not apply.

Alex Cole-Hamilton: That is your budget, but a lot of the total amount of money that is spent on sport in this country—including advertising revenue, sponsorship and so on—is targeted at the elite.

Stewart Harris: If you mean in some of the professional sports, they are separate, and we have to look at them separately.

May I go back to address your school issue ?

Alex Cole-Hamilton: Please do.

Stewart Harris: Our offer to any member of the committee is to take you to your communities and show you a different outlook.

Our aspiration is equality, with everyone getting an opportunity, having fun and also learning. That is the emphasis in classroom sessions and the curriculum in schools, in integrated physical education lessons and programmes, and in secondary PE teachers working with primary school teachers.

The active schools programmes, connecting schools to the community, are open to all. They are not about competition—competition exists, but it is not about that. I see a completely different world at that level. That is our job, and I think that we have made progress.

Active schools has been in place for 12 years; that sustained investment is really positive. Community sport officers have been working for six or seven years in community sports hubs. The issue is sustaining investment and how we tackle that. What we do is not based on exclusivity. Our ambition is to involve every single child—capacity withstanding, which goes back to a question that was asked earlier. Capacity, in terms of people and space, is one of the issues that we must all focus on in order to get more people active.

I say to anyone around the room: we are happy to come and show you the difference in your own communities. I am not saying that their experience was your experience; however, I see a different thing now in schools and communities across Scotland.

Ivan McKee: Thank you for coming to the meeting. I want to touch on a couple of things.

Before we leave schools, is there a problem because of the private finance initiative model? It is clear that if we own the school we can get in at any time, but there is a pay-to-play situation under the PFI model. Does it prevent people from accessing facilities?

Stewart Harris: That has been an issue, but it is not as big an issue now. Schools have been funded by different means. I do not look at that too much—I just want the space to be accessible. If there are difficult conversations to have, local strategic partnerships are about partnership. Many PFI schools are now accessible. Older ones might be slightly more bound to contractual stuff that is more difficult to get around, but I assure members that we are constantly working to improve that capacity in every single local authority area, regardless of how the building was built or funded.

Ivan McKee: So, those contractual arrangements are being challenged where they need to be.

Stewart Harris: Yes. Absolutely.

Ivan McKee: I want to go back to something that you said right at the start about the active Scotland outcomes framework. You made some big claims about it being a world-beating system. Will you talk a wee bit more about how that works and why you see it as being so advanced compared with how everyone else in the world does things?

Stewart Harris: That came about three or four years ago, when we felt that sport in Scotland was being asked to do its own job plus a host of other jobs. That is great—we will take jobs on where we can—but the challenge is probably too big with the resources that we have. My professional and personal view is that, if we are going to look at

changing behaviour and making Scotland an active nation, a very clear policy is needed.

I will give members the two ends of the spectrum; there is a whole bunch of things in the middle. At one end are the inactive people—the issue is getting them more active—and at the other end are the people who are involved in performance sport. There is the issue of skills acquisition in the middle. How do we give people, no matter their age, the ability and tools to participate at the level at which they want to participate? There is a whole dashboard of measures in there. Some of the figures are flat, but not many are going in the wrong direction.

Recently, a survey came out that said that Scotland was in second place in infrastructure and policy terms. We still have to ensure that that is connected to impact. My belief—I have talked about this a lot—is that we will achieve that only when the partnership of portfolios and sectors in health, education, transport and sport, and anyone else who can contribute, comes together to work in a co-ordinated way to make that happen. We will then begin to see progress. However, having the policy, infrastructure and many of the measures in place as a first principle is fantastic.

Rather than expecting sport to do everything on its own and to cover all those areas with the resources that we have, there should be a much bigger corporate, societal, public-sector driven—I hope that we will get commercial support, as well—and public-sector led approach for communities and the people of Scotland. That would offer real opportunity, but we have to realise it. We have continued to talk to the Cabinet Secretary for Health and Sport about how important we see that as being and to see whether she can influence other ministers to bring things together.

Ivan McKee: Okay. Thanks.

Richard Lyle: On Sunday night, I had a meeting with a local amateur football team. There are a lot of clubs out there whose members all chip in a pound when they get together, and that pays for things. There are many good clubs out there that do a lot of work.

Let us talk about costs. How do the charges that are made for people's access compare with those in other countries? My local authority area has the passport to leisure, and local authority sport access has increased in North Lanarkshire over the past number of years. Where are we cost-wise compared with other countries?

Stewart Harris: It is difficult to compare like with like—I do not think that we have that data. We regularly look at costs and we have through the years produced a number of reports that compare costs for the different parts of Scotland, which we can make available if you wish.

Costs can be an issue and, when that happens, people locally should ask why that is. We are happy to be involved in those conversations, because sport and physical activity will be successful only if a transparent two-way conversation takes place locally. We will help to facilitate that and we will try to ensure that an answer is given.

