



OFFICIAL REPORT
AITHISG OIFIGEIL

Constitution, Europe, External Affairs and Culture Committee

Thursday 17 March 2022

Session 6



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Thursday 17 March 2022

CONTENTS

	Col.
DECISION ON TAKING BUSINESS IN PRIVATE	1
RESOURCE SPENDING REVIEW.....	2

CONSTITUTION, EUROPE, EXTERNAL AFFAIRS AND CULTURE COMMITTEE
9th Meeting 2022, Session 6

CONVENER

Clare Adamson (Motherwell and Wishaw) (SNP)

DEPUTY CONVENER

*Donald Cameron (Highlands and Islands) (Con)

COMMITTEE MEMBERS

*Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP)

*Sarah Boyack (Lothian) (Lab)

*Maurice Golden (North East Scotland) (Con)

*Jenni Minto (Argyll and Bute) (SNP)

Mark Ruskell (Mid Scotland and Fife) (Green)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Carol Calder (Audit Scotland)

Kirsty Cumming (Community Leisure UK)

Duncan Dornan (Glasgow Life)

Angus Robertson (Cabinet Secretary for the Constitution, External Affairs and Culture)

Humza Yousaf (Cabinet Secretary for Health and Social Care)

CLERK TO THE COMMITTEE

James Johnston

LOCATION

The Robert Burns Room (CR1)

Scottish Parliament

Constitution, Europe, External Affairs and Culture Committee

Thursday 17 March 2022

[The Deputy Convener opened the meeting at 09:00]

Decision on Taking Business in Private

The Deputy Convener (Donald Cameron): Good morning, and welcome to the ninth meeting in 2022 of the Constitution, Europe, External Affairs and Culture Committee. We have received apologies from the convener, so, as deputy convener, I will chair the meeting. We have also received apologies from Mark Ruskell.

Agenda item 1 is a decision on whether to take item 4, a work programme paper, in private. Does the committee agree to take that paper in private?

Members *indicated agreement.*

Resource Spending Review

09:00

The Deputy Convener: Item 2 is further consideration of the Scottish Government's resource spending review. We are joined by an online panel of witnesses: Kirsty Cumming, who is chief executive of Community Leisure UK; Duncan Dornan, who is head of museums and collections at Glasgow Life; and Carol Calder, who is interim audit director from the performance audit and best value team in Audit Scotland. I welcome you all to the meeting.

I will start with a couple of questions. The first is for all three of you. There has been criticism in the past—especially from our predecessor committee in 2019—about the lack of consistency in local authority approaches to interpreting what is meant by

“adequate provision ... for recreational, sporting, cultural and social activities”.

What is your understanding of the phrase “adequate provision”? Do you feel that it has been interpreted inconsistently?

Duncan Dornan (Glasgow Life): That is a very challenging question. The definition of “adequate provision” is obviously determined, in part, by the circumstances and locality of the local authority and, therefore, the demand that is generated by the audiences and communities. The interpretation of that phrase can be highly variable, which is what underlies the difficulty in answering that question. What represents adequate provision in a diverse and very dispersed rural community will be significantly different from what is needed in a much more densely packed urban area, so there are fundamental difficulties for local authorities in interpreting that phrase in a consistent manner.

The Deputy Convener: How is it being interpreted in Glasgow, in your experience?

Duncan Dornan: Glasgow is a large city with a very diverse population and a significant tourism industry to support. Therefore, it has a very ambitious cultural and sporting offer that reflects the scale of the city, the diversity of demand in the city, the ability of cultural and sporting activity to underpin a sense of place and encourage inward investment, and the need to address some of the social, health and economic issues that exist in the city. As you will be aware, Glasgow has responded with relatively high expenditure over a long period, using culture and sport as a mechanism to address some of those fundamental issues. The challenges in Glasgow are, of course, significantly different from those other parts of Scotland.

Kirsty Cumming (Community Leisure UK): I very much echo Duncan Dornan's points about the challenges of defining the phrase and about its different interpretation across local authorities depending on population, geography and the relationship with local communities. There is considerable variation in how the phrase is interpreted, but the underpinning principles are about access to culture and ensuring that everybody, wherever they are in Scotland, has access to cultural opportunities, whether that is a library, performances or museum exhibitions. The phrase is interpreted in different ways to reflect the make-up of local authorities and the needs of their communities. As Duncan Dornan said, there are very diverse communities across Scotland with different needs. The important thing is to provide inclusive and accessible offerings right across the country, where possible.

Carol Calder (Audit Scotland): I do not think that "adequate provision" is a terribly helpful definition. It is not something that we can audit in any way, for the reasons that Mr Dornan and Ms Cumming have given. It is inevitable that there will be inconsistency. It is so contextual that it is hard for us to measure what adequate provision is and report on whether that has been met.

The Deputy Convener: I will move on to a question that is directed at Audit Scotland and Ms Calder, but I would be interested in other views as well. The Accounts Commission's 2021 overview of local government highlighted

"the value ... of partnership working and empowering communities to deliver services that meet ... local needs."

How does community-based provision by local authorities and arm's-length external organisations work alongside what is being done by national agencies and programmes that are doing the same thing?

Carol Calder: A lot more could be done in terms of community empowerment. If we take Covid out of the equation, there was a lot of activity in councils, working in partnership with ALEOs, to provide local services. I suggest that the people who know best about what local services are needed and the local context are local authorities, local partners and the third sector.

We have not done any reporting recently that would allow us to draw any conclusions that would answer your question about how well local authorities are working with national partners, but that is a very important role for local authorities and local partners in providing services for their communities. The local and national organisations should work together, but I cannot give you a clear answer about how well that is working because we have not done any audit work in that area.

The Deputy Convener: Is it fair to say that you sense that they should be able to work together and that you have found no evidence of there being an overlap or duplication, or any kind of tension?

Carol Calder: I am not able to say one way or the other because we have not done any work in that area. I cannot comment on duplication because I really do not know, but I think that there is a real opportunity for national bodies and organisations to work collaboratively with local partnerships to deliver services. I do not have any evidence one way or the other on whether that is the case or whether there is duplication.

The Deputy Convener: Does either of our other witnesses want to comment on the local authority approach, the national approach and the interplay between them?

Duncan Dornan: The engagement of communities and community-driven provision is enormously important, but enormous growth is still needed to make that fully inclusive and to allow full-scale engagement. I do not think that there is overlap or competition between national agencies and local authority provision. The field still has room for enormous growth to get to the point where there is competition.

The challenge for community engagement is that it is intensive work. It takes a lot of time to build confidence and to fully empower communities. They often require professional support and access to core facilities and fundamental infrastructure. Financial pressure obviously has an impact on that, which has slowed the rate of progress. However, there is progress and I do not think that there is competition between national government and local authorities in that sphere.

The Deputy Convener: That is very helpful. Kirsty Cumming, do you have any observations on that?

Kirsty Cumming: My observation is similar. We have not sensed any competition or duplication as such. There are perhaps opportunities for closer alignments, particularly in how the culture strategy at a national level is adopted and embedded at local authority level and in how local authority approaches to provision feed into a national strategy. I do not think that that connection is as strong as it could be yet, so there is perhaps potential there.

My other comment is from the perspective of our membership. They are all independent charities with independent boards and they have a strong connection to communities through having community representation on their boards. There is also a role for trusts to work with local partners by offering facilities and taking a bit of a role in

culture and place at a local level, which is working well in most areas.

Sarah Boyack (Lothian) (Lab): I will kick off with a question about whether we need core funding for community and cultural facilities, which are clearly integral to successful outcomes and the delivery of wider mental health and wellbeing benefits. The evidence that we have received shows that the financial pressures on councils over the past decade have particularly impacted on libraries, which are a key service for young people to be able to read, overcome educational inequalities and gain confidence. They are also important for older people and people accessing digital services.

The Accounts Commission said that funding for cultural services is not statutory, so they face “budget reductions” when local authorities face pressures. Is there an issue about core funding for local authorities? Should that be part of the process and do the heavy lifting—mentioned by lots of our witnesses during budget evidence—at community level to make the interconnections that some of you have talked about? I will start with Carol Calder from Audit Scotland.

Carol Calder: The short answer is yes, there is an issue about core funding. From local government benchmarking framework data over the past 10 years, we know that the smaller services—when I say “smaller”, I am talking about all council services that are not social care, adult care and education—have borne the brunt of cuts. Over the past 10 years, the only services that have had a net increase in budget expenditure are social care and education. Of the other services, culture and leisure services have taken the biggest cut, although there is not a lot in it. We are talking about a cut of almost 30 per cent over the past 10 years, and cuts to other services such as planning and roads are very high up there, too; their percentage cuts are in the mid-20s.

All smaller services have had reduced funding, and that is an increasing trend. If we take the one-off Covid funding out of the 2021 budget, there was a net decrease for councils. We reported in our local government financial overview, which came out earlier this year, that, although there has been a 7 per cent real terms increase in funding over the past seven years, if we take out the one-off Covid funding, there has been a 4.2 per cent decrease in funding for councils overall. That is at odds with the funding for the Scottish Government; the budget has gone up in that period but funding for councils has gone down.

