



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Thursday 26 March 2015

© Parliamentary copyright. Scottish Parliamentary Corporate Body

Information on the Scottish Parliament's copyright policy can be found on the website - www.scottish.parliament.uk or by contacting Public Information on 0131 348 5000

Thursday 26 March 2015

CONTENTS

	Col.
GENERAL QUESTION TIME	1
Spaceport	1
Blood Donors (Review of Eligibility).....	2
Inheritance Tax (Increase in Threshold).....	3
British Transport Police (Retention of Jobs).....	4
Spaceport	5
St John's Hospital (Perinatal Ward).....	6
NHS Greater Glasgow and Clyde (Meetings)	7
Working Dogs (Tail Injuries)	8
FIRST MINISTER'S QUESTION TIME	10
Engagements.....	10
Prime Minister (Meetings).....	13
Cabinet (Meetings)	17
Penrose Inquiry.....	18
Zero-hours Contracts.....	19
"Constitutional implications of the Government's draft Scotland clauses"	20
POLICE SCOTLAND (ACCOUNTABILITY)	23
<i>Motion debated—[Hugh Henry].</i>	
Hugh Henry (Renfrewshire South) (Lab)	23
Roderick Campbell (North East Fife) (SNP)	25
Margaret Mitchell (Central Scotland) (Con).....	27
Graeme Pearson (South Scotland) (Lab)	28
Alison McInnes (North East Scotland) (LD).....	30
Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP)	32
John Finnie (Highlands and Islands) (Ind).....	33
Hanzala Malik (Glasgow) (Lab)	35
The Minister for Community Safety and Legal Affairs (Paul Wheelhouse)	36
PENROSE INQUIRY	41
<i>Statement—[Shona Robison].</i>	
The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison)	41
HEALTH INEQUALITIES	53
<i>Motion moved—[Duncan McNeil].</i>	
Duncan McNeil (Greenock and Inverclyde) (Lab)	53
The Minister for Children and Young People (Fiona McLeod)	56
Jenny Marra (North East Scotland) (Lab)	59
Nanette Milne (North East Scotland) (Con).....	61
Stewart Maxwell (West Scotland) (SNP)	63
John Pentland (Motherwell and Wishaw) (Lab).....	65
Jim Eadie (Edinburgh Southern) (SNP)	66
Michael McMahon (Uddingston and Bellshill) (Lab)	68
Kenneth Gibson (Cunninghame North) (SNP)	70
Kevin Stewart (Aberdeen Central) (SNP)	71
Murdo Fraser (Mid Scotland and Fife) (Con).....	73
Rob Gibson (Caithness, Sutherland and Ross) (SNP).....	74
Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP)	76
Margaret McCulloch (Central Scotland) (Lab)	77
Christina McKelvie (Hamilton, Larkhall and Stonehouse) (SNP)	79
Nigel Don (Angus North and Mearns) (SNP)	81
Malcolm Chisholm (Edinburgh Northern and Leith) (Lab)	82
Dennis Robertson (Aberdeenshire West) (SNP)	83
Richard Lyle (Central Scotland) (SNP)	85
Jackson Carlaw (West Scotland) (Con)	86
Dr Richard Simpson (Mid Scotland and Fife) (Lab).....	87
The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn)	89

Bob Doris (Glasgow) (SNP)..... 91

PARLIAMENTARY BUREAU MOTION..... 95

Motion moved—[Joe FitzPatrick].

DECISION TIME 96



Scottish Parliament

Thursday 26 March 2015

[The Presiding Officer opened the meeting at 11:40]

General Question Time

Spaceport

1. John Scott (Ayr) (Con): To ask the Scottish Government what progress it is making with the bid for a spaceport to be located in Scotland. (S4O-04174)

The Cabinet Secretary for Infrastructure, Investment and Cities (Keith Brown): The Scottish Government is keen to see the establishment of a spaceport in Scotland. It is for the operators of each site on the shortlist to decide whether to progress a bid. I am aware that the team at Glasgow Prestwick airport is making considerable progress. It has a bid team in place and is working with a range of local and national partners to develop its proposals. In addition, the owners of Campbeltown airbase are also interested in pursuing a bid.

John Scott: The cabinet secretary will be aware of the many attributes of Prestwick airport, which is, uniquely, a large-scale, diversified aerospace and aviation hub. Prestwick is ideally situated for high-inclination polar launches, with its enviable weather record, its long concrete runway, its first-class road and rail links, its local aerospace and maintenance, repair and overhaul hub, and the buy-in from the local community. Does the cabinet secretary agree that its attributes make Prestwick not only the location of choice in Scotland for a spaceport, but the best choice for a spaceport in the United Kingdom?

Keith Brown: It will not surprise John Scott to know that I think that the two remaining potential locations in Scotland would be the best in the UK for a spaceport. A lot of work is being done at Prestwick. A bid team is in place and it is carrying out a significant amount of preparatory work so that it can prepare a compelling bid.

As John Scott suggested, the airport is supported by South Ayrshire Council, Ayrshire College, a range of local aerospace businesses, and space experts from Glasgow and Strathclyde universities. I am sure that Glasgow Prestwick has a strong bid, and we await the bid from Campbeltown. I very much hope that the spaceport comes to either of those two locations in Scotland.

Michael Russell (Argyll and Bute) (SNP): I am glad that the minister has recognised the bid from what is rapidly becoming known as Cape Campbeltown. I hope that the Government will find it in itself to encourage Highlands and Islands Airports Limited to support Campbeltown airport in its bid. It does not have the office infrastructure that exists at Prestwick, but it has many advantages that I could set against the advantages of Prestwick, including a longer runway and an untrammelled approach over the sea. I hope that the minister will have an even hand and that HIAL will back the bid from Cape Campbeltown.

Keith Brown: Either of the potential Scottish bidders would be an excellent choice. Michael Russell makes a point about the length of the runway at Machrihanish. I understand that it was a stand-by runway for the space shuttle, so that testifies to its length.

Both bids could be very strong. The Scottish Government will give whatever assistance is required to either bid and will work with the enterprise companies and any other partners to make sure that we have the two best bids to take forward to the shortlist and that, ultimately, Scotland succeeds.

Blood Donors (Review of Eligibility)

2. Murdo Fraser (Mid Scotland and Fife) (Con): To ask the Scottish Government when the rules on eligibility of blood donors were last reviewed. (S4O-04175)

The Minister for Public Health (Maureen Watt): I refer the member to his previous question S4W-24292 on the eligibility of blood donors.

When assessing a donor's eligibility, the Scottish National Blood Transfusion Service has to take into consideration more than 300 deferral criteria. The guidelines are constantly evolving. For example, in calendar year 2014, SNBTS revised 13 of its donor selection rules and the deferral criteria for 32 countries. Changes in deferral criteria are often complex and sometimes need to be made rapidly, such as in response to changes in the pattern of infectious diseases in other parts of the world.

The combination of assessing each donor clinically at every attendance and testing each donation for markers of infection is essential to maximise donor and recipient safety. Each donor must undergo an assessment that is based on the donor selection guidelines to determine their eligibility to donate. That requires each donor to complete a questionnaire and answer a series of standard questions about their general health, lifestyle, travel history, past medical history and medication.

SNBTS is represented on the expert United Kingdom committees that maintain a watching brief on new and emergent issues that are relevant to donor selection and blood and tissue safety.

Murdo Fraser: I thank the minister for her very comprehensive response. I raise the issue because on occasion there have been blood supply shortages in Scotland, yet in the past six years 225,000 people have been barred from ever giving blood again, because they have received a blood transfusion. I myself received a blood transfusion more than 20 years ago. Despite carrying a blood donor card, I am currently banned for the rest of my life from ever donating blood.

Although I understand the reason for introducing that measure—the risk of Creutzfeldt-Jakob disease—surely as time goes by we must review the arrangements, because far too many people who would want to be blood donors are currently excluded. The risk of CJD infection is now so remote, but we are cutting people off and running the risk of having shortages as a result.

Maureen Watt: Today of all days, the member will realise how important the safety of blood is. Blood supply has to be as safe as possible to reduce the risks of viral transmission. We will talk a lot more about that later today. I am sorry that the member, having had a blood transfusion, is barred, but the safety of blood products is absolutely paramount.

Gordon MacDonald (Edinburgh Pentlands) (SNP): Does the minister agree that the construction of the new national blood centre at Heriot-Watt research park, in my constituency, using £43 million of Scottish Government funding, will help to ensure the continued future supply of blood, tissues and cells and will put Scotland ahead of the rest of the United Kingdom in relation to blood research and testing?

Maureen Watt: I thank the member for his question, and the answer is yes—it will help with safety, with the supply of blood and tissue and with research.

Inheritance Tax (Increase in Threshold)

3. John Mason (Glasgow Shettleston) (SNP): To ask the Scottish Government what the financial impact would be in Scotland of an increase in the inheritance tax threshold to £1,000,000. (S4O-04176)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): An increase in the inheritance tax threshold to £1 million would serve only to reduce the tax burden on the wealthiest members of our society at a time when there

continues to be significant inequality in the distribution of wealth across the United Kingdom.

The report “Wealth and Assets in Scotland 2006 To 2012”, which the Scottish Government published this week, shows that the wealthiest 10 per cent of households owned 44 per cent of all wealth in 2010 to 2012. In contrast, the less wealthy half of households in Scotland owned 9 per cent of total wealth over the same period. That is why we are committed to tackling inequality, which is one of the two overarching priorities in Scotland’s economic strategy—it sits alongside boosting competitiveness. Those mutually reinforcing priorities will help Scotland to become a more productive, cohesive and fairer nation.

John Mason: Do I take it from that answer—and does the cabinet secretary agree—that such a move would be regressive and that, if we are serious about the redistribution of wealth in society, we should not be relaxing the rules on inheritance tax?

John Swinney: The Government would not support the proposition of increasing the inheritance tax threshold to £1 million that Mr Mason referred to in his question. We believe that the current arrangements are adequate and appropriate for the current financial circumstances.

British Transport Police (Retention of Jobs)

4. Liz Smith (Mid Scotland and Fife) (Con): To ask the Scottish Government what assurance it can give to the officers currently employed in the British Transport Police in Scotland that their jobs will be retained under Police Scotland. (S4O-04177)

The Cabinet Secretary for Justice (Michael Matheson): The good work of British Transport Police officers and staff in Scotland is valued by the Scottish Government and the people of Scotland. Protecting and maintaining their specialist skills and knowledge will be a priority.

The Scottish Government has been consistent in its view on integrating British Transport Police in Scotland with Police Scotland, and that view has been made public since before police reform.

We recognise that any change involves people—officers, staff and rail users. In that regard, the Scottish Government will engage with staff associations and unions representing British Transport Police officers and staff on the implementation of the change. We will continue to engage with all key stakeholders throughout 2015.

Liz Smith: The cabinet secretary will be aware of the criticism that has followed the Scottish Government’s announcement that British Transport Police in Scotland is—without consultation—to be amalgamated with and

become part of Police Scotland. Is there a specific guarantee that the current British Transport Police stations at our railway stations will be maintained, that the police staffing levels in those stations will be maintained and that the officer numbers will count as additional to those engaged on other Police Scotland duties?

