Published 22 March 2021
SP Paper 1008
12th Report, 2021 (Session 5)

The Scottish Parliament
Pàrlamaid na h-Alba

Health and Sport Committee

Legacy Paper

Published in Scotland by the Scottish Parliamentary Corporate Body.

All documents are available on the Scottish Parliament website at:
http://www.parliament.scot/abouttheparliament/91279.aspx

For information on the Scottish Parliament contact Public Information on:
Telephone: 0131 348 5000
Textphone: 0800 092 7100
Email: sp.info@parliament.scot

Contents

Committee Membership

Convener
Lewis Macdonald
Scottish Labour

Deputy Convener
Emma Harper
Scottish National Party

George Adam
Scottish National Party

Alex Cole-Hamilton
Scottish Liberal Democrats

Donald Cameron
Scottish Conservative and Unionist Party

David Stewart
Scottish Labour

David Torrance
Scottish National Party

Sandra White
Scottish National Party

Brian Whittle
Scottish Conservative and Unionist Party

Committee Remit

1. To consider and report on matters falling within the responsibility of the Cabinet Secretary for Health and Sport. (As agreed by resolution of Parliament on 1 June 2016).

Committee Membership (at dissolution)

2. Number of members changed from 11 to 9 on 6 September 2018.

Conveners

- Lewis Macdonald (Lab) (16 January 2018 -)
- Neil Findlay (Lab) (14 June 2016 – 9 January 2018)

Deputy Conveners

- Emma Harper (SNP) (11 September 2018 -)
- Ash Denham (SNP) (21 November 2017 – 28 June 2018)
- Clare Haughey (SNP) (14 June 2016 – 21 November 2017)

Members

- George Adam (SNP) (13 December 2018 -)
- Tom Arthur (SNP) (8 June 2016 – 16 November 2017)
- Miles Briggs (Con) (8 June 2016 – 20 August 2020)
- Keith Brown (SNP) (6 September 2018 – 13 December 2018)
- Donald Cameron (Con) (8 June 2016 – 29 June 2017) (20 August 2020 -)
- Alex Cole-Hamilton (LD) (8 June 2016 -)
- Ash Denham (SNP) (16 November 2017 – 28 June 2018)
- Neil Findlay (Lab) (8 June 2016 – 9 January 2018)
- Kate Forbes (SNP) (19 April 2018 – 28 June 2018)
- Jenny Gilruth (SNP) (30 March 2017 – 19 April 2018)
- Emma Harper (SNP) (16 November 2017 -)
- Clare Haughey (SNP) (8 June 2016 – 16 November 2017)
- Alison Johnstone (Green) (8 June 2016 – 6 September 2018)
- Richard Lyle (SNP) (8 June 2016 – 30 March 2017)
- Lewis Macdonald (Lab) (9 January 2018 -)
- Ivan McKee (SNP) (8 June 2016 – 29 August 2018)
- Colin Smyth (Lab) (8 June 2016 – 9 January 2018)
- David Stewart (Lab) (9 January 2018 -)

- Maree Todd (SNP) (8 June 2016 - 8 November 2017)
- David Torrance (SNP) (6 September 2018 -)
- Sandra White (SNP) (16 November 2017 -)
- Brian Whittle (Con) (29 June 2017 -)

Committee Substitutes

- Miles Briggs (Con) (20 August 2020 -)
- Bob Doris (SNP) (7 September 2016 -)
- Ross Greer (Green) (29 June 2016 -)
- Alison Harris (Con) (28 June 2016 – 17 November 2016)
- Monica Lennon (Lab) (10 September 2019 -)
- Willie Rennie (LD) (8 November 2016 – 18 September 2019)
- Anas Sarwar (Lab) (28 June 2016 – 10 September 2019)
- Annie Wells (Con) (29 June 2017 – 20 August 2020)
- Brian Whittle (Con) (17 November 2016 – 29 June 2017)
- Beatrice Wishart (LD) (18 September 2019 -)

Introduction

3. This report highlights the approach taken by the Health and Sport Committee during Session 5 and outlines the thinking behind taking our approach together with our reflections on how successful this was.

4. While this session has ended in a way like no other because of the COVID-19 pandemic, we set out our reflections on the session in this report, both good and bad. This, in the hope they will assist our successor committee in considering its own priorities and ways of working.

5. We also commend our annual reports over the session which highlight the wide breadth of areas we have tackled and reported upon.