I have another example from Shetland, where we recently helped to add to a new indoor 3G 60m by 40m space that was put in, which could be fantastic for the island of Shetland. Lots of people were sceptical about it being expensive, but one of the very early side benefits of the space is that groups are expanding, because people who go along love the opportunity to use it. The cost is collectively shared by more people, so it is less for each individual, and the whole thing is much more vibrant.

The essence of your question is that cost is an issue. For me, that is a strategic issue that we need to talk about locally. Each local authority profiles cost differently and we need to look at that closely.

Richard Lyle: When I was at an area partnership meeting in my area on Thursday night, there was an interesting comment from an official about someone who came along and said, "This park is ours—the public's—and not the council's. Give me a key to get in so that I can bring my kids," and the council gave them a key. I suppose that there is an issue of trust about getting the key back, but all the council's physical facilities belong to the public, although PFI comes into the equation sometimes. How do we build up trust with the local community in order to generate the understanding that the facility is the community's? A kid can go into a play area and play, but a football park has fences around it and the gate is locked after 5 o'clock. How do we resolve that?

Stewart Harris: We had a bit of a disagreement about that earlier. A lot of what you describe is the future, although not exclusively, as there should be a balance that involves managed and commercially operated facility spaces with programmes of a different type. We should also give communities the opportunity to manage their own facilities as part of the strategic approach.

How communities manage the cost is part of the responsibility and is an exciting area to look at. The essence is about taking the club model and giving more power to clubs and sports to run their own activities. Every community sport hub is run and managed by a coalition of local people. The sport hub in Armadale is a great example. It is run by 30 groups and clubs, which are not all

traditional serious sports clubs—there are also a lot of recreational groups. It is driven by a group of local people, including some young people who help to staff the facility.

We are at the early stages of that model; more community management, community ownership and community partnerships with local agencies are the way forward. I take on board what you said about the cost, but allowing communities to run such things could help in lots of ways.

Clare Haughey: I have been heartened to hear that sportscotland thinks outside of silos and does joined-up working with other agencies and that you have done so much work at the grass roots. In my community, a huge amount of work is done at the grass roots in community hubs, and we have vocal volunteers to thank for that. Lots of people dedicate a lot of time to that work and they deserve recognition.

I will move on to Brexit. What will its impact be on sport in Scotland? How significant is that issue for sport here and what sports will be most impacted?

Stewart Harris: We have given formal feedback on the issue. Sport is largely devolved, so the bulk of what we do—95 per cent—is in our hands. The effect will depend on how the economy works and on Government policy in the future, but I will put that to one side.

From a high-performance perspective—I am careful not to use the word "elite", because we are talking about performance—the free movement of specialist coaches and staff who can help to teach and to bring us to the next level might well be impacted. As we sit here today, goodness knows what is going to happen down the track, but that is the one area where we could see an impact. The rest depends on our own decisions, the economy and how things progress.

12:00

Clare Haughey: There is a recognition that the impact is more likely to be on the more professional sports, if we look at it in that way.

Stewart Harris: It relates to the movement of specialists.

Clare Haughey: Absolutely—it relates to the movement of players, particularly in sports such as football and rugby, as well as the movement of coaching staff, as you said. Have you had any discussions with governing bodies, clubs or major organisations about how that might work and the impact that Brexit might have on them?

Mel Young: Not really. Part of the challenge is that we do not know what will happen, which is difficult. There have been preliminary discussions, but so much is up in the air. We must have on-going discussions as the situation develops with the UK Government.

Clare Haughey: Have you looked at how a potential loss of EU funding might impact on sport in Scotland?

Mel Young: We do not get much EU funding, but our partners' programmes include Erasmus, which will be affected. Although the UK Government says that money will replace that funding, there is no guarantee that that will happen. As I have said, so much of this is up in the air, so it is difficult to say.

I do not think that there will be a huge impact on sportscotland from a change in EU funding, but that might be a possibility for particular sports. We will need to focus on Brexit but, as you know, the situation changes week after week, so it is difficult to give a definitive answer.

Brian Whittle (South Scotland) (Con): This place struggles to understand how to leverage sport and its impact. Sport in this country is chronically underfunded, and sportscotland does a remarkable job with the money that it has. The buck should stop in our Parliament. Cutting of the sports budget, including in councils, goes unseen; it is easy to do.

The convener spoke about the cost of access to sport. Such a cost is undeniable. Last night, I was in the Emirates indoor arena, which is smack bang in the middle of the east end of Glasgow and costs £3.50 to get into. Although we have some phenomenal facilities, access is a struggle.

If the ability to access opportunities to be active is reduced, the result will be a cost or a pressure on health, education, transport and welfare—

Clare Haughey: I am sorry, convener, but is Mr Whittle here to make a statement or to ask a question?