Michael Matheson: If the member had paid attention to my response to questions on the issue last week, she would know that I made clear the Government's record on the matter. We set out our position back in 2011, so the Scottish Government's policy in the area is not new. I cannot comment on British Transport Police's position on its present police stations—the member would have to take that up with the Secretary of State for Transport, who is responsible for the delivery of the service. I can say that our approach in Scotland will be about protecting and maintaining the specialist functions of British Transport Police officers once they move into Police Scotland, which will of course require adequate facilities within the railway service.

Roderick Campbell (North East Fife) (SNP): Can the cabinet secretary confirm that the terms and conditions of Police Scotland officers are not under attack, in contrast to the approach that the United Kingdom Government has taken to officers in England?

Michael Matheson: There are no plans to change terms and conditions for police officers in Scotland. We have been very clear on that issue in recent years. I am aware of significant concerns among police officers south of the border about the Westminster Government's attacks on their terms and conditions. In Scotland, we have taken a different approach, which I believe is supported by many of the police organisations in Scotland.

Spaceport

5. David Stewart (Highlands and Islands) (Lab): To ask the Scottish Government what recent discussions it has had with the United Kingdom Government regarding the establishment of a spaceport. (S4O-04178)

The Cabinet Secretary for Infrastructure, Investment and Cities (Keith Brown): The decision on where to locate the spaceport is for the United Kingdom Government. As I said previously, the Scottish Government wants the spaceport to be located in Scotland, and our agencies will provide advice and support to any Scottish airfield that wishes to pursue the spaceport opportunity. At present, Glasgow Prestwick and Campbeltown airports are pursuing the matter.

David Stewart: Does the cabinet secretary share my view that Scotland could become a

world leader in satellite technology and could establish the first spaceport of its kind outside the United States? Campbeltown airport ticks all the boxes in relation to runway infrastructure, airspace management and safety. Surely there can be no higher transport aspiration for the Scottish Parliament than to link Scotland with the moon.

Keith Brown: I agree with Dave Stewart that Scotland is the ideal location for the spaceport. As I have said, we are taking an airfield-neutral approach.

To go back to Mr Stewart's initial question, we will meet the UK Department for Transport on 21 April to get a clearer understanding of the bid process that it intends to run and the timings. He is right to say that Campbeltown airport offers distinct advantages, as does Prestwick airport.

I assure the member that, in the process, there has been engagement with space agencies elsewhere to ensure that the best possible information is available when a bid is compiled. Whether Machrihanish at Campbeltown or Glasgow Prestwick is successful, I agree that the spaceport should come to Scotland.

Chic Brodie (South Scotland) (SNP): I am sure that the cabinet secretary will join me in welcoming the visit of the deputy director of operations and former chief astronaut of the National Aeronautics and Space Administration to Prestwick two weeks ago. Will the cabinet secretary confirm the importance to a spaceport of the close proximity of a college with a strong engineering curriculum, together with robust local engineering infrastructure?

Keith Brown: I think that that makes it two-all, Presiding Officer. I agree that there are distinct advantages at Prestwick, as there are at Campbeltown. The surrounding activities at Prestwick are part of the strength of that bid.

As I have said, the Scottish Government will provide whatever support we can and, once we have met the DFT on 21 April, we will feed back the intelligence to those who continue to bid. Ultimately, we all want the spaceport to come to Scotland.

The Presiding Officer (Tricia Marwick): Thank you, cabinet secretary, for recognising my even-handedness in the matter.

St John's Hospital (Perinatal Ward)

6. Neil Findlay (Lothian) (Lab): To ask the Scottish Government what its position is on the report by Fiona McKenzie for NHS Lothian regarding concerns about the perinatal ward at St John's hospital. (S4O-04179)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): The report relates

to an investigation that NHS Lothian commissioned in response to a complaint from a member of staff about the conduct of other staff in the health board. The report and the response are therefore matters for NHS Lothian to consider and act on.

Neil Findlay: Dr Jane Hamilton is a highly respected psychologist who raised concerns about the safety of patients in the perinatal ward at St John's hospital. Her reward for showing concern about her patients was to be suspended and then relieved of her duties. Why does the national health service in Scotland deal so abysmally with whistleblowers, whose only crime is to care and show compassion for their patients? Will the cabinet secretary instruct NHS Lothian and the Scottish Government to release all papers and reports relating to the case?

Shona Robison: First, I say to Neil Findlay that issues relating to the quality of care and patient safety in the perinatal psychiatry service were thoroughly investigated in 2012 by a review group that was independent of NHS Lothian and the Scottish Government. That independent group of experts noted its satisfaction with the level of specialist knowledge and the skills of clinicians in the unit and with the standard and quality of care provided to mothers. Those findings were further supported when the unit became one of only two in the United Kingdom to be awarded a rating of excellence by the Royal College of Psychiatrists, in January 2013. I hope that Neil Findlay recognises that.

It would not be appropriate for me to discuss matters pertaining to an individual member of staff, which are for NHS Lothian to deal with. It has certainly taken the matter forward, and I know that it is continuing dialogue with the staff member concerned.

NHS Greater Glasgow and Clyde (Meetings)

7. Neil Bibby (West Scotland) (Lab): To ask the Scottish Government when it last met NHS Greater Glasgow and Clyde and what issues were discussed. (S4O-04180)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Ministers and Government officials regularly meet representatives of all health boards, including NHS Greater Glasgow and Clyde, to discuss matters of importance to local people.

Neil Bibby: Recently, parents in Paisley were overjoyed by the news on the front page of the *Paisley Daily Express* that the children's ward at the Royal Alexandra hospital will remain open. The cabinet secretary will be aware that, in a letter to local MP Douglas Alexander, she said:

"there are no proposals to change the paediatric services delivered from ward 15 at the RAH."

The health board is due to meet next in June. Will she repeat in the chamber her assurance that the children's ward is indeed safe and confirm that absolutely no proposals are on the table for its downgrading or closure?

Shona Robison: No proposals are on the table, as was already said in the letter that Neil Bibby referred to.

Perhaps I can take the opportunity to congratulate the staff at the RAH on the great work that they have done, particularly to improve the accident and emergency performance at the hospital, which has gone from a very challenging 75 per cent of people being seen within four hours on 22 February to more than 88 per cent being seen in the latest figures that have been released. That is because of hard work and efforts by staff, and I would have thought that Neil Bibby and others would welcome that.

Working Dogs (Tail Injuries)

8. Alex Fergusson (Galloway and West Dumfries) (Con): To ask the Scottish Government what action it will take following the publication in March 2014 of research into tail injuries to working dogs that it commissioned from the University of Glasgow. (S4O-04181)

The Minister for Parliamentary Business (Joe FitzPatrick): Since the publication of the research on the impact of tail injuries to working dogs, the Scottish Government has held a range of discussions with stakeholders on its findings. The Cabinet Secretary for Rural Affairs, Food and Environment has asked the chief veterinary officer for Scotland to look further at how exemptions have worked in practice in other parts of the United Kingdom and at how any exemptions in Scotland might be restricted to genuine working dogs. The Government is considering all the findings and the views that have been expressed and we hope to make an announcement shortly on our proposed way forward.

Alex Fergusson: The minister may or may not be aware that the research was based on a survey of more than 1,000 owners of working dogs and found that more than half the dogs that were undocked sustained tail injuries during the preceding shooting season. As the minister said, a year ago, the cabinet secretary invited interested parties to consider the research and comment on the possibility of an exemption. We now have another shooting season behind us, during which many dogs will have suffered considerable pain because of preventable tail injuries. I urge the cabinet secretary and the Government to act

rapidly on the findings of the research to help to bring about an end to this needless suffering.

Joe FitzPatrick: Tail docking of working dogs is a controversial and difficult issue. Strong views are held by those on both sides of the debate, and all parties articulate their positions with the welfare of dogs in mind. It is therefore important that we consider all those views carefully.

I understand that discussions took place with stakeholders last autumn and that further information was requested from key stakeholders in December. We need to consider that evidence carefully. As I said, the cabinet secretary expects to make an announcement soon.

The Presiding Officer: Before we move to the next item of business, members will wish to join me in welcoming to the gallery Her Excellency Ms Mona Juul, the ambassador of Norway to the United Kingdom. *[Applause.]*

First Minister's Question Time

12:00

Engagements

1. Kezia Dugdale (Lothian) (Lab): I am sure that I speak for the whole chamber when I say that my thoughts are with the workers in the North Sea, following the announcement of job losses today by Shell and Taqa. I hope that the First Minister will use the full resources of the Government to ensure that any worker who loses their job gets the support that they need.

To ask the First Minister what engagements she has planned for the rest of the day. (S4F-02696)

The First Minister (Nicola Sturgeon): The thoughts of this Government are always with anybody who faces losing their job. The full resources of the Government are always brought to bear to assist anybody facing redundancy, and they will be in the case of the job losses affecting the North Sea that have been announced this morning.

Later today, I will have engagements to take forward the Government's programme for Scotland.

Kezia Dugdale: Last week, at First Minister's question time, Nicola Sturgeon twice denied that her central general election demand for full fiscal autonomy within the United Kingdom included the money from the Barnett formula. Will the First Minister confirm that that is still her position?

The First Minister: My position is that I want this Parliament to have more fiscal and economic powers so that we can grow our economy faster and reduce the deficit that Scotland currently carries.

Last week, I gave figures that certainly conceded that the projections for oil revenues over the period to 2019-20 show a £3 billion reduction. Over that same period, though, we see onshore revenues predicted to rise by £15 billion. That is without having extra powers to grow our economy faster.

There is a straight disagreement between those of us on these benches and those on the Labour benches. We do not want to sit back and accept continued Tory and Labour cuts. We want to have responsibility in Scotland to have an alternative to that, to grow our economy and to get the benefits of economic growth that we can invest in our public services.

Kezia Dugdale: That is really interesting because last week, the First Minister said in this chamber:

"The modelling does not simulate continuation of the Barnett formula."

She later said:

"The Barnett formula was not part of the modelling framework".—[*Official Report*, 19 March 2015; c 17-8.]

I am afraid to say that her own Government's paper says that it is.

The Scottish National Party Government paper published an analysis of what it would mean to lose the money we get from Barnett, but that analysis still includes the benefits of Barnett. The SNP Government's analysis told Scots that, although the SNP's general election policy for full fiscal autonomy within the UK means that we can spend in Scotland what we raise in Scotland, we can still benefit from the higher public spending that comes from Barnett and the block grant. That is not true. We know it and she knows it.

I know that the First Minister would not have intentionally tried to mislead Parliament when she suggested that we can have full fiscal autonomy within the UK and keep Barnett money, so I ask her again: can she confirm, beyond all doubt, that the SNP's plans for full fiscal autonomy within the UK mean the end of the block grant and the end of billions of pounds for our national health service and our schools?

The First Minister: I repeat what I said last week in the chamber: the modelling does not simulate continuation of the Barnett formula.

I know that my position and the position of those of us on these benches is one that Labour disagrees with. It prefers to join the Tories and say that Scotland is not capable of standing on its own two feet, but—[*Interruption.*]

The Presiding Officer (Tricia Marwick): Order.

The First Minister: I want us, in this Parliament, to have the ability to stand on our own two feet, to take our own decisions and to keep the benefits of the good decisions that we take. I want us to be able to grow our economy and reduce our deficit in that way, rather than have a situation where we continue to be at the mercy of Westminster cuts.