6. Perhaps unlike earlier sessions, this one has been relatively legislation light for us. This has provided us with a wider scope to set our own scrutiny agenda. However in addition to the many Scottish Statutory Instruments (SSI's) we have considered we have also seen and scrutinised a variety of other Orders and Instruments, many for the first time. These include Statutory Instruments (SI's) laid at Westminster to consider Scottish impacts, along with a considerable amount of Brexit related orders and procedures, including Framework Agreements.

   We also considered a number of Government and Members' Bills which are covered later in this report.

7. However the bulk of our work this session has been in directly scrutinising the many public bodies falling within our remit, annual budget related work as well as conducting our own inquiries into specific subject areas.

8. At Annexe A we include reflections from the Convener on the major successes for us this session, what lessons can be learned and detail of some of the frustrations encountered during the session.

Getting started

9. We were a new Committee after the election in virtually every sense. Although there were eleven of us, only 1 had been on the session 4 Committee, (he was replaced in March 2017), 5 of us were new to the Scottish Parliament and only 2 of the initial membership had a working background in health-related issues.

10. It is worth noting that only one of us survived membership for the whole session, while 1 other left the Committee before returning in the final year. Over the course of this session 5 members of the Committee left to become Ministers in the Scottish Government.

11. We agreed at an early meeting, before the first summer recess, to hold a series of evidence sessions looking at a range of issues we identified as some of the most pressing and important to enable the healthcare system to continue to deliver a world class service. These were each short, sharp inquiries held in our first 6 months covering no more than 2 oral evidence sessions and each preceded and supported by receiving written views from a range of stakeholders.

12. The sessions proved invaluable, quickly allowing us to gain a grasp and understanding of the wider health care system. While at the same time allowing us to identify issues to raise by letter with the Scottish Government on each topic.

13. We subsequently adopted a similar approach, namely short sharp inquiries, with a focus on preliminary input from stakeholders and reporting findings and issues by letter in relation to a number of topics we considered over the session. Such an approach allows for speedier reporting while continuing to identify the most significant issues arising.

14. We also undertook a series of more in-depth inquiries into wider more systemic topics which are covered later in this report.

Business Planning Days

15. We held a business planning day in August after the election, during which we heard from a range of stakeholders as well as Audit Scotland and the Cabinet Secretary. Following these presentations we were quickly able to agree to the terms of a strategic plan to set out our priorities and guide our work during the session.

16. In subsequent years we held further business planning events, employing professional facilitators to assist us in looking at our proposed aims and desired outcomes in relation to forthcoming work.

17. We commend the value of business planning events, not only for the input that can be received but also for the opportunity for members to get to know each other and develop a shared understanding of the approach and aims of the Committee. We are in no doubt these sessions contributed highly to the consensual approach the Committee has undertaken throughout this session.

Strategic Plan and Vision 2016-2021

18. Our strategic plan, which we understand is the first for any Committee of this Parliament, proved to be a useful aid particularly when considering future business requests and decisions upon which work to undertake. Given the width of our remit the approach we have taken to identifying and selecting appropriate inquiry work has, with the benefit of hindsight, proved invaluable in allowing us to use our time as effectively as possible. Our plan is reproduced below in its entirety.

To meet the above we will test all activity we scrutinise against the following aspects:

- The impact it has on health inequality;
- The extent to which it has a prevention focus;
- Long term cost effectiveness and efficiency; and
- The implications of the UK's EU exit.

We will direct our focus on the outcomes being achieved and those proposed and examine and consider the identification and measurement of added value.