If we consider it in the wider context, we see that councils are dealing with multiple pressures. There are backlogs following Covid and there is an increase in demand. We are dealing with an ageing population and increases in poverty and

the cost of living. It is a complex and uncertain environment in terms of policy direction. The new national care service, reform in education, child poverty and climate change are all pressures on local government and funding has gone down, so the smaller services are bearing the brunt of funding cuts.

09:15

Sarah Boyack: That is helpful and clear evidence. It is 10 years since the Christie commission report, which basically said that we need more investment in such services to deliver on health and wellbeing and to support people with mental health issues. Given the pressures from the pandemic, should there not be more of a focus on those services as we come out of it to enable community investment to deliver on the transformative change that Christie recommended? Both the Auditor General and the interim chair of the Accounts Commission were very strong on that. What needs to change in capacity for local government to have the expenditure to put directly into Christie commission priorities, which would then take pressure off immediate front-line challenges?

Carol Calder: Core funding is an issue, as is multiyear funding—councils are not really able to fund long term. I cannot speak for the Convention of Scottish Local Authorities, but I know that its position is that the flexibility in council funding has reduced year on year. The Scottish Government has a different position on that.

It depends on what you consider to be ring fenced. The Scottish Government takes a defined view of ring fenced, which is money that is for a specific purpose, and it suggests that about 8 per cent of the budget is ring fenced. COSLA’s position is that it is more like 60 per cent, when taking into account funds that are given with policy expectations, funds to deliver statutory services and funding for demand-driven services, such as health and social care. COSLA calculates that, when all of that is taken out of the equation, only 40 per cent of the budget is left with flexibility for how councils spend it.

Two things are important: the funding settlement and the certainty of funding over multiple years so that councils are more able to plan how they deliver services. What is also required is a different definition or different thinking about what we consider to be health funding, because health is much broader than the national health service. Investment in many council services that are about wellbeing and community connectedness, including community and culture services, can reduce demand on other core health services. It would be interesting to understand Public Health Scotland’s perspective on that and the committee

might wish to consider that. Those are the three things that I suggest: core funding, multiyear certainty to allow for longer-term planning and a wider definition of health spending.

Sarah Boyack: That is helpful—thank you so much. I will pick up on those points and take them to our other witnesses. I will start with Kirsty Cumming, because you made points in your submission about community investment for there to be investment on the ground. You talked about “significant loss of reserves across public culture charities”

and a solvency issue due to the pandemic, as well as future pressures. Do we need core funding and more investment? How would you link that through to preventative investment that brings multiple benefits and to looking at outcomes rather than just inputs?

Kirsty Cumming: The previous witness talked about core funding for services and the disproportionate cuts to culture and leisure as non-ring-fenced services, and that is what we have seen. We appreciate that local authorities are under huge amounts of pressure but, from the perspective of ensuring and protecting services, there must be core funding in the longer term as well. Long-term funding agreements are needed to ensure that those services are protected in the immediate term as we emerge from Covid and, in the longer term, to ensure that they can rebuild and fulfil the role that they have the potential to play in communities.

As you have said, we talked in our submission about the loss of reserves. From the perspective of our membership, there is no real financial safety net as we enter the next financial year. Reserves were used up to provide support and to remain solvent and functioning through the pandemic. There has already been talk about some of the pressures that are coming. The energy increase is a particularly significant one for our members with the size, scale and age of the buildings in which they operate. That will have quite a significant impact in the short term and, as I said, there are no reserves available for members to dip into. There must be support from somewhere, either from local authorities, which are already under extreme financial pressure, or other funding sources. That is a view of the short term.

On the discussion about health and wellbeing, “wellbeing” is an interesting word. It is the word that our members use to describe what they do. They very much see themselves as wellbeing organisations, and culture and leisure are delivery mechanisms for wellbeing. There has been a bit of a change of positioning over the years to where we are now. There certainly needs to be a better connection across portfolios. It has already been mentioned that health is viewed as a treatment

service—the NHS—but there must be much more of a shift towards prevention.

We have the evidence base of the contribution that culture can make. We have evidence about some of the pilots that have taken place and the role that culture could have if it was properly scaled and resourced. However, at the moment, there is not the resource or funding to roll it out in a meaningful way. It could do much more to support health and wellbeing in communities, but it is absolutely stretched now.

My final point on the issue is the consideration of protecting services. We are seeing change in customer behaviours and extreme financial pressures. We want to avoid short-term decision making that looks to save money this year or over the next couple of years but might result in the loss of services in the long term. We must take a long-term view of culture and outcomes, and consider where we want to get to and a bit of a road map of how to get there; otherwise, we are at risk of losing assets and services, as well as skills and expertise—there has been quite a loss of those over the past two years with people exiting the sector. We must understand the role of culture more broadly across portfolios.

Sarah Boyack: The need for core funding and multiyear funding in order to plan ahead and deliver comes across clearly. I ask Duncan Dornan the same questions about the funding aspect and the impact on wellbeing and preventative health, which was highlighted by the Christie commission.

Duncan Dornan: Those are substantial points. I echo the comments of the previous contributors about the trajectory of our budgets over the past 10 years, when there has been a real terms reduction in budgets. That has happened alongside a substantial growth in the use of our services, with museum footfall increasing by about 50 per cent over the same period. That has the effect of reducing the net cost for a visit, which is encouraging, but obviously puts enormous pressure on facilities. The budget impact has been on-going, and we are now at a stage at which we seriously risk the loss of professional skills and infrastructure capacity to sustain services in the longer term.

That is particularly problematic given the substantial impact that services have on health and wellbeing. That is even more the case post-pandemic, when we have increased levels of mental health issues, isolation and economic dislocation.

In the recovery from a pandemic, in an environment in which retail has been badly affected and many city centre businesses, in particular, are struggling to recover after the series

of lockdowns that we were obliged to have, we will require cultural infrastructure as a way of drawing people back into city centres to regenerate them and maintain economic life. However, cultural services are not in a position to bounce back to sustain that. They are struggling to maintain current levels of delivery, so the point about core funding is extremely important.

A period of stability is essential. A funding stream over the next three years would be enormously valuable to allow planning and to consider the mix of public and commercial funding. After 10 years of steady reductions in funding, services are now hanging on by their fingernails and not in a position to be able to respond effectively to the demands that might be placed on them.

Sarah Boyack: That is very clear. Where are you fixed for being able to deliver on the community investment and community prescribing agenda?

Duncan Dornan: That is hugely important. As I mentioned earlier, that level of engagement is expensive, and it is difficult to divert scarce resources to do that while maintaining existing services to other citizens. It requires investment. We believe strongly that the benefits of doing that are enormous; there is clear evidence to support that. However, we must identify pre-emptive investment in addressing health and wellbeing issues before they become clinical. That has to be prioritised and funded to make it truly effective.

Sarah Boyack: That is pretty consistent feedback from the witnesses. I thank you all very much.

Maurice Golden (North East Scotland) (Con): I will start my questioning with Carol Calder. In your answers to Sarah Boyack, you were quite clear about the funding side of things and the picture there, but have you assessed the costs aspect and the inflationary pressures on energy, wages and building infrastructure and how they could potentially squeeze service delivery?

Carol Calder: The short answer is no, we have not done that. We have not done any specific audit work in culture services for some time now. The information that I have is from the overview of local government, so it is about local government finances and the spend patterns in local government. Those figures are corrected for inflation. The data that I was talking about uses the Scottish Parliament information centre method for correcting—the average inflation over the period—but I am afraid that we have not done any work in the area of energy costs, the specifics of wage costs and so on.

Maurice Golden: You mentioned ring fencing. At least part of that—even within the leisure and

culture space—is around the requirement for retrofitting, becoming more energy efficient and meeting our net zero targets. In that space, which clearly will drive up costs albeit for the right reasons, are there any plans to look at how that might impact leisure and cultural services?

Carol Calder: We have a programme of work that is looking specifically at achieving net zero in councils. That may cover elements of culture and leisure services, but they are not a specific focus of the work programme at the moment.

Maurice Golden: I will move on to Kirsty Cumming. In a similar vein—you touched on this in your earlier answer—could you say how, specifically within the culture and leisure estate, the net zero requirement for buildings will drive up costs on top of the costs that you may see increasing anyway at the moment? I am keen to hear your views on that.

Kirsty Cumming: I will split my answer into two parts, with the first part on general increasing costs. There are a number of factors at play. One is the return rates and the restarting of events, particularly income-generating events on the culture side. Those tend to be live performance events and festivals that can reinvest some of the profits into cross-subsidising other cultural services that are free to access. Those events have been delayed as a result of the Covid restrictions, and that is combined with the fact that there is perhaps still some anxiety among the public about returning. The return rates are certainly lower than they were pre-Covid and are not expected to get back to pre-Covid levels for quite some time. We do not expect to see a return to 100 per cent of pre-Covid levels until 2023 at the earliest, so there will be an impact through the loss of customer footfall and also the secondary spend that supports a lot of our members. Access to museums and libraries is free, but a lot of the income is generated through the secondary spend in gift shops and cafes and through activities that take place. There is an impact on income there.