Just a few weeks ago, Labour voted with the Tories for an additional £30 billion of cuts. Last week, we had Ed Balls say that he would reverse nothing in George Osborne's budget. Well, the SNP takes a different view. We think that there is a better future for Scotland. We put forward, first, an alternative to austerity and, secondly, the notion that Scotland is no better than any other country but we are just as capable of standing on our own two feet, taking good decisions, supporting our public services and stopping the attack on the vulnerable that characterises the two other parties.

Kezia Dugdale: It strikes me that, if you want a straight answer from the Scottish National Party, you need to take Alex Salmond out for lunch. [*Laughter.*]

The Presiding Officer: Order.

Kezia Dugdale: The block grant sounds like a piece of dry political theory, but it could not be more important to the future of Scotland, for the sake of our national health service and our schools and for the sake of our pensioners who have worked hard all their lives and deserve to enjoy their retirement in comfort.

The SNP's economic credibility is in tatters. The impartial Institute for Fiscal Studies says that the SNP's plans for full fiscal autonomy would cost Scotland £7.6 billion; the experts at the Scottish Parliament say that cutting public spending by billions would cost 138,000 jobs; and Professor Brian Ashcroft says that the SNP Government's analysis is

"partial at best and dishonest at worst."

Does the First Minister think that the IFS, the Scottish Parliament information centre and Professor Ashcroft are all wrong?

The First Minister: Interestingly, at the weekend, the IFS said that it thinks that a future Labour Government could sign up to the SNP's anti-austerity programme and still meet its fiscal targets, which begs the question why Labour prefers the ideological austerity of the Tories to joining with the SNP in an alternative to austerity.

I know that Labour's position is that the best way to protect Scotland's finances is to continue to allow Westminster Governments, including Tory Governments, to run those finances, but the experience of that for Scotland over the past few years has not been a particularly good one, because the Westminster Government has cut the budget of the Scottish Government by 10 per cent in real terms.

If that is what Kezia Dugdale and Labour want to defend, as well as the additional £12 billion of cuts for Scotland that are coming down the track from Westminster, let them do that. I suspect that their poll ratings will continue to plummet as a result. For my part, I will continue to argue that there is a clear alternative to austerity and to argue for this Parliament to have the power that we need to grow our economy faster, protect the vulnerable and invest in our public services.

If Kezia Dugdale wants that to be the dividing line between Labour and the SNP over the next seven weeks of the election campaign, I say: be my guest. I relish that.

Kezia Dugdale: It is this First Minister who is arguing for an additional £7.6 billion-worth of cuts

to Scottish public services and who admitted last week that she had got it wrong on oil. Her numbers were out by billions, and today's announcement of job losses in the North Sea shows the impact of the plummeting oil prices on workers and public spending.

Last week, the First Minister said that she would publish a revised oil and gas bulletin as soon as possible. However, in a letter to me this week, she failed to commit to publishing the facts before the general election.

There we have it: an economic paper torn apart by the experts; a general election plan based on fiddled figures; and oil numbers that the First Minister is hiding from the Scottish people. It is clear that, when the numbers do not add up, this First Minister makes them up anyway.

Is this really the SNP's economic strategy? Perhaps I should ask Alex Salmond, as he is clearly the one who is calling the shots. *[Interruption.]*

The Presiding Officer: Order. Let us hear the First Minister. *[Interruption.]* Order. I think that we are getting just a bit excited. It is the Parliament down the road that is in recess, not this one.

The First Minister: We are seeing an inverse relationship between how low Labour's poll ratings go and how loud its noise in the chamber gets. It is desperate stuff from a dying Scottish Labour Party.

This Government and the party that I lead will continue to argue an alternative to the Tory-Labour austerity. We have a Labour Party here that trumpets an anti-austerity motion that it tabled a couple of weeks ago in the House of Commons that calls for spending cuts. How can Labour be anti-austerity when it is calling for additional spending cuts?

There we have it: the clear choice that confronts people at the election in just a few weeks' time is that they can vote for Labour and more Tory spending cuts, or they can vote SNP for a clear, consistent and principled alternative to austerity. I suspect that I know which way it will go.

Prime Minister (Meetings)

2. Ruth Davidson (Glasgow) (Con): To ask the First Minister when she will next meet the Prime Minister. (S4F-02701)

The First Minister (Nicola Sturgeon): I am expecting to see the Prime Minister next week in the party leaders' debate, which I am very much looking forward to—unless, of course, he gets cold feet again.

Ruth Davidson: I imagine that in all the debates, including the Scottish ones, the people

who are taking part are probably looking forward to it more than the audience and the voters, but there we go.

We have just heard a rather fraught exchange—*[Interruption.]*

The Presiding Officer: Order.

Ruth Davidson: Well, I am looking forward to it.

We have just heard an interesting exchange, yet the First Minister is still no closer to admitting how much full fiscal autonomy would cost Scotland. We all know how much it would have cost last year because the Scottish Government published figures on that two weeks ago. There would have been a £4 billion black hole.

We are going into an election with the Scottish National Party arguing for fiscal autonomy as its stated aim without any official price tag having been put on its policy. The First Minister recently set up a Scottish Fiscal Commission of eminent economists to advise the Scottish Government. Will she instruct it to look at the numbers and, before the voters of Scotland cast their ballots in May, tell them how much fiscal autonomy would cost the country over the next five years?

The First Minister: John Swinney has today published a consultation on putting the Fiscal Commission on a statutory basis, because we want to ensure that, as we move forward and, I hope, take more responsibility in this Parliament, we have the best advice available to us.

The choice that people must make is very clear. We know what will happen over the next Parliament if we continue to allow Westminster to run our finances: an additional £12 billion-worth of cuts will come to Scotland. I do not stand here and pretend that this would solve all our issues overnight, but if we can take more control over our own finances and fiscal decisions, that would put into our hands the ability to grow our economy and revenues faster. As I said to Kezia Dugdale today and last week, our onshore revenues are projected to be £15 billion higher by 2019-20 than they are today—and that is before we have the additional powers to grow our economy faster.

The dividing line between those of us on these benches and, it seems, all the Westminster parties is clear. They want us to be at the mercy of Westminster cuts, unable to do anything about them and unable to defend ourselves. I do not want that. I want us to be able to defend ourselves from that by having more power in our own hands.

Ruth Davidson: I have just asked the First Minister a serious question. I am disappointed that she chose to dodge it in the manner in which she did. This is about how we fund every school, hospital and police officer. The people of Scotland

have a right to know what they are being asked to vote for in fiscal autonomy.

We have the not First Minister—not in the chamber but swanning around the television studios of London telling anyone who will listen how he will be running the whole of the United Kingdom, making statements on tax, welfare, defence and spending. However, the current First Minister standing here is unable even to say how she would fund Scotland's public services. When will the Scottish National Party branch office rein in its foreign office?

The First Minister: It is clear that my predecessor as First Minister is frightening the life out of the Tories and the Labour Party. Long may it continue. *[Interruption.]*

The Presiding Officer: Order.

The First Minister: Scotland's fiscal position was set out in the "Government Expenditure and Revenue Scotland" figures that were published a couple of weeks ago. The United Kingdom is deeply in deficit and deeply in debt. The difference between Ruth Davidson, Kezia Dugdale and me is this: I do not think that we should simply sit back and accept the inevitability of continued deficits and continued austerity cuts. I think that we should take control and do something about that.

I do not want to see the vulnerable public services and the poorest in our society continue to be affected by the cuts that David Cameron and George Osborne—and, indeed, Ed Miliband and Ed Balls—have planned for people in Scotland. I want us to take control of more of our own finances in Scotland so that we can do something about it. In the meantime, I also want to argue for—and prevail in the argument for—an anti-austerity alternative. The SNP is the only party standing in this election on that clear platform.

Kevin Stewart (Aberdeen Central) (SNP): The announcement that 100 jobs are to be lost at Taqa and 250 jobs at Shell is a great blow to the north-east of Scotland and my heart goes out to the people affected. Can the First Minister assure me that the energy jobs task force and partnership action for continuing employment teams will do all that they can to find alternative employment for those affected? Will she and her ministers continue to lobby the UK Government to introduce an exploration credit to boost the oil industry?

The First Minister: As I said earlier, my thoughts are very much with the people who are affected by those announcements. This will be a very difficult and worrying time for them and their families. I know that the PACE teams and the energy jobs task force are working hard to mitigate the impacts of job losses. The energy jobs task force is overseeing significant activity, including a major PACE event that was held yesterday at

Pittodrie, which was attended by more than 850 people. The jobs task force met for the third time on Monday this week.

Although we welcomed the progress that was announced for the sector in last week's budget, it was disappointing that our proposal for an exploration credit was not taken forward, so we will continue to work with industry to press the UK Government to ensure that the fiscal regime adequately incentivises exploration and, of course, we will continue to work to support all those who are affected by job losses.

Margaret McCulloch (Central Scotland) (Lab): The First Minister will be aware that NHS Lanarkshire agreed yesterday to renew contracts for the delivery of soft facilities management services such as cleaning at Hairmyres and Wishaw hospitals, despite pressure from unions for a public sector-led bid. The First Minister will also be aware that the then health secretary, Alex Neil, initiated a deep-dive review of the Hairmyres private finance initiative contract last year following a disappointing Healthcare Environment Inspectorate report, saying that he did not believe that the contract represented value for money.

The Presiding Officer: Can we get a question, Ms McCulloch?

Margaret McCulloch: Does the Government now believe that the contract represents value for money? Is that why an in-house bid has been ruled out? Also, in the interests of transparency, will the findings of the review be published for all to see?

The First Minister: That gives a whole new meaning to the term "brass neck". *[Interruption.]*

The Presiding Officer: Order.

The First Minister: I know that Margaret McCulloch was not in the Parliament in previous sessions, but we are in the situation that she has just outlined in regard to NHS Lanarkshire because of the constraints of the PFI contracts for Hairmyres and Wishaw, which were signed by the last Labour Administration. For Labour to stand up and complain about that is deeply hypocritical. The hypocrisy is staggering. When I was health secretary, I made it clear that, going forward, soft facilities were not to be contracted out. My successor wrote to NHS Lanarkshire making clear that it should take every opportunity to look at bringing the services at those two hospitals back in-house. For Labour, which signed those dreadful contracts, to stand up and criticise the SNP for having to deal with the consequences of them is staggering and is one of the many reasons why people have lost patience with the Labour Party.

Cabinet (Meetings)

3. Willie Rennie (Mid Scotland and Fife) (LD):

To ask the First Minister what issues will be discussed at the next meeting of the Cabinet. (S4F-02697)

The First Minister (Nicola Sturgeon): Issues of importance to the people of Scotland.

Willie Rennie: Under the First Minister's Government's centralisation of the police, Fife's control room closed last week. Calls are now handled at Bilston Glen, but there are problems. Earlier this month, more than 1,000 calls were dropped in just one day and non-emergency calls took 40 minutes to get an answer. I have now been told that a dozen of the hugely pressurised staff there have been off sick and that it can take 58 minutes for a call to be answered. Did the First Minister know that that was happening?

The First Minister: The changeover period has been extended, but I undertake to discuss the particular issues and concerns that Willie Rennie raises with the Cabinet Secretary for Justice and Police Scotland. People have a right to get a high-quality service from the police and where, for any reason, it falls short we will ensure that action is taken to rectify that.