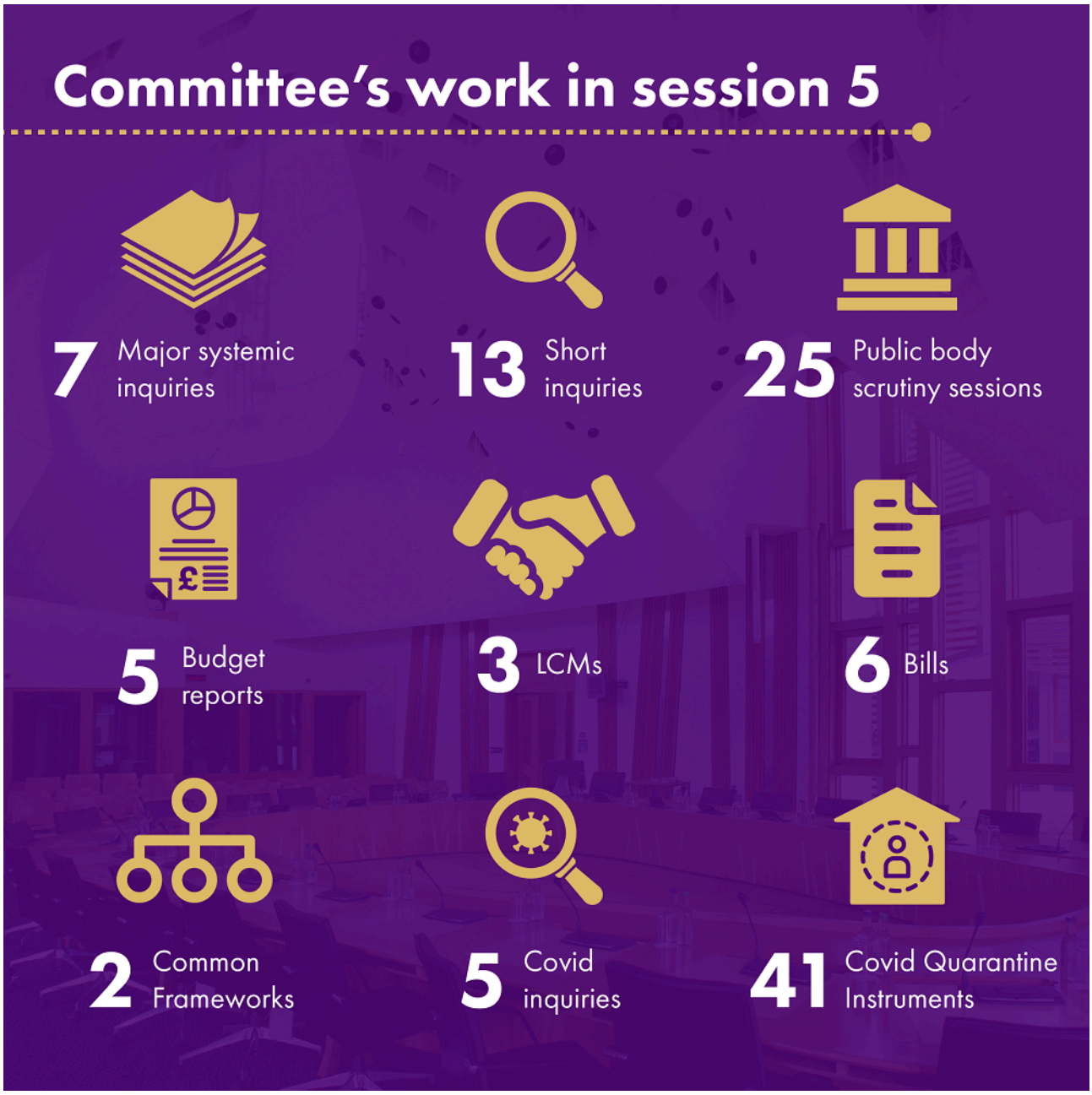
In undertaking our work we will be inclusive of all sections of Scottish society, we will be accessible and seek out the views of service users.

Additionally in relation to sport and physical exercise we will look at the extent to which access is being widened and activity is reaching and empowering all sections of the community.

This vision looks to a timescale covering up to the next 15 years.

Summary of main activity this session

Session 5 overview



Source: The Scottish Parliament

Scrutiny of the Scottish Government Budget

19. We agreed at the start of the Parliamentary session to seek to build an element of budget scrutiny into all our work. We agreed to move away from the traditional approach of just considering the Scottish Governments' proposals for its budget in the autumn. We sought to remove the direct link between the Scottish Governments' draft budget and our budget scrutiny with a view to influencing the content of the draft budget and the relative priorities given to the health and sport

elements.

20. All work we undertake throughout the year, be it inquiry work or direct scrutiny of public bodies or consideration of legislation, became relevant to the content of our budget report each year.

21. We also agreed, as well as considering the above, to undertake close examination of the actions of the Integration Joint Boards established across Scotland. Given their newness, the significance of their role and the budgets they control we concentrated budget scrutiny work on facets of their operations each year.

22. The Integration Joint Boards (IJBs) were established by The Public Bodies (Joint Working) (Scotland) Act 2014. That Act required Local Authority Councils and Health Boards to work together to form new partnerships, known as Health and Social Care Partnerships (HSCPs) across Scotland run by the IJBs as body corporates. A total of 30 partnerships were created across Scotland, in addition Highland has a different model.