There are increased costs of some of the Covid protocols that are still in place. Enhanced cleaning, personal protective equipment, face masks and so on are still being used by our members, and there is obviously a higher operational cost to running venues and facilities. There are also wider factors that are not specific to culture, such as the increase in the national living wage, which is increasing by 6 per cent. It is a significant increase that will have a knock-on effect on pay rates across the organisations. It is quite a pay rise, plus the inflation rate is high at the moment, and the cost of energy, which has been touched on, will be a critical factor for our members going forward.

09:30

On costs and income, the management fees that our members receive from local authority partners are critical but are moving back towards reductions. We have seen additional funding through Covid to maintain organisations. However, we know that, for 2022-23, there will be a move towards reductions in management fees, which were planned pre-Covid. We are moving back towards decreasing budgets, and our estimate from what we hear from members is that there will be up to 50 per cent reductions over the next four to five years. Those are significant reductions.

From our perspective, 2022-23 looks like it will be stable for members. We are not seeing a crisis—I use the term “crisis” to mean the point of insolvency. However, in the next three to five years, we will reach the point at which things will have to be cut, and that will be a real challenge. If we continue on the current trajectory, on which we are moving towards cuts, decisions will be made that nobody wants to have to make about maintaining services.

The second part of your question was about the environment and net zero. We are at an early stage with our membership in exploring how we can support that aim. At the moment, there are a lot of unknowns around the best technology that can be used for that and what investment is required. There will be a need for investment and refurbishment, with the retrofitting of facilities, venues and so on. I do not think that anybody yet has a clear idea of what the cost of that will be.

We are moving towards understanding what that cost will look like, with the expectation that it will be significant, as it will be for other sectors—particularly heritage venues—as well. We have a lot of 1970s infrastructure across Scotland that probably needs a lot of upgrading and investment to get it anywhere near to where we want it to be from the emissions perspective. It is an on-going piece of work for us, so there is nothing too concrete on that as yet.

Maurice Golden: Thanks for that, Kirsty.

I will move on to Duncan Dornan next. What are your thoughts about inflationary pressures and increases in costs? Has there been any assessment of those? The costs of retrofitting could run into millions of pounds, particularly for museums and collections, if you keep similar building infrastructure.

Duncan Dornan: That is a very good question. The impact of the financial pressure over the past 10 years has been significant, particularly in building maintenance and infrastructure, which is an area in which investment can often be delayed. We therefore move into this period of staggering energy inflation in not a particularly good position.

If we look beyond the current cost crisis to achieving net zero, we are not moving forward uniformly on that at all. We know from what we have recently done on the Burrell that a great deal can be achieved, but that requires investment and, in old and iconic buildings—even 1980s iconic buildings—significant investment in remodelling of the buildings to achieve substantial energy gains. Given that we are often unable to deliver even fairly basic maintenance, it seems almost impossible to estimate how that will move forward.

The impact that the creeping financial pressure has had on our ability to invest and to plan how we react cannot be overstated. If we are simply trying to keep the doors open, year by year, it is very difficult to step back from that and start looking in the longer term at how an estate might evolve. As I mentioned, that is one of the challenges.

Most of our buildings are critical public infrastructure. They serve an enormous range of purposes for communities and provide enormous opportunity and cohesion for communities. If these buildings are to be sustained into net zero, they will require significant investment. We need a longer-term strategy that is carefully planned to enable us to do that, and that is simply not possible currently with declining annual funding.

Maurice Golden: Thanks for that, Duncan. That is very helpful.

Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP): My question is for Duncan Dornan, although, if he can speak for the culture sector more widely, I ask him to do that.

There has been quite a discussion about what “place-based culture” means, and we have had some evidence give a definition of that:

“Place-based working is a person-centred, bottom-up approach used to meet the unique needs of people in one given location”.

That was from the charity Iriss. What do you understand that to mean? How do we genuinely celebrate local culture—local contributions that can be made to cultural life? I am not, I hasten to add, as I have done before, making a case against money going to national companies or anything like that. In budgeting terms, how do cultural institutions get that balance right?

Duncan Dornan: That is a very good question. It seems to me—and it is certainly our practice in Glasgow—that engagement with local communities and individuals in communities is absolutely fundamental to how we operate, even for an institution that has a national role and an international role and that draws an international audience. It is essential to have the voice of local people represented in any cultural activity, and our content, our collecting and our interpretation must be driven by engagement with local people. The

sense of locality and place is enormously valuable in addressing the health and wellbeing issues in a community, but it is equally fundamental that someone who comes to Scotland and visits one of our cities and museums gets a clear sense that the institution genuinely represents local people and is part of their lives and their cultural experiences. Although that is often presented as something new, I suggest that for any successful institution historically it was always pretty fundamental.

I think that our approaches are more sophisticated now and our audiences are more than open to that. People are very enthusiastic and keen to be involved. Certainly, in the work that we have done in refurbishing the Burrell—particularly working with non-users of the museum pre-closure—we have found enormous enthusiasm to be involved with that collection and for people to have their voices heard within new displays. Although, when it is explained, it sounds like a very local thing providing local content and local experience, that sense of place and personal voice is fundamental to any institution, whether local or national. That is what gives us authenticity, which is fundamental to promoting Scotland to the wider world.

Dr Allan: In mentioning the wider world, you lead me nicely on to the other issue that I want to ask about, which again touches on budgeting. Scotland is presently preparing to welcome people from Ukraine—we hope—in the coming days. Do cultural institutions need to start thinking about how to celebrate the culture that those people will bring with them and how to involve people in that community in the work that you are already doing?

Duncan Dornan: That is essential. As you will be aware, a significant number of people from other countries have come to Glasgow over the past few decades and have increased our population. We have worked very closely with those communities to give them a voice and to help them to represent themselves in our institutions and also to Glasgow and the wider world. We know from their feedback that that is felt to be hugely important.

It gives people a sense of dignity and a sense of belonging if they see themselves represented in the city and the nation's cultural institutions. So, I suggest that, in addition to all the tangible things we do for Ukrainians, it is fundamental that we engage them with our cultural institutions as quickly as we can, to recognise their presence in our communities but also to give them a sense of dignity and a voice with which to express to the wider communities their experience, where they have come from and why they are here.

Without doubt, one of the greatest things we can do to reach out our hands and give a sense of

belonging is to ensure that people are represented—and that their voices are represented—in our cultural institutions.

Jenni Minto (Argyll and Bute) (SNP): I would like to draw out a bit more on the collaboration side of things. We took some evidence from SENScot, which suggested that there might be a tension between local leadership within communities and how you work with grass-roots organisations. I am interested to hear how you collaborate with local organisations, specifically around Covid. We have heard throughout the session of examples of local grass-roots organisations having pivoted with the support of the local authorities, but I am interested to hear how local authorities have changed how you deliver your cultural side of things. What learnings have there been from Covid?

Duncan Dornan: That is a very good question. The way in which we operate with community groups has been evolving over a very long time. In Glasgow, we established the Open Museum almost 30 years ago expressly to work with people who could not or would not visit museums. It has been developing and evolving its methodology over that whole period.

We have moved to a position now whereby the default in our service, rather than the exception, should be to work with communities to develop content. Museums expect all our curators to work with a community group, wherever possible, to inform the collecting process, the development of content and the interpretation, to ensure that what we are seeing is authentic but also to make sure that we have fully engaged the communities in using the civic services we provide, so they become a fundamental part of that.

One of the major challenges is in establishing trust and confidence, because that is still not universal. It takes time for people to accept that we genuinely wish them to have a voice in the institution and that we genuinely want to co-produce and work alongside them as equal partners. I think that we, as institutions, still have a way to go and a lot to learn. It is a difficult transition for us to make, just as communities need time to have confidence in that, but we know from the evidence of the work that we have done that it really does work. It has significant benefits for communities, and I believe it has significant benefits for the institutions in providing an authentic representation of our communities and our cities, which otherwise we cannot do.

It is a hugely beneficial and, I suggest, relatively cost-effective way to integrate communities, provide basic cross-community insight and, at the same time, promote health and wellbeing, which we know culture does. There is a huge prize to be gained; our challenge is that it is the most difficult

work that we do, because it is labour intensive, it takes time to build confidence and we need public services on which we can co-operate if we are to be able to drive that co-operation and partnership.

Jenni Minto: That is helpful. Before I was elected, I managed a small museum on Islay. Part of trying to spread the love, I suppose, of objects that are held in Scotland's national institutions is about building trust and confidence in local organisations. It is wonderful to get an object that is appropriate to somebody who grew up on Islay. You are right that it is about trust and confidence.

My next question is for Kirsty Cumming. We have been through a difficult time with Covid, and we have changed the way that some things are done. I am interested in what you have learned. You suggested that you have lots of good examples of social prescribing and preventative measures. Will you share a few of them with us?