On the more general issue, I know that there is an in-principle disagreement between my Government and Willie Rennie over whether amalgamating Scotland's eight police forces was the right or wrong thing to do. We did it and we did it for the right reasons. We wanted less resource to be taken up by chief constables and all of the things that go with that rank and for the resource to be invested instead in the front line. That is one of the reasons why we are maintaining 1,000 extra cops on Scotland's streets, helping to keep crime low.

Willie Rennie: The closure of the Dumfries control room last year was described as "shambolic". The Stirling control room was closed but, only weeks later, had to reopen in an emergency. The closures in Aberdeen and Inverness are still to come. I am alarmed that the First Minister seems to be unaware of the problems because, earlier this month, there was almost a critical incident because staffing levels were so low. Will she call a halt today to further closures while she gets a grip at Bilston Glen?

The First Minister: I have already said that the issues that Willie Rennie raises deserve to be treated seriously—I do not deny that for a second—and I will discuss them directly with the Cabinet Secretary for Justice and Police Scotland. As I said, the changeover period is being extended.

The police carry out user satisfaction surveys to ensure that, where there are failings in the service that they provide to people, they can act on them. Public satisfaction with our police remains very high, but it is essential that we work with our police and support them to provide the level of service that the public throughout Scotland have a right to expect. I, as First Minister, and the Cabinet Secretary for Justice will do everything that we can to support Police Scotland in doing that.

Penrose Inquiry

4. Richard Lyle (Central Scotland) (SNP): To ask the First Minister what the Scottish Government's position is on the final report of the Penrose inquiry. (S4F-02695)

The First Minister (Nicola Sturgeon): As First Minister of Scotland, and on behalf of the Government of Scotland and the national health service, I take the opportunity to say a sincere and heartfelt sorry to everyone who has had to deal with the devastating impact of infected NHS blood and blood products.

I cannot begin to understand the difficulties and many hardships that individuals and their families have had to contend with. It is important that we apologise to them openly and without reservation and I do so on behalf of the Government of Scotland and the NHS.

I established the Penrose inquiry because I felt that it was vital that we understand the series of events that led to such a devastating impact on so many people. Now, as First Minister, I am determined that we do everything possible to give all of those who are affected the support that they deserve.

The Cabinet Secretary for Health, Wellbeing and Sport will make a full statement this afternoon setting out the Government's response to the inquiry's findings. I am sure that I speak for everyone in the chamber and throughout Scotland when I say that we must do everything in our power to ensure that such terrible events never ever happen again.

Richard Lyle: I note that, as she said, the First Minister was responsible for commissioning the inquiry as the Cabinet Secretary for Health and Wellbeing. As she will be aware, some of those who are impacted by the report have called it a whitewash. What steps will the Government take to support those families and ensure time for a debate in the chamber to discuss those views and the inquiry in general?

The First Minister: I can obviously understand the feelings, frustration and, even, disappointment of all of those who are affected by the dreadful events. However, I was struck particularly by comments that Bill Wright of Haemophilia Scotland

made yesterday. I thought that he was correct in his assessment that, despite his disappointment,

“there is a narrative setting out the case that cannot be avoided by the government and its moral responsibility.”

On behalf of the Scottish Government, I certainly accept that responsibility.

I make it very clear that we regard the publication of the report as the start of a process of further engagement with those who are affected rather than an end to the investigations into the tragic events. Taking account of the wider findings of the report, and in consultation with patients and families, we will act to implement the report's recommendation and take forward the review of financial support as a matter of urgency. We recognise that direct payments are only part of the support package for those affected. Therefore, we will also implement pilots on increased psychological and social work support with a view to putting in place a national service, and we will provide further funding to Haemophilia Scotland and the Scottish Infected Blood Forum, which provide a valuable peer support, mentoring and advice function.

In opposition, I campaigned for justice for all those affected by infected blood and infected blood products. As Cabinet Secretary for Health and Wellbeing, I set up the Penrose inquiry. Now that I am First Minister, I am absolutely determined that we do everything that we can to deliver justice and support to those who have suffered so much.

Zero-hours Contracts

5. Neil Findlay (Lothian) (Lab): To ask the First Minister what action the Scottish Government is taking to end the use of zero-hours contracts. (S4F-02698)

The First Minister (Nicola Sturgeon): We condemn totally the inappropriate use of zero-hours contracts. Unfair work practices such as that are unacceptable. They undermine our ambitions to grow our economy and to tackle inequalities in our society.

The Scottish Government and its agencies aim to set an example by not directly employing anyone on a zero-hours contract. Although the issue is reserved to Westminster, we will use all the levers at our disposal to tackle any abuse. Through public contracts Scotland guidelines and our programme for government commitments to establish a fair work convention and introduce a Scottish business pledge, we are looking to encourage all employers across Scotland to adopt fair working practices.

Neil Findlay: More than 100,000 Scots are trapped on zero-hours contracts. They are used in our national health service and our universities

and by councils and companies that are engaged on public sector contracts across Scotland. Those are all areas that are under the Scottish Government's control or in which it has significant influence. If that influence was used properly, it could change people's working lives for the better.

The First Minister can take her responsibilities seriously and act on zero-hours contracts here, or she can shrug her shoulders and blame someone else—anyone else. Which is it to be?

The First Minister: I do not think that I was blaming anyone else in anything that I said in my opening answer. I made the factual point that these matters are reserved to Westminster. I also made it absolutely clear that we would use all the levers under our control to tackle this practice.

As First Minister, such is the importance that I attach to ensuring that people in work have fair employment conditions—that includes the payment of the living wage and not having the inappropriate or abusive use of zero-hours contracts—I appointed a cabinet secretary to be in charge of fair work.

We will continue to make all the efforts that we can to crack down on the inappropriate use of zero-hours contracts. Instead of trying to divide ourselves on this issue, on which I think we substantially agree, perhaps Labour and the Scottish National Party should join forces, back the efforts that this Government is making and call on the present UK Government and whatever one is elected at the election to take even tougher action at Westminster level.

“Constitutional implications of the Government's draft Scotland clauses”

6. Roderick Campbell (North East Fife) (SNP): To ask the First Minister what the Scottish Government's position is on the Political and Constitutional Reform Committee's report, “Constitutional implications of the Government's draft Scotland clauses”. (S4F-02707)

The First Minister (Nicola Sturgeon): The Scottish Government welcomes some of the Political and Constitutional Reform Committee's conclusions, especially the conclusion on the need for amendments to strengthen the clause concerning the Sewel convention. It is notable that the United Kingdom Parliament committee concludes that some of the draft clauses

“address matters of very significant constitutional importance in a less than satisfactory manner.”

I have previously set out this Government's concern over other clauses, in particular the veto in the clauses that relate to removing the bedroom tax or changing welfare. I very much hope that the

next UK Government will pay more attention to those concerns than the current one has done.

Roderick Campbell: Smith was, of course, charged with implementing the vow. I am sure that the First Minister will agree that any UK Government needs to deliver Smith both in law and in spirit.

Smith recommended devolution of the work programme and the work choice programme at the end of the current contracts. Those contracts have now been extended to 2017. Can the First Minister advise the chamber whether the UK Government has agreed to the requests that have been made for it to reverse that decision, which goes totally against the spirit of the vow?

The First Minister: Scottish ministers have consistently and repeatedly called on the UK Government to cancel the renewed contracts for the work programme and the work choice programme. Those programmes to support jobseekers, including disabled people, into employment were specifically identified by the Smith commission as being among the employability support services that should be devolved to Scotland on expiry of the current contracts.

The UK Government wrote to the Cabinet Secretary for Fair Work, Skills and Training yesterday to again refuse our request. That wilful, persistent and continuing refusal calls into question the UK Government's intention to deliver the vow. I repeat the call for the immediate transfer of powers and resources that will enable us as a Parliament to better support those who are unemployed in Scotland into work.

Annabel Goldie (West Scotland) (Con): Presumably the First Minister agrees with the Political and Constitutional Reform Committee that the UK Government has shown urgency in producing the draft clauses and in the process of bringing more powers.

Last week, she apologised for getting her oil figures wrong. Will she now apologise for her Administration's denigration of the further powers process and for the accusations of insincerity that were made before the referendum last year?

The First Minister: I accept two things. First, the draft clauses were published to timetable, as I think I said at the time. Secondly, I have welcomed the Smith proposals and the draft legislative clauses as far as they go, and I repeat that readily today. However, I do not think that they go far enough—indeed, in some respects, I do not believe that the legislative clauses translate the Smith commission's intention.

What I have just said about the work programme is one way in which the current UK

Government is going against the spirit—and, I would argue, the letter—of the Smith commission's proposals.

I will end by quoting again the committee's report, in which it states that some of the draft clauses

"address matters of very significant constitutional importance in a less than satisfactory manner."

I agree with that, but I hope that the next UK Government—whatever colour it might be—can be persuaded to respond to some of those points in a more constructive and positive manner than the current UK Government has done.

Police Scotland (Accountability)

The Deputy Presiding Officer (John Scott):

The next item of business is a members' business debate on motion S4M-12667, in the name of Hugh Henry, on accountability of Police Scotland. The debate will be concluded without any question being put. I invite members who wish to speak in the debate to press their request-to-speak buttons now, or as soon as possible. I also ask MSPs and members of the public who are leaving the chamber to do so quickly and quietly, please.

Motion debated,

That the Parliament notes that 1 April 2015 marks the second anniversary of the establishment of Police Scotland; notes the reported controversies regarding the deployment of armed police, stop and search, the loss of data, the use of performance targets and local accountability; recognises the budget pressures that were identified by Audit Scotland, including what it believes has been the significant reduction in civilian staff, concerns about uniformed officers having to fulfil the duties previously delivered by civilian staff and worries about the closure of control rooms; believes that the Scottish Police Authority is failing to exercise thorough and robust scrutiny of the force in its operations in Renfrewshire and across the country, and notes the views that these issues must be addressed to ensure that public confidence in the police is maintained and that the Scottish Government must recognise its responsibilities by addressing the concerns that are being expressed.

12:32

Hugh Henry (Renfrewshire South) (Lab): Two years ago the Scottish police force, Police Scotland, was set up by merging the previous eight forces. That was done with some controversy: there were people who believed that there should be no change, and some who believed that there should be three forces. The Scottish Government view—which Scottish Labour supported—that a single force could operate prevailed.

However, the experience of those two years should give us all grave concern about what has been happening. First, I put on record that criticisms are not aimed at uniformed or civilian staff, who are working tirelessly to ensure that our streets and communities are kept safe and secure. However, it is troubling that issue after issue is raised in the press and is brought to Parliament, and that we hear about inconsistency and stories changing almost by the hour.

If we cannot rely on what our police force is saying, that undermines not only political confidence in it, but public confidence. Even during the consultation that Police Scotland has conducted on the confidence of the public, there has been controversy about who has been asked, with reports that many people who have been stopped by the police—including motorists—do

not count towards the statistics or are not asked about their experience.

What is behind all that? There is a fault and a problem on three levels. First, there is the political level. Police Scotland was created by the Scottish Government, which did not take into account advice and concerns, but steamrollered ahead; it used its majority to impose a structure and a method of operation that it thought was most appropriate.

There is a problem with the body that was set up to hold Police Scotland to account—the toothless tiger that is the Scottish Police Authority, which is largely ineffective and almost inevitably comes to the game after events have taken place, rather than setting out its policies and expectations in advance.