23. HSCPs have been tasked with delivering transformational change to the provision of health and social care. The long-term ambition of integration is to support a shift in the balance of care from the acute to the community sector. The Cabinet Secretary described this as a “radical service redesign” and “one of the most ambitious programmes of work” the Scottish Government has undertaken.

24. The IJBs have wide powers set out by Regulations covering, for all, the integration of the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services. Other areas such as children’s health and social care services, and criminal justice social work are also integrated in some Boards.

25. The IJBs are financed by Local Authorities and the Health Board to undertake the functions falling within their powers. They are thus responsible for significant spend, which in the year 2021/2022 will amount to at least £10 Billion covering over half of the combined health and social care budgets.

26. Our scrutiny, while trying to reflect the need to give the IJB’s time to deliver, has over the session identified a variety of issues, not all of which have been successfully resolved. Among outstanding areas are:

- Linkage between budget, spend and outcomes
- Monitoring of GPs output and performance
- Set Aside budgeting
- Delayed Discharge
- Governance
- Shifting the balance of care and resource from acute to community services

Systemic Inquiry Work

27. We agreed, as a Committee to concentrate our major inquiry work on systemic and wide issues as opposed to a focus on individual diseases or treatments. The latter were however often encompassed as examples and case studies within the wider inquiries.

28. The system wide issues we considered were as follows:

- Preventative Agenda
- Sport for Everyone
- NHS Governance
- Technology and Innovation in Health and Social Care
- The Supply and Demand for Medicines
- What should Primary Care look like for the next Generation
- The future of Social Care and Support

29. Each of our reports, details of which can be found within our annual reports, have made a series of recommendations for action, often change by the Health Boards and/or IJBs or Sportscotland. Some recommendations led directly to action by the Scottish Government to make changes and/or improvements called for.

30. In each case the Scottish Government has responded to our reports and also, in a number of cases, to the follow up requests for detail or more information we routinely issue.

Short and one-off inquiries

31. Earlier in this report we have mentioned our initial approach, partly fact-finding, partly scrutiny which consisted of a series of short sharp inquiries. These covered the following topics:

- Delayed discharge
- Social and Community Care Workforce
- GP and GP hubs
- Recruitment and Retention
- Mental Health, focusing on CAMHS
- Obesity

32. Each of these pieces of work were preceded by written submissions and evidence gathering before hearing directly from witnesses including Ministers over no more

than 2 sessions. Conclusions were drawn and set out in letters to the Scottish Government.

One year later we sent follow up letters seeking updates on progress on each of the above inquiries.

33. This approach proved successful and we repeated it throughout the session particularly in instances when we wanted to quickly consider a topical issue. Some of the issues covered were:

- Healthcare in Prisons
- Child Protection in Sport
- Suicide Prevention in Scotland
- Information Technology and Security
- Care Home Sustainability
- Health Hazards in the Healthcare Environment
- Reciprocal Healthcare Schemes

34. We used a similar approach to our scrutiny of COVID-19 related topics which are referred to in a later section of this report.

Scrutiny of Public Bodies

35. In addition to our distinct inquiries, we have, throughout the session, held oral evidence sessions with territorial Health Boards. Special Boards and Regulators. The aim of these sessions being to scrutinise budget matters, performance and outcomes delivered, strategic directions, successes and the added value each Board provides. We consider it vital to conduct this scrutiny and hold these bodies to account considering the role the public bodies play in spending public money to deliver services direct to the public.

36. Throughout the session we have held 25 such sessions and heard from every territorial board, including representatives of their IJB's on at least one occasion, as well as from most of the special health boards. Details of the timings of the sessions with the Boards we have seen are recorded in our annual reports.

37. The sessions enhanced our understanding of wider health issues and provided material to support our budget scrutiny. They also allowed us to consider and understand more local issues particularly where performance differs, either better or worse, than other Boards.

38. We thank the public bodies for the assistance and support we have received from them in undertaking our wider scrutiny work throughout the session.

Scottish Affairs Select Committee Inquiry into Problem Drugs Use in Scotland

39. In 2019 we were invited to work jointly with the Scottish Affairs Select Committee on their inquiry into problem drugs use in Scotland. We appointed three rapporteurs to act on our behalf and they were able to participate in one of the evidence sessions held by that Committee in Westminster; only the second time MSPs have participated with MPs on inquiry work. Our members were accorded equal rights with the MPs on the Committee during the meeting including questioning witnesses and participating in wider discussions.