Kirsty Cumming: Absolutely. A lot has been learned. In a strange way, there have been a lot of positives from Covid. There was an opportunity to pause and reflect because, obviously, things had to close for a time, and we had to think about new ways to engage people. There has been a real drive towards digital, which was probably at the early stages before Covid. Some of our members started on that before Covid, but the process has been expedited. For example, we have seen huge numbers of people accessing library services and a huge increase in appetite for libraries. We have been looking at new ways to deliver classes to deal with social isolation. We have seen online coffee mornings.

Many of our members have looked at the social side. Why do people want to attend cultural events? A lot of it is about the social connection as much as the cultural engagement. The issue is about making sure that people feel safe and connected through some of that.

09:45

There has definitely been learning on some of the technology that can be used. Many of our members are using hybrid approaches at the moment, and some of that will continue. Equally, it is about understanding what does not really work. For example, with live performances, a lot of the feedback has been that those are about the atmosphere in a place, being with other people and the joint sense of connection in watching something together. With the best will in the world, that does not really translate to somebody on their own in their house watching something that is being streamed.

In a strange way, the pandemic has highlighted the real mental health benefits from the sector, and there has been a change in public perception

in that respect. People who work in the sector already understood many of the benefits in relation to mental health, wellbeing and social isolation, but I think that members of the public are much more aware of their mental health coming out of the pandemic and of the role of culture in that respect. People see the benefits that they get from going to a library or museum, taking part in activities or experiencing a live performance. They understand that it is not just a leisure activity but that it benefits their health. It is important that we build on that and do not lose sight of the wellbeing benefits. As we come out of the pandemic, while those benefits are perhaps slightly more present in people's minds, there is a bit of an opportunity.

A wealth of work is going on across our members in relation to social prescribing and wellbeing and prevention. Some really interesting work is taking place in Highland on social prescribing. That involves work with the University of Edinburgh on cultural prescribing, and it is hoped that that will be rolled out. Our member in Fife, OnFife, delivers books on prescription, which is a well-evidenced social prescribing programme.

Physical activity referrals are perhaps more widespread. One challenge that we have on the cultural side with social prescribing is about the availability of venues and spaces and having facilities open seven days a week for people to access. A consistency of offer is perhaps more challenging in the culture sector. With physical activity, gyms tend to be open in most places for longer hours. With referrals into art, for example, opportunities are probably more dependent on where somebody lives.

There is definitely the evidence base that sits behind social prescribing, and some great practice is going on, but we need to scale that up much more across Scotland. We need to see it as prevention and put in investment to make sure that people are not prejudiced by where they live in relation to what they can access.

Jenni Minto: That is helpful. I was at a concert at the weekend, and it was notable to see people together and the smiles and the enjoyment that people were experiencing.

I turn to Carol Calder. It is easy to audit numbers, which my colleague Maurice Golden talked about, but how does Audit Scotland audit the value added in respect of wellbeing and the softer benefits?

Carol Calder: We certainly try to do that, in a number of ways. Sometimes, it is through our overview reports or thematic reports and sometimes it is through our audits of individual bodies. I am more familiar with councils, because that is my portfolio. The Accounts Commission's local government overview for 2021 was focused

on good practice examples and what was happening in communities. Councils were working with communities to respond to the initial impact of the pandemic and the pivot towards digitalisation of services. There are lots of examples in that report.

We are just preparing our report for 2022, and one of the case studies that we highlight involves library services. To build on what Kirsty Cumming said, we have seen innovation in services across the board and particularly in libraries. The footfall ceased, but there was an online offering and more innovative approaches to delivering services, such as click and collect, home delivery, digital story books and online book clubs. All those activities support mental health and wellbeing in communities.

In its previous local government overview, the commission said that councils need to consolidate all the learning and innovation that was developed through community engagement at the start of the pandemic, and I think that the commission will repeat that message in the next report. The pace with which councils and community groups pivoted to provide services in a very different way was unprecedented. We cannot overestimate how well services pivoted to try to continue to deliver in circumstances that we have never experienced before.

We are keen to ensure that that learning is consolidated. The way that we audit that is through case studies. We hold to account, but we are also about supporting improvement. We use case studies and examples of councils, or services within councils, working with partners and communities.

Community empowerment is a big interest of the Accounts Commission and the Auditor General. Last year or the year before—I am not quite sure which—we produced our document “Principles for community empowerment”, which was well received. We are looking at the way in which communities and partners in the third sector are involved in the design and delivery of council services, whether cultural or otherwise. There are good examples of where cultural services have been fleet of foot and very much focused on mental health and wellbeing. We should not lose sight of that or lose all the gains as we go back to a new normal.

The Deputy Convener: I will finish with a question that returns to the issue of funding. There has been a lot of interest in a cross-portfolio approach to funding cultural services, with particular investment linked to health and wellbeing. Some examples have been given to the committee. One is about providing a level of core funding to cultural organisations from budgets that are outside the culture portfolio. Another is about a

project funding approach, which could allow organisations to build capacity for things such as social prescribing. Do you support that kind of innovative approach to funding?

Duncan Dornan: Yes. The potential to support health and wellbeing and to work with other services is enormous, but we cannot respond to that substantially from within existing cultural funding. That is not adequate to sustain our services. We can potentially expand and focus our services on cultural prescribing and reaching into communities where need is greatest, but that will require investment. As I said, that is some of the most difficult work that can be done. A cross-portfolio funding model to support such activity would be hugely helpful. If we do not have that, we should certainly have project funding that looks specifically at delivering that approach. If we continue to attempt to deliver from within cultural funding, which is in essence what we have been doing for a substantial period, progress will be painfully slow. We will not have the population-level impact, which is what we want.

Kirsty Cumming: Duncan Dornan has articulated it very well. One key point that I will add is on the impact of cuts. In culture, a small cut to funding has a disproportionate impact on what can be delivered. As well as looking at innovative funding, we should be mindful of the need to ensure that we do not continue on a trajectory of cuts and reductions.

Carol Calder: I echo what the previous witnesses have said. Audit Scotland looks at what the priorities are and whether funding streams change to meet those priorities. How does the Scottish Government match funding to outcomes? We try to track the money through, and I think that which pot it comes from is not really our concern. Our concern is to look at what the Scottish Government is trying to achieve, what its priorities are and whether funding is moving towards those priorities.

The Deputy Convener: After this evidence session, we will hear from the Cabinet Secretary for Health and Social Care, Humza Yousaf, and the Cabinet Secretary for the Constitution, External Affairs and Culture, who are appearing in a joint panel. If you had to give them a message in a sentence, what would that message be?

Kirsty Cumming: It is a challenge to do that in a sentence. I would probably make three points. One is that they should recognise and understand the value of culture and what it currently delivers in health, wellbeing and wider benefits. The second is that they should look at long-term core funding for services to enable future delivery. The third is that there should be flexibility to give time and space to understand the impacts of the last two years on public behaviour and the appetite for the

various ways in which people engage with culture. We need to allow organisations time and space to adapt and give them flexibility at a local level to make sure that what they are delivering is targeted and appropriate for their communities.

Duncan Dornan: My message is that we know that engagement with cultural services is hugely effective in improving health, wellbeing and economic outcomes. We need to find the courage to invest in developing that engagement to allow it to be manifest at population level. If we do that, we can have a much healthier and more prosperous country that is not reliant on clinical intervention, and that will improve economic potential. My statement is about promoting culture and the benefits of our services.

The Deputy Convener: Finally, I come to Carol Calder. I appreciate that you come at the issue from a slightly different perspective, Carol.

Carol Calder: I am glad that you came to me last. That is a heck of a question, but it is a really good one. I could probably do a 45-page report, given time, but I will try to capture it in a sentence. It is about funding certainty for local government and appreciating the contribution that local government makes to health and wellbeing as well as other sectors, and thinking about health in its broadest terms.

The Deputy Convener: Thank you very much. I apologise for putting you all on the spot at the end there. That concludes our discussion. I thank Kirsty Cumming, Duncan Dornan and Carol Calder for their contributions. It was a helpful session.

We have finished a bit early, and the cabinet secretaries are not yet available, so we will move into private session until 10.25, and then we will come back into public session for our second panel.

09:58

Meeting continued in private.

10:23

Meeting continued in public.

The Deputy Convener: Item 3 is a further and final panel on the Scottish Government resource spending review. I am delighted to say that we are now joined in person by not one but two cabinet secretaries and by their officials, who are online. I welcome Angus Robertson, Cabinet Secretary for the Constitution, External Affairs and Culture, and Humza Yousaf, Cabinet Secretary for Health and Social Care. The Scottish Government officials joining us online are Penelope Cooper, director of culture, major events and Covid co-ordination; Erica Hawes, wellbeing team leader, wellbeing

and prevention unit; and Rebecca Crook, finance business partner, health finance. I believe that both cabinet secretaries wish to make brief opening statements and I ask them to be as concise as possible. We will start with Humza Yousaf, please.

The Cabinet Secretary for Health and Social Care (Humza Yousaf): Good morning, convener. I hope that you and committee members are keeping safe and well. I can be very brief.