We therefore have a set-up in which Police Scotland, which is the third party in this, has to make the best of what it has been given. To be frank, it is struggling to cope.

There was a problem straight away with the budget. There was the debacle of the Public Audit Committee's scrutiny of Audit Scotland's report on the police budget. The concerns of members and, indeed, the concerns of witnesses were taken out of the final report by the Scottish National Party majority. I was the convener of the committee at that time. Tavish Scott, Mary Scanlon and I were forced to issue, in an unprecedented manner, a minority report to try to reflect some of the problems that were being imposed on Police Scotland because of finances and how money was being delivered to it. That is all too typical of the process.

There has been constant bleating from the SNP Government that Westminster should sort out the VAT problem. There is a debate to be had about VAT, but Treasury ministers have said that the Scottish Government was in 2011 explicitly advised of the potential consequence of changing from regional police forces to a single authority as part of a proposed revised funding model. When the Scottish Government took the decision, it would have known that it would be no longer eligible for VAT refunds as a result. So the situation comes from the Scottish Government.

There has been the stop-and-search debacle in which hundreds of thousands of people have been stopped and searched—a level that we do not see even from the Metropolitan Police. Police Scotland's evidence and assurances do not seem to be worth the paper that they are written on. The story changes. The Parliament was promised that stop and searches of under-12s would be stopped only to find out that they were continuing.

There is the mess in which data have been lost because apparently someone pressed a button

and lost the information. That beggars belief. I do not know of many data systems that would be so vulnerable to such a loss of sensitive data, such that one person pushing one button could enable information to be lost.

Civilian staff are working under pressure. In March 2010, there were 7,862 staff; in December 2014, there were 5,619 staff. That is a loss of 2,243 staff, and more losses are looming. As we heard from Willie Rennie earlier, staff are under pressure, and sickness and stress levels are on the increase. Despite what the chief constable and senior staff say, police officers are backfilling the jobs of civilian staff. They are not trained to do those jobs and—incidentally—they are not paid to do them. They should be out on the streets keeping communities safe.

Willie Rennie also mentioned the problem of control rooms. There are also the problems of skewed consultation and loss of data. The chief constable has told us that there are no targets, but we hear from former officers not only that the stop-and-search figures have been invented, but that there are targets. The chief executive of the Scottish Police Federation, Calum Steele, has said:

“we have police officers that are making numbers up.”

This week, I met retired police officers from across the country who tell us that they have targets and key performance indicators.

We have problem after problem. We have duplicity at every turn from quarters that should not be involved. We have two creatures, the Scottish Police Authority and Police Scotland, that have been created by the Scottish Government. We have debacles that have been sponsored by the Scottish Government. It is time now for the Scottish Government to take some responsibility for its decisions and to sort out the mess once and for all.

The Deputy Presiding Officer: We are extraordinarily tight for time today, so I am going to have to confine members to four-minute speeches. I call Roderick Campbell, to be followed by Margaret Mitchell.

12:40

Roderick Campbell (North East Fife) (SNP): I apologise to Hugh Henry and to Parliament because I will not be able stay for the whole debate, as I have another commitment.

When I first read the motion for today's debate, I thought that we might be focusing on the proposal to consider the merger of the Renfrewshire and Inverclyde division of Police Scotland with that of Argyll and West Dunbartonshire, which is currently going out to consultation, but it seems that the

thrust of this members' business debate is somewhat far ranging.

The motion refers to the second anniversary of Police Scotland; we should all recognise that these are early days for a body that marks a radical change to policing in Scotland. With the best will in the world, to evaluate that change now would fail to do it justice—1 April 2013 was the start of reform, not the end.

However, that does not mean that lessons cannot be learned at this stage. The loss of data was a clear embarrassment. In relation to armed policing, Police Scotland and the SPA were slow to respond to the need for public engagement about deployment of firearms, especially in non-life-threatening situations. Even then, we should not overestimate the number of officers involved; 98 per cent of officers in Scotland are unarmed.

The SPA scrutiny report in January this year was thorough. In compiling it, there were public evidence sessions, an academic report and surveys of opinion, together with 200 responses to a public call for evidence. It is not only the SPA that is engaged; Her Majesty's inspectorate of constabulary for Scotland is also taking an active interest in the issue. The matter is not being overlooked.

On stop and search, as we know the Cabinet Secretary for Justice is awaiting from Police Scotland an update that will come by the end of the month. We know that the chief constable is minded to stop the practice of consensual searches, but is consulting—although according to a newspaper opinion poll the majority of people who have been surveyed support consensual stop and search, and the Scottish Police Federation has defended the use of stop and search, so there is a debate to be had.

At the latest SPA board meeting to consider stop and search, the chief constable himself acknowledged that mistakes had been made, apologised and said that lessons would be learned. That is not the mark of an unaccountable officer; he is well used to the need to be accountable. Indeed, I am reminded of a comment by Councillor Stephen Curran, a Labour councillor from the old Strathclyde police board, who told the Justice Committee on 20 March 2012, when we were considering the Police and Fire Reform (Scotland) Bill at stage 1:

“We are quite fortunate in that the chief constable ... was, to put it bluntly, used to more robust accountability in England in the Metropolitan Police. He is used to being questioned.”—[*Official Report, Justice Committee*, 20 March 2012; c 1198.]

Mr Curran was speaking, of course, of Chief Constable Stephen House. If there are any

shrinking violets on the SPA, they should take heart.

Speaking of shrinking violets, we have our Justice Sub-Committee on Policing, which is chaired by Christine Grahame. That proves that Parliament takes its role in holding Police Scotland to account very seriously indeed.

Hugh Henry: Will Roderick Campbell give way?

Roderick Campbell: Time is tight, I am afraid.

It is right and proper that there is parliamentary scrutiny, but perhaps we ought also to consider the positives. A national force under the SPA has achieved efficiency savings of £130 million in its first two years. It has maintained police numbers, recognising that the ultimate configuration of staff resources is a matter both for itself and for the Scottish Police Authority. It is committed to there being no compulsory redundancies and, I hope, to the need to engage fully with representatives of police staff, whom we accept are at the sharp edge of the tight financial constraints in which we operate. The national force has presided over a 40-year low in crime figures, for which credit should be given to the police for their professionalism. We should also appreciate the benefits that a national force can provide in accessing specialist services in any part of Scotland.

Despite the inference in the motion, I believe that public confidence in the police force remains high. In our pursuit of accountability, we should take care not to undermine that confidence.

12:44

Margaret Mitchell (Central Scotland) (Con): I thank Hugh Henry for bringing this important debate to the chamber and I apologise, as I have to leave after making my speech.

There is no doubt that in the two years that Police Scotland has been in existence it has had its problems, with issues about poor communication and lack of transparency and accountability arising constantly. The case for the introduction of a single police force was predicated on potential savings and the assertion that pooling resources would avoid duplication and be more efficient. Crucially, the Conservatives and others pressed for a full business case to be produced, but that request was refused point blank by the then Cabinet Secretary for Justice and the Scottish Government. Consequently, decisions have been taken that I believe would not have been approved, or even suggested, had the Scottish Government been required to produce a full business case.

The Government's failure to give assurances about local accountability meant that the Scottish

Conservatives could not support the legislation. Furthermore, with regard to oversight, it is far from satisfactory that under the Police and Fire Reform (Scotland) Act 2012 the head of the SPA owes their position to the patronage of Scottish ministers. There is clearly much work to be done before the SPA effectively fulfils its role of scrutinising the chief constable and holding him to account.

Stop and search is a case in point. Evidently there is, at the very least, a lack of communication between the chief constable, who has been adamant that no volume target setting has taken place, and Calum Steele, who represents rank and file officers and who has stated that

"The numbers driven target approach"—

to stop and search—

"was ill conceived and resulted in attention being directed towards meaningless numbers".

Decisions to cut almost 1,600 support staff have meant that again, despite the chief constable's assurances to the contrary, backfilling is prevalent, which results in serving police officers being removed from front-line duty in order to carry out administrative tasks that were previously undertaken by civilian support staff.

The 2012 act sought to strengthen the connection between services and communities. Instead, there has been a centralisation of the police service. Police counters have been closed and replaced with the automated 101 number. In the areas where the closures have hit it is therefore virtually impossible for a member of the public to have a face-to-face discussion with a police officer at a time of their choosing.

Furthermore, the closure of control rooms means that valuable local knowledge has been lost, which has resulted in officers being unfamiliar with areas and unable to locate the locus at which they are required to attend. That was confirmed by participants at the Justice Committee's recent round-table discussion on rural crime.

It is for the reasons that I have listed that some time ago the Scottish Conservatives called for a review of the oversight of Police Scotland. Given that our concerns about the lack of local accountability have proved to have been justified, it is now time to rethink how best the service can be made more responsive, and how it can be tailored to the needs of communities. Flexibility in decision making is required in order to deliver the service that the public has a right to expect, to keep their streets safe.

12:48

Graeme Pearson (South Scotland) (Lab): I record my absolute gratitude and praise for police

officers and support staff across Scotland who perform duties on behalf of the public, on behalf of my family and on behalf of me. I value the work that they do daily, which is largely unseen and largely unapplauded.

Secondly, I remember today, in the lead-up to the second anniversary of the establishment of Police Scotland, the staff members who have been let go over the past couple of years, many of whom were highly professional and committed, and who suffered a great deal of stress and loss as a result of the policies that have been pursued through the development of Police Scotland.

Thirdly, before I come to the main part of my speech, I acknowledge that neither the current Cabinet Secretary for Justice nor the Minister for Community Safety and Legal Affairs was responsible for the situation in which we find ourselves with Police Scotland. Although they were members of the governing party, they played no significant part in the debates that were held in the run up to the establishment of Police Scotland. As a result they are, I suggest, in the supreme situation of being able to learn the lessons of the past couple of years and repair what is wrong, rather than trying to defend the indefensible.

From the outset, there were concerns across the chamber that governance and accountability had been overlooked. When, at a Justice Committee meeting back in 2011, I specifically asked Chief Constable Smith, who was in charge of reform at the time:

“how will concerns that develop at the local boards be represented at the national board level? Has there been any discussion about that link?”,

he responded:

“No, and our submission would be that that is a gap in the bill.”—[*Official Report, Justice Committee*, 28 February 2012; c 988.]

At another meeting of the Justice Committee, I asked Robert Black for his view of the arrangements for proper governance—I remind Parliament that Robert Black is much appreciated as someone who knows about accountability and the real delivery of governance. He described the arrangements in the bill as revealing a “democratic deficit”, and we have carried the burden of that deficit ever since.

For nine months, we saw shadow boxing between the chief constable and the convener of the Scottish Police Authority about the job’s worth and how the role and position would be seen and, as a result, the whole business of governance was overlooked. In October 2012, *Holyrood* magazine reported:

“Emery”—

who I presume is Vic Emery—

“has already gone on record to stress the need for good governance and strategic leadership.”

It seems to me that Mr Emery and his board believe that governance and leadership equal review and post-scrutiny work, but that is not what the SPA should be about.

I also remind the minister that we asked for a business case to find out how we would deliver on reform in the long term, but that document has yet to arrive. We were also told that reform would require real change in the way that police officers work, but we are waiting for an information technology system that will allow that to develop.