COVID-19

40. The COVID-19 pandemic had a significant impact on our work. In the initial period we undertook four one-off pieces of work looking at:

    - Personal Protective Equipment for Staff including Carers
    - Testing of the public
    - Impact on Care Homes
    - Resilience and Emergency Planning in preparation for a health pandemic

41. Our format followed earlier one-off sessions and each of the first 3 topics were designed to have a forward focus with a main aim of ensuring protections and procedures going forward were as good as could be and any appropriate lessons had been learned. In each case our views were communicated to the Scottish Government by letter.

42. The reality was that all subsequent work we undertook throughout the final year of the session was heavily impacted by the pandemic. In particular this included budget scrutiny, and the conclusion of our inquiries into the future of both social care and primary care. Each of our reports reflect significant impacts as a consequence of the pandemic.

Impacts on Sport and Leisure

43. Later in 2020 we undertook a couple of one-off sessions with a focus on the impacts on Sport. Sessions were held looking at:

    - Impact on and support for professional sport
    - Impact on health and wellbeing arising from the closure of sport and leisure facilities.

44. Again a letter to the Scottish Government followed each session with a request after the second for a strategic plan to be urgently put in place along with a long-term strategy to increase the health of the nation, to be available as lockdown and other restrictions are eased. We also warned about a tsunami of mental health on the horizon.

Budget Impacts

45. Our 21/22 budget inquiry also had a heavy focus on the pandemic, some £3.2 billion of health consequential funding having been received from the UK government. Our report had a focus on the following health related aspects of this:

    - Wider impacts arising from Covid-19 including longer-term health impacts, mental health and delayed discharge

- Impact on non-Covid health and social care and waiting times
- The ongoing use of Community Hubs
- Efficiencies and innovations arising from changes to handling practices during the pandemic

46. In addition we sought to understand the financial impact on Health Boards and IJBs and were told any health board deficits for 20/21 would be met.

Quarantine Regulations

47. While much of the emergency powers applicable during the pandemic have been scrutinised by the specially formed Covid-19 Committee, the actions which used existing emergency powers contained in The Public Health etc. (Scotland) Act 2008 and paragraph 6(3) of schedule 19 of the Coronavirus Act 2020 fell to us to scrutinise and report to Parliament. Principally amongst these were consideration of and the making of, in total, 41 sets of Regulations setting out Quarantine restrictions on international travellers entering Scotland.

48. Those Acts required regulations to be made subject to the affirmative procedure. However if Scottish Ministers consider the regulations need to be made urgently they come into force immediately with the Parliament having to consider and approve them within 28 days to continue that period.

49. Initially Regulations specified the countries from which travellers needed to quarantine, which were changed weekly reflecting incidence of the virus abroad. These Regulations also contained lists of categories of persons exempt from the application of the Regulations and these also changed regularly.

50. Recent Regulations have dealt with requirements for all International Travellers to quarantine in hotels specified by the Scottish Government for a period, again with exemptions in place for certain categories of persons.

Primary Legislation

51. We considered the following Scottish Government Bills over the course of the session:

- The Health and Care (Staffing) (Scotland)
- Human Tissue (Authorisation) (Scotland)
- Forensic Medical Services (Victims of Sexual Offences) (Scotland)
- University of St. Andrews (Degrees in Medicine and Dentistry)

52. And the following Members' Bills

- Transplantation (Authorisation of Removal of Organs etc) (Scotland)*
- Liability for NHS Charges (Treatment of Industrial Disease) (Scotland)**

*The Bill was taken over by the Scottish Government within the Human Tissue (Authorisation) Bill

** The Bill was withdrawn by the member in charge following publication of our stage 1 report.

53. In addition we considered three Legislative Consent Motions in relation to Primary legislation being taken through the Westminster Parliament

- Healthcare (International Arrangements) Bill
- Birmingham Commonwealth Games Bill
- Coronavirus Bill

54. We were disappointed the intervention of the Covid-19 pandemic led the Scottish Government to pause work in preparation for the commencement of the Health and Care (Staffing) (Scotland) Act. We look forward to this happening early in the new session.

Petitions

55. Part of our work has been to consider petitions remitted to us by the Petitions Committee. We are grateful to that Committee for the approach they have taken in only remitting petitions which have a direct linkage to inquiry work the Committee is undertaking. We took the view early in the session that our workload should be a matter to be agreed by the elected representatives on the Committee and have thus only considered petitions which were directly applicable to topics on our workplan. We note that these can be useful, bringing insight into that work.