I thank the committee for its invitation to appear alongside my colleague Angus Robertson. When considering our budgetary decisions, it is important that we set them in the context of the health and social care portfolio's key priorities and key challenges. I have just come from another committee of the Parliament, where I reiterated that it would be fair to say, from my conversations with health boards up and down the country, that this week is the most challenging week of the pandemic—if not the most, then one of the most challenging weeks. The feedback that we are getting is that it is extremely challenging. Of course, that is in the context of the past couple of years of this pandemic.

As we look forward, we need to reform the NHS and social care. How we do that and how we recover is clearly set out in the NHS recovery plan. NHS boards are facing a population with the cumulative effects of the last two years and all the health implications that come with that. That population is, thankfully, living longer, but that means that they have more complex needs. Maintaining current services while clearing the pandemic backlog and dealing with levels of staff absence are accumulative challenges.

We also need to develop the national care service, which will require significant investment. I do not say that because I do not acknowledge that the health and social care portfolio has the largest budget in Government, but because we have to think about that recovery in a way that is bold, radical and transformative.

I believe that culture and the arts can play a role in that. Just as we know that physical activity can increase our mood, help with sleep, and reduce stress and anxiety, undertaking cultural and arts activities can undoubtedly have a range of benefits. Bringing people closer together helps to reduce isolation. There is a clear potential for grass-roots community intervention such as the craft cafe in my own constituency in Govan.

I am keen to explore the benefits of broader health and wellbeing activities, including the role that culture can play, as part of our work on social prescribing. I am sure that we will get into the detail of that. Our 2021-22 programme for government made a commitment that, by 2026,

every general practitioner practice will have access to a mental health and wellbeing service, which will help to grow community mental health resilience and direct social prescribing at a grass-roots level. The committee will be aware that, in October, we launched the communities mental health and wellbeing fund for adults, which has now been increased to £21 million. Although local third sector interface partners are still processing awards, we certainly expect that grass-roots cultural activities that contribute to community wellbeing will benefit from that fund. There is a range of examples. Again, I will not go into the details here about how that is already happening.

I will conclude. While my overarching focus must be on revitalising our NHS and social care as we recover from the pandemic, I see the benefits that cultural activities can bring to people's physical and mental health not as a bolt-on but as an important and integral part of the recovery and transformation. We will certainly work together closely and have already had constructive meetings to see what more we can do to promote culture and the arts in our recovery and the renewal of the NHS and social care.

The Deputy Convener: I bring in Angus Robertson.

The Cabinet Secretary for the Constitution, External Affairs and Culture (Angus Robertson): It is a pleasure, as always—it seems like I am here every week—to be back before the committee. I welcome the opportunity to discuss the resource spending review for the constitution, external affairs and culture portfolio and, in particular, the important synergies between the culture side of the portfolio and the health and social care portfolio.

As the resource spending review proceeds, we want to hear about the experiences and views of the people who use public services and those who help us deliver them. It is helpful to have the committee's views, drawing on the evidence that you have received. In addition, there is, as you know, a public consultation that closes on 27 March.

The review is an opportunity to bring about longer-term financial planning to March 2026 for bodies that are funded directly by the Government and organisations that are funded through those bodies. That is what the culture sector, in particular, has been seeking, through evidence to your committee and its predecessor, for some time.

The committee is a champion for securing more resources for the portfolio that it oversees, which is understandable for any subject committee. You will not be surprised to hear, however, that I and my cabinet colleagues will face some difficult

choices to live within the total resources, without borrowing powers at our disposal and as the pressure on public services continues to grow.

To finish on a more positive note, the review gives us the opportunity to be discussing joint approaches at a strategic level, given the positive potential of culture to contribute to health and wellbeing outcomes. We are agreed about how vital the contribution of culture is to our shared goals. Our culture strategy was published in February 2020, right before the start of the pandemic, which has disrupted its implementation. However, we have still made significant progress.

10:30

We have launched three innovative programmes: the Culture Collective, Arts Alive and creative communities. Together, those programmes are working to empower communities to develop cultural activities, bring creative residencies to education settings in areas of multiple deprivation and use cultural projects as a positive diversion away from crime. We have also launched the national partnership for culture, which recently provided recommendations to ministers on the sector's recovery and renewal.

The pandemic has shown us that the key message of the culture strategy—that culture and creativity are valuable in their own right and that everyone in Scotland has the right to a cultural life no matter where they live—is more important than ever. Culture is at the heart of who we are and underpins our economic, social and even environmental prosperity. Culture is, therefore, something that all parts of Government have a stake in. On that basis, we have been working to develop closer cross-portfolio relationships, including with health and social care services, and we will continue to prioritise that.

The Deputy Convener: Thank you very much for those opening statements.

We move to questions. I will begin on the subject of cross-portfolio working, particularly in relation to funding. Many witnesses have told the committee that, if we are to truly focus on outcomes, opportunities to take a cross-portfolio approach to funding cultural services are key. In the earlier session, we heard from Glasgow Life's director of museums and galleries, who made a firm and powerful point that he could not rely on the culture spend alone to power the cross-portfolio working on health and wellbeing that he would like.

Some examples have been given to us. Cultural organisations could be provided with a level of core funding from budgets outside the culture portfolio. Some people would prefer a project-funding approach that would allow organisations to

do cross-portfolio work. What are your observations on that? If we are to truly make this happen, imaginative thinking on funding is required.

Humza Yousaf: I am keen to look at that evidence, and I will give serious consideration to it and all the committee's evidence.

It is right that we take a cross-Government approach to the work. Since I have been health secretary, for the past 10 months, I have made it clear to my officials and to colleagues across Government that we are not fortress health—we will not put our arms around what will now be an £18 billion budget and try to protect it just for ourselves. We absolutely understand the need to work across Government. Such work has undoubtedly been done previously, but we want to expand on it.

In his role in Government, the Deputy First Minister brings Cabinet colleagues together regularly—trust me, if he has a sniff of siloed working, he is quick to ensure that that is dealt with—and we are working more collaboratively, with more cross-Government and cross-portfolio working, than at any time before now. That is a positive.

We might be able to go into this more throughout the meeting, but I could give numerous examples of really good projects that are being funded by the health service—a lot of the funding comes from our mental health budget—in relation to arts therapies and community initiatives that help people, particularly young people, to deal with mental health issues.

When budgets require to be shared—that is a strange way of looking at it, because we are one Scottish Government—we will absolutely use the might and the muscle of the health budget to help. Yesterday, I think, the national partnership for culture published a really good report that includes a number of recommendations about funding and funding streams. I give a commitment to look at those recommendations with an open mind.

Angus Robertson: My first reflection is that this is very much work in progress. The deputy convener's illustration about different preferences for how one might seek synergies or different funding arrangements is a good example of the fact that people have very different views on the matter. Finding the appropriate way into Government, and through different parts of it, is part of the challenge that we are trying to pick our way through.

We are being very well advised. I made reference in my opening statement to a number of ways in which we are being advised to think about how we can mainstream, in my area, culture and the arts in other parts of the Government.

Obviously, there is a particular focus today on the broader health area.

The challenge for the Government is to work out how we can remain flexible and adapt to the various potential ways in which culture and the arts can deliver in partnership with health. The health secretary and I have already met to discuss the matter, and we are both extremely open minded about how we do that.

There are already some really good examples of things working. I take heart from the fact that we are not trying to reinvent the wheel. We are trying to work out, on the basis of a lot of advice in recent years, particularly on health, mental health and wellbeing, how we can deliver across the piece. That is the challenge for us all.

We are not at an end point, but we are definitely at a stage at which we are keen to hear people's priorities—I know that our civil service colleagues who are attending this meeting are also extremely keen to learn from different stakeholders—to make sure that we remain flexible and think about different ways in which we can deliver. We are doing much of that already, but if there is evidence that we should be thinking about things in new ways, we will consider that. We are not set in old ways. We are keen to adopt best practice if we can.

I keep saying this to the committee, but it is a genuinely held view: I am keen to hear the committee's advice on the issue. We are in a sweet spot at the moment, as we are thinking about all this and trying to find the mechanisms to make it work, and we very much look forward to the examples that you might give through your questions or in your report.

The Deputy Convener: I will pose a question to the health secretary that I posed to the cabinet secretary for the constitution a few months ago. There are examples of good practice, and you gave some examples of programmes relating to culture that exist, but it strikes me that we need a paradigm shift, particularly in primary care, for example. How do we get GPs to prescribe a trip to a gallery, a museum or an arts event of some sort? How do we achieve that shift in mentality? We can all think of good anecdotal examples of that happening, but it strikes me that we need a much greater system shift. Do you have any views on that?

Humza Yousaf: Yes, I agree. You are right: I could give you tens of examples of where that is done well across the country, but the question is whether it is being done more systemically. This might sound like a perverse thing to say in the middle of a global pandemic, but there is an opportunity to fundamentally shift how we do that work.