The Convener: I was just about to say that. Maybe you need to get to the questions, Brian.

Brian Whittle: I am getting to a question, convener.

The Convener: We have limited time.

Brian Whittle: Cutting a sports budget is a false economy. If sportscotland were properly funded over the longer term, how would that impact on how sport is done in this country?

Mel Young: I do not know about the term "properly funded", but I believe that we need to invest in sport and that, by doing that, we will get long-term benefits. Those benefits will come as part of the overall active Scotland framework, where we have a greater input. If more money was available, bodies could start to do more initiatives.

Access to arenas could be subsidised for people who are on certain income levels or from certain areas, so that it would cost zero to get in, which would encourage people to come, even if they had no money. Funds would be required to do that.

Increased investment in sport across the board would have a greater impact on all aspects of society, so we would get a healthier, more active nation and more people participating. We could put funds in the appropriate places in the same way as we do at the moment, because the system that we have is the right one.

Other countries are saying that what is going on in Scotland is really interesting, and it is—to go back to your first point—something that we should be proud of. We should be saying to the world, "Hey! This is what's going on here." Impacts have been made with a relatively small budget.

You have to remember that the health challenge is a global one—it is not just in Scotland; it is everywhere—and people are starting to notice that we are ahead of the game. We should therefore be investing more. I am bound to say that, as I am sitting here as the chair of sportscotland, but I am sure that other organisations would say that as well.

I believe fundamentally and passionately that, if we make Scotland a sports nation, the benefits to society will be really significant. A tiny investment would get 10 or 20 times that amount back through the impact on society.

Brian Whittle: You have been asked a lot about the targets for participation and so on. Do you have sufficient resource to produce the in-depth report that the committee has requested?

Stewart Harris: We have a lot of information, and it would be good if the committee looked at that. If there are any gaps, we will try to fill them. We take a prioritisation approach and, if we need to look at areas, we will look at them anyway, because they are important.

We have great belief in the system approach, which has to involve the group of partners working collectively. There is some mileage in that, and all of us together could probably look at how measurement happens across the piece.

The Convener: I have an important point to make about the system. Between 2014 and 2015, the percentage who reached the recommended level of physical activity went down by 2.5 per cent for boys, 5.5 per cent for girls and 3.9 per cent for all children. Is that evidence of a system that is working?

Stewart Harris: Those statistics are in the public domain. We are looking at every school—we will pull out every single one to look at it—to see how we can improve on the results from year to year.

The Convener: Today, you have told us that the system is excellent and that everybody around the world is looking at it, but the evidence of its impact on children shows that the system ain't working.

Stewart Harris: We are building a system—we have never said that it is finished—and that does not happen overnight. The bottom line is that we have 12 years of investment in the active schools programme, which we think is showing a lot of progress. In the past four or five years, we have seen continuing increases in participation, although not in every single school.

The Convener: We have not—the figure has fallen back.

Stewart Harris: I understand the national measures and the snapshot that they show. I am trying to explain what we do around every school in the country, what that picture looks like and what the participation is in those areas.

The Convener: It is clear that there is a difference between your perception and what has been reported, and that is a problem.

Brian Whittle has a final question.

Brian Whittle: My question is on that point. I have been at the coalface and I have heard discussions here about capacity. Do you agree that there is an issue with capacity? I have never seen anything like it in my life—in so many sports, there are so many clubs with so many kids wanting to participate, but there are waiting lists. Particularly to achieve the legacy from the Commonwealth games, capacity is one of the things that we really have to target.

Stewart Harris: We agree about the capacity and infrastructure issues, as we have said a couple of times. That is about how much more space we can have, how we can use better the space that is available and whether we have enough people to look after that space. We will continue to try to build capacity and go in that positive direction, as it will always be an enabler. If you do not enable, activity does not happen and you do not achieve the outcome.

People and places—space—enable participation and progression, and those things need to be continually worked on. The average volunteer lasts three years before they move on to do something different. We have to keep refreshing capacity and work to make it better.

Mel Young: I challenge the figures that you talked about, convener. We will provide the committee with figures that show what we see as

increased participation, particularly among young people.

On Brian Whittle's point, there is an issue around capacity. Anecdotally, I know that gymnastics has suddenly taken off in Glasgow and that there are waiting lists to get into gymnastics clubs. All those kids want to be gymnasts, which is a fantastic story.

The feedback that we are getting on participation is very positive. We have to sit down together and look at how the figures are being arrived at.

The Convener: The figures are in the Scottish health survey.

Mel Young: I am aware of that. We need to look at them along with our figures and compare and contrast. Our view is that participation is increasing in all age groups across the country.

The Convener: Gentlemen, thank you very much for your evidence. As agreed earlier, we will now go into private session.

12:10

Meeting continued in private until 12:35.

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