What we require in the current arrangements are a board that stands up to its full height and which exercises true governance, and an environment of candour, honesty and openness. I stress that Parliament’s Justice Sub-Committee on Policing does its work effectively, but it has neither the time nor the stature that it deserves. A regular complaint of members is that its time is too short and that lunchtime is no time to do the important scrutiny work of this Parliament.

12:52

Alison McInnes (North East Scotland) (LD): I am grateful to Hugh Henry for securing the debate.

Members will know that the Scottish Liberal Democrats were the only party to consistently oppose the abolition of valued local police services in favour of the creation of one national force. Our opposition was based on reasoned, principled concerns. For a start, the centralised force would be unaccountable. Moreover, it could never be as responsive to the needs of our communities; the numbers did not stack up and the savings claims were unrealistic; and it would lead to a further and disproportionate loss of civilian staff and backfilling by front-line officers. It gives me no pleasure whatsoever to see those concerns—and more—realised.

Like Hugh Henry, I want to put on record, again, my gratitude to the officers and civilian staff at the front line who keep our communities safe. However, the way that Scotland does policing has changed—and not for the better. There has clearly been a shift towards a narrow enforcement model of policing that is preoccupied with targets but, as we approach the force’s second birthday, we are still being hindered—obstructed, even—in scrutinising its policies, its practices and its performance.

Real persistence has been required to expose an illiberal system of stop and search that is plagued by recording problems. People were rightly alarmed that for well over a year the SPA seemed unaware that armed police were

undertaking routine duties; indeed, Parliament was not even informed. Although the number of police officers is announced every three months with tedious fanfare, it is left to others to expose backfilling and to calculate that 1,400 civilian staff have lost their jobs. Just this week, we learned that more key statistics are to be published late—six months late, in fact. None of that information was volunteered, and it has consistently required our constituents, the media and Opposition politicians to uncover the truth.

It should not be difficult to find out what is really going on, either on our streets or behind closed doors at central police headquarters. People have a right to know if the way in which they are being policed has changed. Public engagement and accountability are fundamental principles of policing by consent.

In its infancy, the national force has repeatedly chosen not to be wholly up front with Parliament or the Scottish Police Authority, to which it is supposedly accountable. Senior officers seem to operate on a need-to-know basis that is limited to their own ranks. That lack of transparency is allowed because, as the motion notes, the SPA has proven to be ineffective and lacking in clout. It is not conducting scrutiny in the way that it ought to.

At the Justice Sub-Committee on Policing, the chair of the SPA told me:

"We make recommendations and ask the chief constable questions. Normally, we see such things after the fact."—*[Official Report, Justice Sub-Committee on Policing, 21 August 2014; c 487.]*

That does not exactly inspire confidence, does it? The body that is supposed to lead the scrutiny of the national force's policies and performance is constantly playing catch-up.

The SPA needs to be much more proactive and to interrogate the competence and merits of policies before they are enacted, not months later. It should not be deflected by cries of operational independence.

The Scottish Government must take responsibility. It used its majority to force through the fundamentally flawed legislation that has caused much of this sorry mess. Yet since the inception of Police Scotland, ministers have not scheduled a single debate in the Government's time to reflect upon and discuss the impact of the most critical, wholesale policing reform for a generation. That is extraordinary. It is a dereliction of duty and disrespectful of this Parliament. Instead, it has been left to Liberal Democrats and other Opposition parties to highlight issues using our members' and Opposition business debates.

The Scottish Government cannot pass the buck. It cannot pass legislation and then wash its hands

of the results. It is high time that ministers tackled the problems head on and told members how they are going to sort things out.

12:56

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): We are not obliged to do so, but it has become standard and welcome practice to congratulate a member on securing a members' debate. Regrettably, for the first time in 16 years of taking part in such debates, I cannot do so.

I am reading the motion, listening to the debate and asking myself whether this is a members' or Opposition debate. Technically, it fulfils the criteria for a members' debate. Paragraph 4.2(c) of the guidance on motions says that a members' debate motion

"must raise issue-commemorating anniversaries or mark national 'weeks' or special events and have cross-party support".

There is a world of difference between the letter of the law and the spirit, and this debate sails close to an abuse of parliamentary procedures.

That is additionally disappointing because Hugh Henry, like myself, aspired to be Presiding Officer. I would have thought, therefore, that he would have demonstrated more respect for parliamentary process. This is an Opposition debate in all but name.

Hugh Henry: On a point of order, Presiding Officer. I am willing to take all the criticisms that Christine Grahame makes if it is proved that I have stepped beyond the rules of the Parliament. Presiding Officer, could you indicate whether the motion was competent and appropriate for a members' debate?

The Deputy Presiding Officer: It is a competent motion, Mr Henry. It was passed by the Parliamentary Bureau, which is why we are debating it today. There was no objection to the debate at the bureau. Ms Grahame, please continue.

Christine Grahame: I acknowledge that, but I think that we need to change our rules so I have written to the Standards, Procedures and Public Appointments Committee in light of the debate. The fact that it is a members' debate makes the motion safe from meaningful amendment or a vote.

Hugh Henry is new to his job as justice spokesman and I think that he is not up to speed. Parliament has conducted rigorous scrutiny of Police Scotland and the SPA since they came into being, either through the full Justice Committee, which does not have an SNP majority, or the Justice Sub-Committee on Policing, which also

does not have an SNP majority and whose members were appointed by Parliament to represent the remits of the Justice Committee, the Equal Opportunities Committee and the Local Government and Regeneration Committee.

The sub-committee has held 29 meetings since it was established in March 2013. The main topics have been armed police, stop and search, local policing, complaints investigations, the i6 programme, the new police custody arrangements, and governance issues. We know that, at the start, there were issues between Police Scotland and the SPA but, my goodness, we have done our damndest to hold them to account and they have moved. Anyone who thinks that the SPA or Police Scotland has had it easy has not been paying attention. Add to that Her Majesty's inspectorate of constabulary for Scotland, and there is more scrutiny of the police now than I can ever remember.

I would rather have 17,254 full-time equivalent police officers in Police Scotland than eight chief constables, eight deputy chief constables and all the paraphernalia that comes with them—or, indeed, what exists in England and Wales. There, there are 41 police commissioners, who are voted in by an average of 15 per cent of those who are entitled to vote and who get something like £80,000 to £100,000 a year, and all the staff who come with that.

Of course the arrangements here have not been perfect, but to allege that we in this Parliament have not scrutinised the police over two years is frankly wrong.

Hugh Henry: I never said that.

Christine Grahame: As I said, I am happy to debate this subject but, I say to Mr Henry, this should be a full debate; using a members' business debate for it is frankly not appropriate. I have written to the Standards, Procedures and Public Appointments Committee to see that we change the guidance so that this never happens again.

13:00

John Finnie (Highlands and Islands) (Ind): I thank Hugh Henry for securing the debate. It is not my intention to speak at great length about Renfrewshire, but I understand that the people of Renfrewshire would welcome discussion. No harm has ever come from discussion, whether by the people of Renfrewshire or by those of the Highlands and Islands, whom I am charged with representing and who are interested in this issue. I repeat that I am grateful to the member for securing the debate.

The motion refers to "reported controversies". I played a part in the matter of armed policing. That issue was legitimately raised by me, because of public concerns. Those concerns could have been addressed had there been consultation—indeed, had there been a community impact assessment. That gets to the heart of the issue. Words such as "community" and "engagement" are what policing should be about. Policing is something that is done for the people, not to the people. I genuinely hope that lessons will be learned. We could have a lengthy discussion about policing by consent or operational independence, and I think that we could learn something.

The motion mentions accountability. I would take exception with Hugh Henry in that I do not recall any suggested alternative structure, although I may stand corrected on that by Labour members. I for one welcome the fact that there are council ward policing plans, which are very useful. I also like the fact that each local authority has its own committee; the four local authorities in the Highlands and Islands were previously represented by one board. However, as Her Majesty's inspector of constabulary said last week, the committees need to assert themselves. The Parliament can play a role by encouraging that and by empowering those committees.

We have heard from a number of people, including Mr Henry, about the Scottish Police Authority. The SPA has indeed been absent on the big issues—it has just not been there. The authority has been playing catch-up and it has not made a particularly good job of that.

The report on armed policing has come late, and I understand that it was the subject of dynamic editing, or something of that nature. It would be good to understand the background to that. We need a spirit of openness and transparency from Police Scotland and the SPA. They were keen to quote the survey results, but I understand that they have not made those results available to the press. Indeed, they have told the press that they do not have those results. The press have gone to the company that produced the information, which has been told that it is not to disclose the information to the press. I understand that that might breach the code of conduct for companies. Hopefully, the matter will pan out in the right way and the fullest information will be disclosed. I pose the question: who is accountable to whom?

I turn to budget pressures. The VAT issue is not a minor one. However, I think of the energy that went into the swift delivery of VAT-free status for the academy schools that the Conservatives and Liberal Democrats put in place, and indeed for ski lifts, which are important in my area, and I suggest

that if there had been a will, there would have been a way to address that issue.

There is a reversal of the civilianisation programme, as it would have been called in the early 1970s. That is disappointing. I commend the work of Unison in that regard. The principle of a job requiring police powers, meaning that a constable has to do it, or not requiring police powers, is not just a black-and-white issue. There are issues around the margins, particularly in rural areas, where police officers are involved in firearms inquiries and in the delivery of citations, and there is some benefit there.

I served in the police for 30 years. Like Graeme Pearson, I am very proud of the police service and of my time there. Prior to the advent of Police Scotland, I sought, and was given, assurances that best practice in the constituent forces would be applied. That was not the case. I will not repeat all the difficulties around stop and search, but there is a very clear framework in which police officers work: the common law and statute law. Unfortunately, the common theme here is the direction and style of the chief constable, where creative mechanisms have been put in place. I hope that that will be addressed.

I certainly wish to lend my clear support to the front-line officers, the police support staff and other officers who support them. The role of the Scottish Parliament is to be a friend to the Police Service of Scotland, but a critical friend. I hope that there has been some constructive criticism—I have certainly heard that today. Once again, I thank Hugh Henry for securing the debate.

13:04

Hanzala Malik (Glasgow) (Lab): I thank Hugh Henry for the motion. As we approach the second anniversary of the establishment of Police Scotland, it is important that we look back to make note of progress and of any mistakes that have been made in the past two years. It is absolutely clear that a great deal of work remains to be done to improve our police force's effectiveness and public image. With powers such as stop and search, it is critical that officers are provided with appropriate training not only on the possible risks to themselves but on handling people with mental health issues, disabilities and language difficulties. We have to provide our officers with all possible training opportunities.

Data collection and provision must be improved so that we can assure the public of their safety and that data are being used in the best and most appropriate way. When data are collected, we should act on the figures. For example, to focus on equality issues, we should act on the fact that only 1 per cent of the police force—I repeat: only 1 per

cent—are from ethnic minority communities, which make up 4 per cent of the Scottish population. It is of utmost importance that Police Scotland works to protect civilians and gain trust equally among all the communities that it serves.

The job cuts among civilian employees have the consequence that officers are being given additional responsibilities to compensate, which is troubling officers as well as the public. It is important that we ensure that our officers do not have to do back-office jobs, as at present, as that means that officers are denied the opportunity to do their real jobs, which disadvantages communities and means that communities do not get the service that they are entitled to. It falls to the Scottish Police Authority and the Scottish Government to deal with that. Complacency on their part cannot be permitted in this day and age. I therefore look forward to additional resources being given to the police force to help it to deal with those growing challenges. When services face difficulties day in and day out, they need to be protected and given sufficient funds and resources and the tools of the trade to carry out their duties effectively.