Community link workers and the 1,000 mental health and wellbeing workers whom we have committed to providing by 2026, so that every GP practice has access to them, are key. They already play an excellent role. I have a really good relationship with the community link worker in my constituency. They are invaluable, given the connections that they provide to various community initiatives, cultural programmes, art programmes and art therapies. The trust that GPs have in that community link worker is heart warming and evident to see.

We have to do two things. First, we need to invest in community link workers and mental health and wellbeing workers. Secondly, we need to think about how we ensure that such work is a continual thread throughout our recovery process—Angus Robertson and I spoke about that at a recent engagement—and I am very open minded about how that could be done. The paradigm shift will come from the community link workers plus the additional mental health and wellbeing workers whom we have committed to providing.

Angus Robertson: There is another part to the equation. It is one thing people being aware that this is a good thing to do, but there are other questions to consider. Where does one plug into the arts and cultural offering? Are all arts and cultural organisations aware that they can and should play a part? How do we get that partnership going and working at scale? The deputy convener highlighted that that is the challenge, as there will always be early adopters. The challenge is how we ensure that the provision is offered across the country, without there being geographical or social demographic variances. Ensuring that we match things up is work in progress.

You might imagine that, in advance of such a meeting, we would be well advised on the state of play in our departmental settings. I am happy to go into some detail with the committee about that, because it shows that things are happening, which is heartening. For example, if we consider the programmes that some of our national cultural companies are already involved in, that should give us great heart that a lot of work is on-going.

My question—I need to work with my colleague the health secretary on this—is how we can be satisfied that there is a transmission mechanism in the areas for which we are responsible. As Mr Yousaf outlined, when the support workers, the mental health professionals and the GPs who will prescribe such opportunities are all in place, we need to ensure that we have the transmission mechanism, for want of a better description, for how that should work. That is work in progress.

We will have to ensure that the cogs or gears work in harmony.

The Deputy Convener: The report of the Christie commission is 11 years old now, as you know. You spoke about trying to avoid silo working, which was of course one of the central tenets of the Christie commission. You will be well aware that another main tenet was preventing negative outcomes through preventative spend. What are your thoughts on progress 10 years on from Christie?

10:45

Humza Yousaf: I think that we have made significant progress. In the health service, every conversation that I have with clinicians and health and social care workers is geared towards prevention. Again, although I appreciate that it can be difficult to see this within individual funding lines, our funding is geared towards the preventative. It has to be. Given the scale of the challenge that we are now facing for our recovery, we have to invest in the preventative.

I have just come from another committee meeting, at which Brian Whittle MSP was, unsurprisingly, asking me about the role of sport and physical activity in the preventative space. There is a cross-Government agenda here. I work with the education secretary, for example, on how we educate young people—not exclusively but particularly young people—about their eating choices at a young age. That is work that is on-going. There will always be work to do in this, but the preventative agenda is our foremost agenda when it comes to our recovery.

Angus Robertson: I will try to be quick, but maybe this is an appropriate point to give some examples. You mentioned the Christie commission and how long ago it made recommendations. When looking at the concrete examples that I gave you a sneak preview of, I am struck that they have been operating for some time. The question is how we make them scalable.

To give some concrete examples, the committee will be aware of Big Noise, which is run by Sistema Scotland. It is a high-quality music education and social change programme that works intensively with kids, young people and families in specifically targeted communities and it has benefits that relate to the national performance framework—child-focused wellbeing outcomes such as increased resilience, happiness, sense of belonging, fulfilment and emotional wellbeing. This is a scalable programme. It is up and running. Do we recognise it for what it is? Yes, absolutely. Is there more that can be done with it? Yes, there is.

The Scottish Ballet dance health and wellbeing programme has been across Scotland since 2013, not just for the past few years. It has been up and running for a while and is considered a global leader in the field. Many referrals, particularly for those living with Parkinson's and multiple sclerosis, have already come from partner consultant neurologists at Ninewells hospital and medical school and the Queen Elizabeth university hospital. The programme has been going for some time. Is it scalable? Yes, it is.

The National Theatre of Scotland has just been running a two-year project addressing ageism, social isolation and transphobia, supporting the recreational, artistic and social rights of LGBT+ over-50s. Is that scalable? Yes, it is.

National Museums Scotland has tailored programmes for people with dementia, offering social experience connected to collections and reminiscing. I could go on, as there is more that National Museums Scotland has been doing, and theatre groups and the Scottish Book Trust have been doing things.

There are a wide range of things that are up and running and have been running for some time relating to the Christie commission recommendations. The challenge is how we build on the very good work that is currently happening to make sure that, as we scale up and have the wider awareness that these schemes are up and running, they can provide the capacity when GPs, as the deputy convener was alluding to, are adopting social prescribing across the piece. That will be the challenge—making people aware of schemes and then doing them at enough scale to satisfy the demand as the approach that we are trying to get between health and social care and culture and the arts becomes more mainstream.

Jenni Minto: I reflect very positively on what the culture secretary has just said about Sistema and Big Noise, as I was involved right at the start of that. That is a very good example of different organisations pulling together to produce something that is very beneficial to those receiving it but also to those giving it.

Also looking at the Christie commission and the point about not duplicating, given that you were at the COVID-19 Recovery Committee earlier, I am interested to hear what you think that both health and culture can learn from the work that has got people through the pandemic. For example, in Oban there was a fantastic exhibition of art that people had used to help them get through the isolation of Covid. My question is about how we can use that to get us into and through the recovery. Do you have any thoughts on that?

Humza Yousaf: I thank Jenni Minto for a very important question. I think that there is a lot in this

space. Our approach thus far to using culture and the arts as a very important social prescribing tool has been largely through grant funding local initiatives, and it is working very well. Part of the learning—and it is part of the challenge that the deputy convener put to me—is how we do it in a more systemic way. That is where the conversations between Angus Robertson and me are very important.

Where the public can get significant benefit is in the mental health space, particularly but not exclusively among young people. We know the challenges that we are facing with child and adolescent mental health services and the backlog. I would be the first to say that there were issues pre-pandemic that have been exacerbated by the pandemic.

Going back again to the points about Christie that you and the deputy convener have raised, we want to look at the preventative; we want to look at how we can stop people getting to the crisis point. When they get to the crisis point, of course CAMHS will be there to assist, and we have to clear that backlog, but—this goes back to Angus Robertson's point—where we can scale up good initiatives, such as some of the work that we have funded, we should do that.

Again, I hold my hands up and say that the Government can sometimes suffer from pilotitis. We need to be able to scale up some of those good initiatives and do that in good time. If the pandemic has taught me anything—it has taught me a number of things, frankly—it is that, if there is a will to move quickly, we can move quickly. That might mean that we do not quite get it 100 per cent perfect first time, but in the benefit risk analysis, going quickly and scaling up quickly can have real benefits. I definitely think that there is a lot in the mental health space. I could talk to many other areas, but I am conscious of time. I think a particular focus for us in this space will absolutely be mental health and, in particular, young people's mental health.

Angus Robertson: I will share where I think the challenge for all of us is. We agree with the concept, we understand that there is already good work going on and we know that there are nationally known organisations that are doing things in the culture space. That is one thing and, of course, it is a good thing. The example that Jenni Minto has given is the classic challenge. First, how do we ensure that there is an awareness of much that goes on out there in Scottish society that happens anyway? It is not necessarily funded by anybody. It could be voluntary or in the third sector, which are very good things. How do we make sure that there is an awareness that that is happening and how do

we then make sure that those who are prescribing are also aware of that good work that is going on?

In a previous evidence session, we discussed how we can match up those sort of examples with those who will be socially prescribing. I do not think that we are there yet in working out how we can capture that information and make sure that the people who are in a position to socially prescribe, for example, participation in a scheme in Argyll can do that. I think that it will be much easier in the culture space to ask, “What is Scottish Ballet doing; what are other performing companies doing; what is National Museums Scotland doing; what is Historic Environment Scotland doing?” That is one thing. That will be quite easy to identify, because the memo will go out from culture central asking, “What is happening here?” but in the cultural part of Scottish Government and Creative Scotland and so on, how do we know what is happening in Argyll? How do we work through that? We will have to make sure that we are capturing that.

I have said this to the committee before: politicians do not do culture, nor should we. It is for people who do culture and the arts to have the support that they need, and therein, yes, let a thousand flowers bloom, but we are trying to work out how we can incorporate all of the great practice that is going on out there and match that up with what we are trying to do in, in this example, health and social care. I am not sure that I have the answer to Jenni Minto’s question. I have ideas. I am not sure that there is an answer but, as long as we are asking the question, I think that we have a better chance of getting there.

Jenni Minto: I have just jotted down a few things, collaboration and flexibility being two. I was having a conversation at the weekend about bringing people with a cultural background in to look at the way we do things or the way we budget. That may be an interesting way to move forward, because people are coming in with perhaps a different perspective as to how things could work. I will finish there. I have dropped a wee pebble in, and I will have a wee think about it myself.