56. Other health related petitions, and we understand there is a substantial volume, have been investigated and handled by the Petitions Committee.

57. There is one outstanding petition which the Petitions Committee have asked us to draw to the attention of the successor Sport Committee which is PE1319 relating to Improving Youth Football in Scotland. The Petitions Committee report significant progress with the petition over the last 10 years. They note an update on progress has been requested from Minister for Public Health and Sport and the Scottish FA by the end of 2021.

UK Common Frameworks

58. The UK and devolved governments agreed that common frameworks would be needed after the UK's exit from the EU to ensure that, in certain policy areas, there was no divergence between the nations of the UK where that would be undesirable.

59. During its membership of the EU, the UK and all its governments had been required to comply with EU law. This ensured that in many policy areas, including some that are devolved, a broadly consistent approach was developed across all four nations.

60. Following its exit from the EU on 31 January 2020, the UK entered a transition period which ended on 31 December 2020. Throughout the transition period all parts of the UK had to comply with EU law. Now the transition period has ended it opens the possibility of policy divergence between the four nations of the UK.

61. Common frameworks are being developed to ensure that rules and regulations in certain policy areas remain consistent across the UK. Our role was to scrutinise those common frameworks that fell within our remit.

62. We were the first Scottish Parliamentary Committee to consider draft frameworks and were able to set out for the Scottish Government our expectations of these documents and future consideration should changes to the areas covered be required.

63. We considered two Provisional UK Common Frameworks—

- Provisional UK Common Framework on Nutrition Labelling, Composition and Standards
- Provisional UK Common Framework on Food and Feed Safety and Hygiene

64. We wrote to the Scottish Government on each Framework with a variety of suggestions and requests. These centred around the following areas;

- Details of further information necessary to enable scrutiny
- Engagement with stakeholders
- Monitoring of implementation of any new rules
- Timing and content of Annual reviews of Frameworks
- Input to proposed changes
- Dispute resolution procedures
- Ongoing dialogue with Europe and other international bodies
- Market access principles and divergence

UK Statutory Instruments - European Union (Withdrawal) Act 2018

65. We continued with our consideration of health-related statutory instruments, as well as those relating to food standards, from the Scottish Government ahead of the UK's withdrawal from the European Union. The notifications requested the approval of the Scottish Parliament for the exercise of powers by UK Ministers under the European Union (Withdrawal) Act 2018.

66. Following the UK exit from the EU the procedure changed slightly to cover a wider range of SIs which make provision within devolved competence, and which relate to matters formerly governed by EU law.

67. These notifications are now considered within the context of their relationship to common frameworks and/or other legislation. A new aspect to this scrutiny is the power for the Committee to recommend an alternative Scottish solution if it does not want to approve the Scottish Government’s proposal to consent. This provides Committees with an opportunity to ensure more substantive consideration of the SIs policy content.

Engagement

68. It would be impossible for us to undertake our work without the support we receive from our clerks and other staff across the Parliament. In particular staff from SPICe and Engagement have proved invaluable this session in allowing us to meet and hear directly from the public on numerous pieces of work.

Research Support and Briefings

69. We value and welcome the support and advice we receive from the Scottish Parliament Information Centre (SPICe). Expert policy and analytical support have been in place within SPICe since 1999, and SPICe researchers will continue to be an integral part of the Committee support team in Session 6. As well as the regular support direct to the Committee in private and public briefing papers, SPICe also publishes a wealth of information and analysis to support committees in its detailed briefings and shorter SPICe Spotlight blog articles which are of great value to individual MSPs.

External Events

70. We have been fortunate to meet members of the public face to face across Scotland. In large set piece inquiries such as “What should Primary Care look like for the next generation” during which groups across Scotland gave up two Saturdays to meet, discuss and conclude how they wanted Primary Care delivered in future. And for inquiries into sensitive subjects such as Transplantation of Organs, suicide prevention and victims of sexual assault during which we heard compelling and heart wrenching personal accounts of how people have been affected.

Social media

71. Over the session, our Twitter account doubled its follower count from 1755 to 3600 . This increased audience allowed us to reach more people with key messages.

72. Social media supported and amplified our work, including allowing witnesses, those who submitted views, and our voices to be heard.

73. Videos featuring figures such as on our work looking at aspects of Covid, those who receive social care, third sector representatives such as Annie Gunner Logan, and our convener earned thousands of views and were seen in the Twitter feeds of tens of thousands of users.

74. Use of media moved beyond videos into animations, Twitter threads and a podcast recorded with the Convener in June 2020 to explore in detail the Medicines Report was downloaded by 500 people.