Christine Grahame said that we have been good at making sure that all the challenges that face the police force are dealt with, including in relation to equalities. I say to her that, unfortunately, that is not quite true. That said, I am sure that the new cabinet secretary will try his best to reverse that trend. I know for a fact that many communities are looking forward to better results, better communication and, most important, better resources for the police service, and I mean that in the most helpful way, with the aim of trying to achieve it. One thing that has been missing for the past two years since the single police force began has been public participation with the force.

13:08

The Minister for Community Safety and Legal Affairs (Paul Wheelhouse): I welcome the opportunity to respond to Hugh Henry's debate and to provide balance to what I have to say was the largely negative and one-sided picture that he presented, although thankfully the same is not true of his colleagues.

I highlight that Labour not only supported the single service—I accept that Hugh Henry acknowledged that—but voted for it in the Scottish Parliament. Let us not lose sight of that. There has been some suggestion that the Scottish Government steamrollered through the single service using a majority, but we had support across the Parliament for the creation of a single police force. As members such as Roderick Campbell and Margaret Mitchell have acknowledged, Police Scotland is a new

organisation, so there are bound to be some teething troubles, and we have acknowledged that.

However, operational policing in Scotland continues to perform excellently. Recorded crime is at a 40-year low, supported by the 1,000 extra officers that we have put on our streets compared with in 2007. Public confidence in our police remains high, and all of that has been achieved despite the inevitable funding pressures that arise from the Westminster austerity agenda. That is something that Hugh Henry may wish to acknowledge, and it is certainly something that those in the UK Parliament should acknowledge, having recently voted for a further extension and another £30 billion of austerity, which is unlikely to help the situation.

The eyes of the world have been on Scotland, and successful policing contributed to the success of the city of Glasgow's hosting of the Commonwealth games as well as of last summer's Ryder cup and the referendum. With the tragedies of the Clutha bar helicopter crash, in which, let us not forget, the police family lost some of its own—I am sure that members fully acknowledge that—and the Glasgow bin lorry crash, we also saw how admirably our brave police officers cope, with other emergency services, in harrowing circumstances. I do not doubt for a minute that members throughout the chamber acknowledge that. I just wanted to put it on the record today.

Local policing that is shaped and delivered in communities by local commanders remains at the heart of Scottish policing. I have to challenge something that Alison McInnes said. In one sense, policing in Scotland is more local than before, given the local policing plans for all 353 wards, through which councillors are more able to have their say on policing in their area than they were prior to reform.

I acknowledge the point that Hanzala Malik made about the diversity of our police force; it is something that Police Scotland also acknowledges. At the moment, with the restructuring of the single police service, it is more difficult to expand numbers rapidly and to take on new recruits, but I assure Hanzala Malik that that is a priority for the chief constable and for Police Scotland.

The true benefit of a single service is that every area of Scotland now has access to specialist expertise and equipment. I saw that for myself last month when I visited Fettes police station here in Edinburgh and met police personnel—both two legged and four legged—from the operational support division. Just last week, Assistant Chief Constable Bernie Higgins highlighted the heroics of an armed response vehicle officer from that division who, anxious that he might injure

bystanders, did not fire on a man who was attacking him with a knife and was stabbed four times.

That is an example of the heroics that grab headlines, but I have personally seen many other examples of excellent policing, such as the police working in partnership with local communities in places such as Hawkhill in Alloa—a challenged community that falls within the bottom 15 per cent in the Scottish index of multiple deprivation—and delivering a 40 per cent reduction in crime. Recently, I spoke to a Police Scotland youth volunteer who is a member of the ethnic minority community. He had experienced difficulties but, thanks to his role as a volunteer, has turned his life around and now wants to become a member of Police Scotland.

John Finnie: Does the minister acknowledge that that good work—we are all aware of examples of it—is likely to be put in jeopardy if there is a stop-and-search campaign that targets some of those areas in an inappropriate way, as we have heard with the use of consensual search?

Paul Wheelhouse: I will come to stop and search. I acknowledge the point that John Finnie makes, but I hope that I will be able to respond to that.

Even in my constituency, which I accept is in a rural part of Scotland, my local constituency policeman, PC Jamie, visits local schools to talk to local children, providing inspiration and advice to them. That, and not the negative motion that we have before us, is a truer reflection of policing in Scotland in 2015. I am sure that all members will have their own stories.

Alison McInnes: Will the minister take an intervention?

Paul Wheelhouse: I am pushed for time, I am afraid, unless the Presiding Officer will let me.

The Deputy Presiding Officer: It is entirely up to you, minister.

Paul Wheelhouse: I will have to press on. I apologise to Mrs McInnes.

I want to focus briefly on England and Wales. Reform is safeguarding all that we value in policing from the Westminster budget cuts. I know that some members will be uncomfortable with the point, but we only have to look south of the border—

Alison McInnes: Will the minister give way?

Paul Wheelhouse: I would like to finish this point.

We only have to look south of the border, where officer numbers and morale are at rock bottom, to see the benefits of our approach. Had we mirrored

the calamitous approach of the UK Government, we would have 2,688 fewer officers than our commitment of 17,234. That would have taken one officer in six out of the service. That is a good example of dereliction of duty.

I will take Alison McInnes's intervention at this point.

Alison McInnes: The minister is five and a half minutes into his speech and he has not addressed any of the challenges and shortcomings that have been raised today. That is quite inappropriate.

Paul Wheelhouse: I say to Alison McInnes that I have taken interventions from a colleague in another part of the chamber and indeed from her. I am trying to engender a debate, and I will move on to accountability and governance issues.

While Scotland's police officers play a vital and visible role in our communities throughout Scotland, I acknowledge, as have members, the crucial contribution of Police Scotland support staff. As Police Scotland and the SPA have always said they would, staff numbers are declining, which is to our great regret. However, we remain committed to no compulsory redundancies. Voluntary redundancy or voluntary early retirement is offered to staff, as well as the opportunity to relocate or retrain.

Further austerity will not help. We need to strike back about the austerity agenda. I acknowledge that it is a particularly challenging time for staff and I thank them for their continuing dedication and commitment in delivering the 40-year low in crime.

Budgets are tight right across the public sector—not just in policing—as a consequence of the budget pressures faced by the Scottish Government. We are a prudent Government and we will cut our cloth accordingly. That is what Police Scotland is trying to do, too. Great progress is being made on delivering the necessary savings, with around £880 million of cumulative savings having already been delivered of the projected £1.1 billion. We acknowledge the challenges.

I say to John Finnie, whom I respect very much, that I have asked how many complaints had been received about armed policing prior to 12 May, when he first raised the issue. I am told that only one complaint had been received by Police Scotland at that stage. Since then, only 27 further complaints have been received.

Policing is now more accountable and transparent than ever. Scrutiny can sometimes be uncomfortable, but there is no doubt that it is beneficial in the long run. I believe that Police Scotland will respond and be the better for that. I very much welcome the work that Police Scotland and the SPA are undertaking with support from

Her Majesty's inspectorate of constabulary for Scotland. Clearly, there are lessons that can be learned, particularly in relation to engagement between the two organisations to ensure that the SPA can hold Police Scotland to account, effectively and at the right time. The chief constable and the chair of the SPA are committed to tackling those issues. The whole chamber should welcome that and support that process in a constructive manner.

Parliament's scrutiny is essential in supporting the successful reform of policing in Scotland. However, let us recognise the progress that has been made to date. Our police officers and police staff are doing an excellent job. Most of us take that protection for granted, but my visit to Fettes brought home to me how brave our police officers are and just how dangerous a job they often do. The police have delivered for Scotland and we should thank and support them in their often difficult and dangerous work.

Police Scotland and the SPA recognise the challenges and opportunities ahead and are working closely together to deliver the best possible police service for the people of Scotland. I, for one, am grateful for their professionalism and dedication in doing that. We acknowledge concerns where they arise. I am sure that Police Scotland, the SPA and the chief constable are taking notes that have been made by members today and will respond in due course.

The Deputy Presiding Officer: Thank you all for taking part in this important debate.

13:17

Meeting suspended.

14:30

On resuming—

Penrose Inquiry

The Presiding Officer (Tricia Marwick): Good afternoon. The first item of business is a statement by Shona Robison on the Penrose inquiry. The cabinet secretary will take questions at the end of her statement, so there should be no interventions or interruptions during it.

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): I am grateful for the opportunity to make a statement in response to the Penrose inquiry report, which was laid in Parliament yesterday. I thank Lord Penrose and his team for their work. Lord Penrose is currently unwell. That prevented him from launching the inquiry report in person yesterday. My thoughts are with him and his family.

I also thank affected patients and their families for providing very personal and sensitive evidence, which cannot have been easy. I recognise that some of them have joined us in the gallery.

The affected patients and their families must be foremost in our minds today. Yesterday, I met some of those who have been affected and heard their stories. Many people have died or suffered long-term disability and hardship as a result of the infections. Relatives have had to sacrifice careers to provide care and support. In some cases, partners and loved ones have become infected. Patients, families and carers have dealt with those difficulties with immense and enduring courage.

Although the events took place well before the Parliament was established, on behalf of the Government of Scotland and the national health service in Scotland, I say sorry to everyone who has had to deal with the devastating impact of infected NHS blood and blood products. I recognise that the events absolutely amount to one of the greatest healthcare-related tragedies ever witnessed in this country. We must keep the people who have been affected at the centre of our thoughts throughout the process, and I can only express my deepest sympathy and regret to them.

Lord Penrose has delivered a comprehensive report of almost 1,800 pages. It is a detailed and independent assessment of how the tragic events unfolded. I realise that there may be some criticism of the cost and the length of time that it has taken for the inquiry to report its findings. I am also very aware that, for many, the inquiry conclusions do not meet their expectations and are not the outcomes that they would have wished to see.

The issues were complex and covered a long period, back to 1974. In light of the number of people affected and the number who have died, and given the seriousness of the events, the people who were affected have now had the opportunity to have their stories heard by a fully independent public inquiry.

I turn to the findings. The evidence from affected patients is crucial. Lord Penrose set that out in full in his report, and it stands as vital, if distressing, testimony to what affected patients and their families have endured. The report provides estimates of the numbers of patients likely to have been infected. Those estimates add to what we know already and allow us to be more certain about the scale of the impact of the events.

Lord Penrose has identified delays to the introduction of hepatitis C screening in Scotland as a key thing that could have been done differently. Screening in Scotland was held back so that it could be introduced simultaneously across the United Kingdom. It is clear that the events predate devolution and that that simply would not happen now.

There are other things to learn about the approach of clinicians and healthcare staff; the way in which the health service works; the importance of patient safety; and how that relates to expert advice. In particular, Penrose has made observations about the NHS's paternalistic attitude to patients in the 1980s, particularly in relation to giving patients information. That is not how the NHS in Scotland works now, and Penrose has acknowledged that the approach to patients today is very different. All those lessons from Penrose will instruct how we continue to build on the progress of our patient safety programme.