Angus Robertson: We need to open things up, because we certainly do not have time to do this. There is also the question of what culture is in this context. We can establish a cultural and arts community and organisations and it is very observable what a local arts or cultural group might be doing in Argyll, as Jenni Minto has said. There are so many other things that we know from the research have an impact but might not be viewed as culture with a capital C, if that makes sense. Sorry, I do not want to open up a conceptual conversation, deputy convener, but I am very keen that we are able to capture that. An

example is gardening and allotments. There is a whole series of things that would not necessarily be thought of as being culture with a capital C but which clearly impact on people’s wellbeing and are part of a continuum of what might be offered and supported.

Jenni Minto: Yes, I think that that is a huge conversation to have.

Angus Robertson: It will be a future evidence session perhaps, deputy convener.

The Deputy Convener: I am normally well up for a big conceptual discussion like that, but I think that in the time available we will move on to Alasdair Allan.

Dr Allan: Mr Yousaf, you have talked about breaking down the barriers between silos. This is something that has come up in the committee before when we were talking about budgets and the relationship between health and culture. Of course, apart from the department that you run centrally, there are territorial health boards. Do the messages about working across these barriers get through to health boards? What can you do to ensure that they are thinking about culture? What is the culture of culture in health boards? Given the pressures that they are under, how can they accommodate some of these ideas?

Humza Yousaf: Deputy convener, you wanted to avoid a conceptual discussion and then went to Dr Allan, of all people—I say that tongue in cheek, of course. The question is a very pertinent one. I meet regularly with the chief executives, chairs and public health directors of health boards and of course that includes NHS Western Isles. We will show leadership, but the challenge is not just me communicating my expectations to the health board. There is a whole level of management below that that will be crucial. That gets to your point about the culture—with a small c—within health boards. I expect senior management to be very close to the people on the ground. That may be easier to do in slightly smaller health boards. I expect that it can be done in larger health boards too, but it can be more challenging. It will be challenging in rural health boards the scale and size of NHS Highland, for example.

11:00

We rely on every part of the management structure understanding what my direction is as health secretary in this regard. Being up front about it, I think that the challenge has been that the vast majority of the conversations that I have had with health boards have, as you can imagine, been about the immediate pressures of the pandemic and our recovery from that. I am very keen not to lose sight of that when we get into some more of the detail about recovery, which of

course we are absolutely doing. Maybe it will be worth while considering how I bring Angus Robertson and some of my other cabinet secretary colleagues into those conversations with chief executives and chairs of health boards. Dr Allan raised an important point, and it is one that we can make further progress on.

Angus Robertson: There is a parallel point to this, of course, which is that it is not just about health boards; where are local authorities as part of this conversation about being joined up? There are some outstanding examples of local authorities and their arts officers, for example, who are already doing a lot of the work in the area that we are talking about. How are we pulling together all this best practice as we go forward with things? We all know that different local authorities have their own local priorities, and that is quite right and proper. Some will view the likes of arts officers as being a priority; in other places, they will not.

There is a conversation to be had and I am very careful not to be steering and instructing local government colleagues on this front, but if we are agreeing that it is a national priority—I count some of the local arts officers as personal friends of mine, so I know exactly the value that they bring and especially in the areas that we have been talking about—how do we bring all this together to make sure that we are delivering across the piece and across government? Bringing people into this at a local level, as well as national Government and then local authorities on a national level through the Convention of Scottish Local Authorities, is definitely one of the pieces that make up the jigsaw puzzle of getting us to where we want to get to in this area.

Dr Allan: My only other question is for Mr Robertson again. Visitors to Scotland often comment on the effect on their wellbeing of being able to see Scotland's natural environment, historic buildings and so on. One would think that there must be huge potential for health and culture to work together to utilise the resource that is simply Scotland itself. Of course, there are many people who either do not know that those opportunities are there for them or who know that they are there but cannot afford to visit places around the country. Is there more that can be done to try to break down some of the barriers that, in some cases, might be caused by deprivation?

Angus Robertson: Indeed. This is not just a social prescribing issue. For example, mental health outcomes, as worthy as they are, and as important as they are in the Government's priorities, also present a huge opportunity to address other priorities, such as dealing with social deprivation. I think that, as you outlined, much more can be done to ensure greater

accessibility in relation to our natural environment and built heritage. I have been talking with colleagues in culture about what we can do to bridge that gap. There are a number of imaginative ways in which we can do that, and there are some encouraging ways in which we can scale that up quite quickly.

You are asking the right question. We are still at the stage of working out how we can bridge that gap. However, this all needs to be seen within the context of the spending constraints that we are operating under. The Cabinet Secretary for Finance and the Economy sits virtually in my mind, because we are having to be extremely thoughtful about what we are able to do to make bridging that gap happen within those constraints, for example by finding imaginative ways of doing so that might not cost money, or by identifying other funding streams. However, for me the key point is that we have to make it happen. How, then, do we do that? That is where the discussion is. Again, if the committee has views on that, I am very keen to hear them because I think that there are ways of finding and marshalling resources that should make it possible. I am very keen to make sure that it happens.

The Deputy Convener: Having listened to that exchange, I have an observation to make. Plainly, it is important not to forget about social care in this conversation, given that the design of the national care service is coming up. I hope—indeed, I am sure—that cultural considerations and mainstreaming the conversation are taking place in social care.

Humza Yousaf: I can give you a very brief reassurance that the cabinet secretary and I discussed the national care service and that very issue. I return to my point that such matters should not be seen as a bolt-on. We are much better to include consideration of the arts and culture and the health and wellbeing benefits that people get from them at the inception stage rather than towards the end.

On social care, Angus Robertson was absolutely right to reference the point about local authorities. Right across the country, our integration authorities are already doing this work, and many of them are doing it very well. The challenge for us is that sometimes there is inconsistency across the country, and the national care service might be able to help with that. However, it goes to the very core of the original question about the preventative space. By way of reassurance, I can say that that is absolutely being considered as part of the national care service.

The Deputy Convener: I am very pleased to hear that, cabinet secretary.

Angus Robertson: I think that all the work on and thinking about the national care service give us a very exciting opportunity for this to be a priority right at the inception. As things are being put in place, the considerations about how things should come together and should work form part of our thinking right at the start. We will not have to add it on later; it is right there at the beginning. The timing is very opportune.

Sarah Boyack: On one level, that is very heartening—the cabinet secretaries are saying the kind of things that we like to hear. However, in a year's time, post-pandemic, what will you be able to show us that has changed? As the convener said, Mr Yousaf, we are 11 years on from the Christie commission and we have not seen transformative change. We can all quote brilliant local projects, but they are facing massive post-pandemic pressure, and the evidence that we heard earlier in the meeting was that local authorities have had a decade of cuts and that culture is not core funded.

In 2026, GP access will be a real issue—that is 15 years on from Christie—and both of you have basically said that preventative spending is not just good but very important for pandemic recovery. What is the kick-start approach to delivery on the ground?

It feels like we lobby the cabinet secretary for culture weekly, but you have the big budget that has the potential to cut right across our communities. What can happen in the health budget that is transformative? It is not just about link workers, but about them working with local projects on the ground so that those projects are still there in a year's time.

Humza Yousaf: First, as my colleague referred to, we are not starting from base zero. It would be wrong to suggest that there has not been progress since the Christie commission 11 years ago. If you wish, I can give you numerous examples of inroads that we have managed to make in relation to outcomes from preventative spend. *[Interruption.]* Sorry, I am getting a bit of interference from somewhere.

We can give you those examples—I am happy to provide the committee with examples either now or in writing.

Community link workers are a such an example. We have 200 community link workers in or aligned to a GP practice or a GP cluster, so we are not starting from base zero. We talk about the 1,000 additional mental health and wellbeing workers. Every GP practice will have access to one of those workers, who will build on the good work of the 200 that we already have in place.

Secondly, we have the NHS recovery plan, which covers the parliamentary session. I am

saying now very clearly that we will embed social prescribing as part of that, and of course culture and the arts will feature.

Then we have national leadership, which relates to the question that Dr Allan asked me. If I and the Government provide that leadership collectively, making clear our expectations of health boards, integration authorities and local authorities in relation to the importance of this agenda to our health and wellbeing—particularly focusing on and providing the necessary funding for key areas such as mental health, including young people's mental health—I think that we will continue to make transformative change.

You are right to ask about budgets. I know very well the saying, which we hear often, "Show me your budget and I will tell you your priorities." A record £18 billion is going into health and social care in the next financial year, and I am very keen to use the weight and muscle of that budget to support the outcomes that we have discussed.

Sarah Boyack: Just to clarify, I did not say there had been no progress since Christie.

Humza Yousaf: No—I accept that.

Sarah Boyack: The Auditor General for Scotland published a blog entitled "Christie's clarion call can't wait another decade", and, in October, the interim chair of the Accounts Commission published "Christie—it really is now or never". Those are the representations that we are trying to get to centre stage.

We have had evidence from SENS Scot, Creative Scotland, Audit Scotland and COSLA that highlights the massive pressures arising from the pandemic. The cabinet secretary for culture will know about those—we have talked about them. The issue is what the recovery strategy will look like and what will change.