75. Targeted advertising also supported us by delivering tailored messages to local

communities as part of our inquiry on the Impact of Covid on sporting facilities and communities. 17,500 people in communities across Scotland were served tailored advertisements on Facebook asking for the impact of service reduction in their specific communities.

76. The ads generated 1,300 "warm leads" through to the engagement platform that were focused solely on this topic, and this was reflected in the submissions we received which were high for this piece of work.

77. One additional service which we have utilised this session is the services of the SPICe Data Visualisation Team. The team's core role is to produce infographics, charts and graphs for committee reports and SPICe publications. We have benefited from this on a number of occasions. In particular we found recent innovations around text analysis they undertook for us on COVID and sport allowed us to reach and present responses from over 2600 people quickly, easily and accessibly.

Public Participation

Session 5 saw us utilise new methods to increase public participation in our work for which we were supported by the Committee Engagement Unit.

Public Participation in the Scrutiny of Health Boards

78. We wanted to hear from people with experience of using local health services to help us understand learn the perspective of local people & professionals on their priorities and how far their Boards are delivering on those priorities.

79. For one session we used **Dialogue** as an online discussion forum to generate questions and topics for discussion. At another we hear directly from the public and NHS staff during engagement sessions. The views, experiences and question suggestions we received were used by us to help question Health Board representatives at meetings with them.

Citizens' Panels on Primary Care

80. The first part of our inquiry focused on gathering views and experiences from the public and especially people who use primary care services across Scotland. To help inform the first stage of the inquiry, we established three public panels in the west, east and north of Scotland to consider the question and offer ideas.

81. The Panels' recommendations were provided to us in a report, which we discussed in an evidence session with a selection of participants on 19th November 2019. Their recommendations formed our first report and influenced the second stage of the inquiry and the final report we published in February 2021 in which we noted; "The findings and recommendations of this second report are our own, but without the input we received it would not have been as possible to be as confident in the need for significant change."

Public Participation Surveys

82. The Covid-19 pandemic impacted on our ability to hold face to face meetings and focus groups with stakeholders and encouraged us to utilise remote engagement techniques such as surveys and video focus groups to quickly receive views from service providers and users.

83. We ran a number of broadly quantitative surveys to assess the impact of Covid-19 on areas such as Care Homes (179 responses from managers and families of Care Home residents); Social Care delivered at home (723 responses from users, families and staff); and participation in sport (2,568 responses from local sporting organisations and the public.

Thoughts on Remit and Role of the Committee

84. Our remit is a wide one and covers activities which now consume in excess of 50% of the Scottish budget. We are concerned that a future Committee could find it difficult to undertake a scrutiny role of the outcomes delivered by the many bodies responsible for the development and delivery of services along with scrutiny of processes and procedures used across the areas covered.

85. It has become clear to us it is vital ongoing scrutiny of public bodies must be given a degree of priority if this Parliament is to live up to its founding principles. There are over 50 such bodies falling within our remit and this is a task we consider is beyond the scope of any single Committee.

86. We recommend that the whole area of social care should be under the responsibility of a dedicated Parliamentary Committee. We recognise any such Committee and a Health Committee would require to work closely together taking account of Ministerial portfolios. We also recommend matters falling within the operation of Food Standards Scotland should also be allocated to a different Committee, one with a closer linkage to a wider range of food and feedstuff matters than the health aspect which has engaged our remit.

87. We are also concerned that given the respective balance of budgets it becomes almost inevitable that matters relating to sport inevitably become squeezed from work programmes. While we recognise budgetary considerations are not the sole determinant of weight to be given to activity we however recommend Sport remain part of the Health Committee remit, in particular in recognition of the required growth in social prescribing we have recommended.

88. Earlier in this report we noted the frequency of changes to our membership which have occurred. Some change is healthy and brings with it fresh perspective to our work, wholesale change is disruptive and undermines our ability to scrutinise and investigate. We urge the Parliamentary authorities and political parties to recognise the importance of this Committee and to seek to minimise changes to membership. We recommend there should be a presumption against more than two membership changes in any calendar year , the only exception being in the event of members being promoted from the backbench to ministerial positions.

89. We have experienced a Committee of both 9 and 11 members this session. Our clear preference is for 9 members as this ensures all can participate fully throughout all our work. Larger committees are, in our opinion, more cumbersome and it is harder to produce consensus and cohesion.