I am particularly interested in your views, cabinet secretary, on the recommendations from the national partnership for culture. Where will the funding come from? It could come from the culture budget, the health budget or the local government budget, but the question is what those funding streams will look like as part of a recovery plan. I am thinking about not just the short term but the long-term, multiyear funding that we have had calls for.

Angus Robertson: There is so much in those questions; thank you for asking them.

On the recovery plan, we have already discussed the most important thing from a Government perspective, which is getting the Government to understand that culture is important across the Government—in other words, mainstreaming that thinking about an approach across Government. This is an example and is

what we are talking about today. We have identified that and we are doing it and trying our best to work our way through it.

We have received the recommendations that you mentioned, which will be published shortly. We should look closely at the recommendations and take them seriously. I am happy to come back when we are at that stage.

I go back to your question about where we will be in a year's time, which is exactly the right question. I know where you all will be and I know where I will be, because I will be sitting in this chair and you will be saying, "We are year on from you saying that the Government was starting to do this and that." We are not beginning from a position where progress has not been made since Christie. Progress has been made, but how do we scale it up, and how do we get it delivered right across the country? That is the challenge. We will have to play our part in making sure that we are delivering, bearing in mind the constraints that you identified.

11:15

However, I am optimistic. For one thing, I think that there is consensus that this is what needs to happen. I am not sure that you have heard any evidence that our approach is not the way that we should be taking things forward, so there is consensus. The issue is how we make that happen—and happen consistently. I am optimistic that there will be considerable change and improvement. I am excited about playing a part in making that happen, because I think that it will be transformational for people. We just need to make sure that we are doing it in a way that reaches as many people as possible.

Sarah Boyack: That is a welcome commitment. You are booked for a year from now—

Angus Robertson: I will be back, but I am not waiting a year.

Sarah Boyack: I was being a bit facetious, cabinet secretary.

Angus Robertson: At the moment, I am here every week, so I would be massively disappointed if you were to have me back only in a year's time.

Sarah Boyack: The test is not just the culture and creative budgets—it goes right across the public sector. That is the question for the Scottish Government with regard to cross-Government working: what are the budget issues? I say to the health secretary that the benefits of preventative spend are that you save money, but you have to start spending in order to get the infrastructure in.

I would therefore make a plea that goes back to your very opening comment about the

commitment with regard to the 2026 target for GP access. The evidence we have had on social prescribing suggests that it could be very critical in helping people not just get through but recover from the pandemic, and it cuts across culture to take in, for example, mental health and wellbeing in young people, older people and people on low incomes. However, we heard evidence today that social prescribing is not reaching low-income communities in the way that we would want, so the question is how you make that transformative change now.

Humza Yousaf: There is probably little for me to add, other than to say that I agree with Sarah Boyack. We have been talking about what things will be like a year from now; I am very confident that we will be out of the immediate grip of the pandemic by then, and we are making progress in absolutely the right direction. This and the last couple of weeks have felt extremely difficult, but we will get through this wave, as we have with other waves. However, the challenge is that the NHS's recovery will take years. I do not think there is any Government, certainly across the United Kingdom, that would suggest otherwise.

Secondly—and, again, I agree with Sarah Boyack in raising the point—how people access their health service might well change, too. GP access is a good example. We want to restore face-to-face access to GPs where we can and as much as we possibly can, but we know now that that kind of access will be part of a hybrid model that will also include telephone and video consultation. We also have to ensure that our digital infrastructure keeps up, which I know is a particular issue in the NHS. If we are going to do this through digital means, we have to take on the point about digital exclusion that Sarah Boyack highlighted.

After all, we know that inequality exists, and more so in areas of deprivation. Thinking about the pandemic—and I will finish on this point—I do not think that there is any way that anybody can truthfully say that we were all in it together. We were not. There are people in communities that have been harder hit by the pandemic; for example, a look at the excess death figures shows that people in areas of deprivation are 2.5 times more likely to have died from Covid. Therefore, we cannot say that we were all in this together, and any work that the cabinet secretary and I do to build upon culture and the arts as part of mental and physical health and wellbeing solutions for the future has to be equitable. Indeed, that is something that those in the deep end project, who might be known to the committee, say to me very often: we have to make sure that we continue to direct resources into the communities that need them the most.

The Deputy Convener: Finally, I call Maurice Golden.

Maurice Golden: I will start with the health secretary. Clearly the health portfolio contains lots of metrics and targets. How can NHS boards all the way down to GP practices better report activities within the context of culture?

Humza Yousaf: That is a really good question, and it is not too dissimilar to a question that I have just had at the Covid-19 Recovery Committee and which was based on evidence from GPs and the staff-side representative organisations that represent them. The very clear message was that we needed to improve our primary care data. There is no getting away from that; indeed, I have been saying it from day 1 in this job. We also have to bear in mind the independent contractor model that we have for primary care, which is different to our NHS acute services model, and we have to work with those information technology systems to extract data far better than we are doing at the moment.

There is a project under way that has received some funding assistance to help us extract far greater data than we currently have. One good thing is that close to 95 per cent of GP practices participated in the initial extraction of data; that data has come to me, and once we have had it quality assured and so on, we will publish it. It is absolutely right to highlight this as a key issue. If you were to try to extract data on, for example, social prescribing, you would find it patchy. It has to be improved.

Maurice Golden: In a similar vein, how can we better get data from local authorities on their cultural activities not just with regard to health but more generally?

Angus Robertson: Before she took up her responsibilities for transport, Jenny Gilruth was in dialogue with local authorities about this very area. As we might imagine, her successor Neil Gray is now very focused on supporting the refugees from Ukraine—and we wish him well in that work—but this dialogue definitely needs to continue to ensure that we better understand where things are with local authority partners. We can do more on this in partnership with local authority colleagues, and I am very keen that we do so.

Maurice Golden: As a supplementary to the culture cabinet secretary, we have heard this morning about a financial squeeze in the culture and leisure sector, with costs going up and funding getting reduced. That could have an impact on the development of additional services in the health context, but I am also thinking of other cross-departmental Government working with regard to achieving net zero. Given the impact of the cultural sector in that respect—and particularly when we

think of, say, museums—what support could the Scottish Government give in assessing the cost of retrofitting and improving energy efficiency in the sector, which from the evidence that we have received no one seems to have looked at yet?

Angus Robertson: It is not just museums and galleries; you could add to that list our very significant built environment—I cannot call it housing stock, but you know what I am trying to say—for which Historic Environment Scotland has responsibility. A dimension of that very much feeds into the net zero side of things.

We are very conscious of that, and we need to understand it better. Indeed, we are engaged in doing so, but again it is all about asking the right questions, and we need to get the answers not just for the net zero side of things but for the cultural resource—if one wants to call it that—or opportunity that we could have in that respect. Of course, that brings us back to our earlier discussion about partnership working not just with national companies with regard to culture at a nationally funded level but with those at a local authority level, too.

I do not want to put words into Maurice Golden's mouth, but I think that what we are talking about is trying to unlock as much of the existing resource allocation as we can. This is not a matter of reinventing the wheel; instead, it is about finding out how we get everything to work as well as we possibly can and identifying any gaps. However, the only way in which we will know whether there are any gaps is by getting the data back not just from health but from the culture side of things, and if there is a takeaway for me from this meeting, it is definitely to work out what the quality of that information is. I am happy to come back on this issue for Maurice Golden's benefit, but if other committee colleagues are interested in finding out more, I am happy to share that information with them, too.

Maurice Golden: Thank you, cabinet secretaries.

The Deputy Convener: My final observation, which is directed to the cabinet secretary for health, is on priorities. Cabinet secretary, you have talked about the weeks in the past month or so being some of the most challenging that you have had in the pandemic, and we all know about the issues with recovery in the longer term and with need, whether it be waiting times or whatever. You can understand, therefore, why cultural cross-portfolio working might not be high on the priority list for a health board or for the Government more generally, and I suppose that I am making a plea that, notwithstanding all these understandable pressures that the health service is under, we maintain our focus on culture and highlight its importance and the importance of the

mainstreaming that we have spoken about as we move forward.

Humza Yousaf: Thank you for putting that plea on record. Again, I want to assure you that I am not going to treat anybody around this table like a fool. We are under significant pressure, and there is a huge list of priorities, at the top of which is the pandemic and the recovery. I do not see what we are discussing as being separate to that, but coming back to Dr Allan's earlier point, I think that the challenge will be how we embed it within the recovery. As we have admitted, there is a piece of work that has to be done on this aspect of the recovery. If we can embed all of this as first principles in that recovery and as part of the national care service, it will make things far easier as we move forward. As I have said, I do not see these things as separate, something nice to do or a bolt-on. We already have some good practice, particularly in the mental health base, but the issue is how we build upon that and make it part of the recovery.

The Deputy Convener: I thank both of you and your officials very much indeed for your time this morning. We have had a very fruitful session that has been undertaken in the spirit of the cross-portfolio working that we have all been discussing.

At this point, I close the meeting.

Meeting closed at 11:26.

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