90. The work of the Committees of the Parliament is central to the delivery of the aims of the Parliament. It is incumbent upon the Parliamentary authorities to ensure all Committees are sufficiently resourced to enable them to undertake and deliver their purposes.

Annexe A

What are your reflections as Convener on your Committee's major successes in this Session; and what lessons can be learnt for scrutiny in Session 6?

91. The Committee hit the ground running at the start of the session with a series of eight short sharp inquiries completed in 2016. This set the right tone, showing how the Committee's work could be used to influence and deliver change. It also raised the Committee's profile with Ministers and with the press and public, and engaged civil servants and stakeholders.

92. These initial inquiries resulted in letters to the Scottish Government setting out questions on the areas investigated, rather than reports making recommendations. This approach quickly gained cross-party support and allowed output from inquiries to be delivered more quickly without much detriment to the overall width of findings, and is an approach we have continued to follow in many cases.

93. The Committee had set a strategic plan at the outset, which enabled Members, clerks and others to be clear about the Committee's priorities. It also allowed niche inquiries into relatively minor issues to be prioritised, although some were later rolled into more wide-ranging pieces of work.

94. The plan gave the Committee a focus on prevention outcomes, along with work that demonstrated added value. This gave work more of a high-level overview, helping to avoid the temptation to micro-manage.

95. I took over as convener at the end of 2017, and I have worked hard to achieve a generally collegiate approach, with political differences less important than seeking to add value and improve health provision for the people of Scotland.

96. Engagement work has been central to our approach, speaking directly to those most affected by policy proposals or service delivery, be they victims of sexual violence, recipients and donors' families in organ transplants, recovered drug addicts or prisoners. Engagement has included informal evidence sessions, workshops and social media, as well as a virtual session with users as well as providers of social care. Such engagement allowed us to identify and be guided by impacts and the priorities of service users.

97. We undertook extensive public scrutiny of NHS boards and IJBs, which exposed issues with NHS/IJB and local authority governance and increased understanding and recognition of importance of the role of Parliament at NHS and IJB board level. We sought to go beyond the simple question of balancing the books, to explore outcomes rather than outputs, to focus on the patient rather the illness or the service, and on prevention more than cure. As Convener, I have supported a range of initiatives to make the work of the Committee more visible and more accessible, including videos to accompany the launch of reports.

What have been your frustrations as Convener; and what lessons can be learnt to support better scrutiny in Session 6?

98. One of the challenges for the Parliament as a whole is to increase public understanding of the different roles of Parliament and Government, and that everything the Scottish Government does is subject to approval and funding by the Scottish Parliament. It is frustrating that it is still possible to be billed as Convener of a "Scottish Government committee," and that media inquiries are often directed to political parties before they come to committees, even when concerning an issue brought to light by a committee's work.

99. Effective scrutiny of Government and its agencies is the central task of committees. Some of the obstacles we have faced are specific to the Health and Sport Committee's remit, others are more general across the board.

100. There is a continuing frustration at the defensive response from Scottish Government officials and public bodies to even the most constructive criticism, and an insistence on hiding behind process and procedure to the almost complete exclusion of interest in outcomes and the views of the public. We have been struck in a number of our inquiries by a lack of leadership across the public sector, with only a few notable exceptions. Until this is addressed there can be little prospect for the systemic change required.

101. A focus on balancing the books before delivery of a service by all public bodies and budget holders prevents change at all levels, and also stifles risk and innovation. When innovation happens, it is often at a pace which renders most of it obsolete by the time it is fully delivered.

102. An almost complete lack of meaningful data identifying outcomes and allowing comparisons and learning pervades the whole health and care system. There are lots of different IT systems in the sector, few of which speak to each other and even the newest systems appear to be stand-alone. For the last five years the Committee has heard about plans to resolve this but nothing useful to users has been delivered. This is all the more frustrating in that Scotland would be ideally placed to be a centre of innovation in medicines and health care, due to our stable population and universal service, if only we enabled data to be shared across services and in support of research and development.

103. Finally, and perhaps most importantly in terms of health and care policy, meaningful progress with the integration agenda continues to be slow, inconsistent and fragile. Everybody agrees that integration of health and care is the way forward, yet obstacles abound without any seeming urgency on the part of leaders and decision-makers to remove them. Covid has led to more change in a few months than had happened in years, but on one level that has only served to increase the frustration, showing what could and should be achieved if all parties were willing to co-operate, share data and commit to permanent and radical change.

Lewis Macdonald, Convener, Health and Sport Committee