Lord Penrose recommends that the Scottish Government should take all reasonable steps to offer a hepatitis C test to anybody who might have been infected before 1991 by a blood transfusion and who has not already been diagnosed. We accept that recommendation and we will consider carefully how to take it forward. It is important to reassure people that we have previously made efforts to find those who have been infected, including a look-back exercise in 1995 and awareness-raising campaigns as late as 2008.

We expect there to be very few people, if any, who were infected through a blood transfusion and who have not been diagnosed by now. However, anyone who wants to know more will be able to find information on the NHS inform website or from organisations such as Hepatitis Scotland, Haemophilia Scotland and the Scottish Infected Blood Forum.

There is no barrier to hepatitis C testing in Scotland. Anyone who has been exposed via

blood transfusion before September 1991 or by treatment for a bleeding disorder with blood products prior to May 1987 can be tested at their general practitioner's practice. It is important that anyone who has been infected is diagnosed, so that they can access the best clinical care and support.

When talking about clinical care, I should take the opportunity to make it clear that our current blood safety record is excellent and that the risks of viral transmission by blood transfusion in Scotland and in the UK are exceedingly low. Donor selection criteria, stringent testing of blood donations and advances in technology mean that the blood supply is as safe as it can be. It is safe to give blood and it is safe to receive blood.

I will talk about the further steps that we will now take to support those who have been affected. There are two payment schemes for those infected with hepatitis C to which the Scottish Government contributes directly—the Skipton Fund, which provides lump sum and annual payments, and the Caxton Foundation, which provides discretionary payments to affected people and dependants. Over the past 10 years, the Scottish Government has already contributed more than £30 million to those funds for affected people in Scotland. Separately, there are payment schemes that predate devolution for those infected with HIV. They are managed by the UK Department of Health.

It is right to acknowledge that many patients and their families are of the view that the payments that they receive are insufficient. That view is reflected in the Penrose report. We have already committed to reviewing the schemes and we will now move ahead with that. Given that the two HIV support schemes predate devolution and are managed by the UK Department of Health, we will work with the other UK countries to take forward the review.

I recognise that the UK Department of Health yesterday announced a one-off payment of £25 million to support any transitional arrangements to a different payment system. We will, of course, ensure that any required contribution from Scotland is met in 2015-16. We must resolve the issue as quickly as possible, and I will go into the review with the view that we should be able to conclude our work in time to make an announcement by no later than world haemophilia day in April 2016.

I am also of the view that we must listen to affected patients' views. I had the opportunity to hear from affected families yesterday and it is very clear to me that we have to improve the system. In Scotland, we will establish a patients and families reference group to help us with the review of the schemes.

I will say a few words about the work that we have been doing and will continue to do with patients and families and with the organisations that support them, such as Haemophilia Scotland and the Scottish Infected Blood Forum. I have met representatives from those organisations over the past few weeks and again today, and both have suggested various actions that we can take forward. We have already funded the forum to carry out a scoping exercise to investigate the support needs of those who are affected. That will contribute to the evidence base for the review of the financial schemes. We are separately working with Haemophilia Scotland to develop a pilot of additional social work support for affected people.

We have also funded a pilot of additional psychological support to affected patients through one of the haemophilia centres in Scotland. I am committed to the successful completion of that pilot and to learning any lessons about what additional support we can provide more generally. I also confirm that a national managed clinical network—essentially, a haemophilia committee—will be established for inherited bleeding disorders. It will closely involve patients and help to improve clinical services for the future.

Haemophilia Scotland and the Scottish Infected Blood Forum do vital work in supporting the affected patients and their families. I am pleased to confirm that the Scottish Government will commit to providing core funding for both organisations for the next three years, to ensure that they can continue their good work. I have today asked both organisations to help to establish the reference group to take forward the Penrose recommendation, the other actions that I have highlighted and the consultation on the review of the financial schemes. We will also be more than happy to discuss providing support to any other organisations that work with affected patients and their families.

The conclusion of the Penrose inquiry is a watershed moment. We can now say with some certainty that we understand how the tragedy unfolded. People who have been affected have had the opportunity to be heard and to put on record what happened, as part of an independent public inquiry.

I reiterate how sorry I am that the infections happened through NHS treatment. I have great sympathy for all those affected, with whom we will continue to work closely and to whom we will offer support in any way that we can.

The Penrose inquiry looked at what happened, but we must now focus on better supporting those affected. In doing so, I promise that we will continue to listen to and work with them. I recognise that my statement will not immediately fulfil the desires of all those who have been

affected, but I hope that my comments reflect the Scottish Government's intention—and my intention—to move forward and work with patients and their families in the coming years.

The Presiding Officer: The cabinet secretary will now take questions on issues raised in her statement.

Jenny Marra (North East Scotland) (Lab): I add the sympathies of Labour members to the remarks that the cabinet secretary made and I thank her for the advance copy of her statement.

The Penrose inquiry report, which was published yesterday, laid bare the full horror of the blood contamination that led to so many lives being devastated and lost through hepatitis C and HIV. The victims' testimonies in the report and the stories that we heard from those who attended yesterday's event were nothing short of harrowing.

Bill Wright, the chair of Haemophilia Scotland, describes the blood contamination episode as

"one of the most distressing stories in the history of the NHS",

and it is difficult to argue with his analysis. As the cabinet secretary said, he, like many others, was disappointed with the report's findings. The most commonly used description of the report by families yesterday was "whitewash".

The Parliament and the Government had no say over the report's findings, but we can take the opportunity to put things right for many patients. Now that the inquiry is over, will the Scottish Government ensure that new and improved treatments that are being developed for hepatitis C are made available as soon as possible to the victims of this dreadful episode?

The First Minister stood shoulder to shoulder with the victims, first as Opposition leader, then as health secretary. Now that she is First Minister and the six-year inquiry that she ordered is over, will her Government make good on the commitment to financial support? The cabinet secretary just announced that financial support will be made available by April next year but, after victims have waited six years for the inquiry to report, is it not reasonable for the Scottish Government to make good on its commitment to them now and put financial support in place without any more delays? It is unfair to ask victims to wait yet another year when they have waited so long and when the Government has had so long to prepare for this day.

Shona Robison: Of course, anyone who requires treatment for hep C and is clinically approved and recommended for treatment through the drugs should receive that.

The First Minister apologised on behalf of the Scottish Government for what happened. It is important that we recognise that.

Jenny Marra talked about what Bill Wright and others have said but, if she had listened, she would have heard him say that he wants to sit down with the reference group and discuss what the proper support should be. People who have been affected want to be involved in the review of the financial arrangements—that call has come from them.

Jenny Marra should understand the view of patients and campaigners, who want to talk to us about what the financial arrangements should be. It is through listening to Bill Wright and others that we have come to the conclusions that I laid out in my statement and decided to establish the reference group as a proper forum for discussing matters. It was Bill Wright who asked for world haemophilia day to be the point by which the new arrangements should be put in place.

I very much listen to the views of those affected and have done so over the past few years. I sat on the Health and Community Care Committee when it heard the first round of evidence on the matter, and I have met Bill Wright and others over many years, the past few weeks and, indeed, today. I will absolutely listen to those voices as we take this forward.

Jackson Carlaw (West Scotland) (Con): I thank the cabinet secretary for advance sight of her statement, and I entirely associate the Scottish Conservatives with the sentiments that she has expressed. I also thank the First Minister for having the courage to initiate the inquiry; indeed, I am quietly proud that it was the Scottish Government and the Scottish Parliament that initiated the inquiry that took place.

I want to make three very brief points. First, I associate myself with the cabinet secretary's approach in responding to the relatives and others who have been affected. It is important that we are, through the actions and practical approach that we take, able to counteract any characterisation of the report as a "whitewash". It is easy to understand why some people might make that comment, but I do not characterise the report in that way and I support the action that the cabinet secretary has taken.

Secondly, does the cabinet secretary have in her mind a timeline for advising us on further actions that might arise from consideration of the recommendation?

Thirdly, in relation to HIV compensation, will the cabinet secretary confirm that she will act with the Westminster Government to ensure that implementation of the provisions is as smooth as possible?

Shona Robison: I will take the last question first. I point out that because the timeframe includes the general election, some of the discussions with the Westminster Government will have to take place after 7 May. Obviously, we will want to have those discussions soon thereafter.

I thank Jackson Carlaw for his comments. It has been a very long inquiry, and I very much recognise—we should bear this in mind—that the families and those who have been affected have waited a long time for what happened yesterday. He is also right to say that action is important; after all, this is not about looking back, but about looking forward.

As for the work of the reference group, when earlier I met people who have been affected and campaign groups, I found that they are keen to get the work under way. So am I; the reference group discussions will happen in short order, and the group will decide thereafter on priorities. Although some of that work will involve reviewing financial arrangements, I think that there are other things that we can get on with quite quickly, including the psychological and social work supports that many people have said need to be improved. I will get on with those matters in short order, and I am certainly keen and happy to keep Parliament updated on progress.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I commend to the cabinet secretary a constituent of mine, Robert Mackie, who—as many members will remember—sat with others outside the old Parliament building in all weathers campaigning for an inquiry. I also commend the Government for carrying out the inquiry.

We know that nothing will bring back people's health, but with regard to financial matters—which might to some extent give the people security—I note that the cabinet secretary has committed to reviewing the financial support schemes. Is she able to confirm that other UK countries will co-operate with that review and, if not, that Scotland will, as with the Penrose inquiry, go ahead with its own review?

Shona Robison: We have already initiated at official level discussions in which we want to talk about the review of the financial arrangements on a UK basis—not least because that is the basis on which the existing financial schemes are delivered. However, as I said yesterday to the people who have been affected and their families—and confirm again today—I am very clear that Scotland will not be held back if we cannot reach agreement across these islands on how to move forward. I strongly believe that we need to move forward, and I hope that we can reach agreement on that among the four countries of these islands. However, I am also clear that if we cannot do that,

we will get on and do what is right for the people here in Scotland.

Rhoda Grant (Highlands and Islands) (Lab): I pay tribute to those who have campaigned, and continue to campaign, on behalf of the people who have been affected by the scandal. The Penrose inquiry report highlights the fact that some parts of some patient records are missing. That causes a great deal of distress to patients and raises suspicions that the records have been tampered with. What is the cabinet secretary doing to address that and to identify what happened to the records and why?

Shona Robison: The Penrose report looks into that matter in some detail; it has gone through a lot of information about the issue. We would be happy to look into other aspects that Penrose has identified in the report, even if they are not translated into a recommendation.

However, the focus and desire of the people who have been affected and their families is on support going forward. It is important that we focus our attention on that and on what more we can do to ensure that people are supported. Yesterday I heard some very difficult stories about the hardships that people are facing and how it has been more difficult than it should have been for people to get, through existing schemes, some of the basic financial support that they have needed. In my view, that is not good enough, so we should focus our attention on that: that will be my priority. Obviously there are other matters to consider, but we should really focus on the support requirements of the people who have been affected and their families.

Gil Paterson (Clydebank and Milngavie) (SNP): Presiding Officer, I apologise to you and to the cabinet secretary for missing the early part of her statement.

One of the main findings in the Penrose report is that, at the time, doctors were very paternalistic and did not give relevant information to patients. How can we be sure that that is no longer the case?

Shona Robison: That comes across in the Penrose report. The relationship that people had with clinicians in the 1970s and 1980s was paternalistic, and consent and informed consent were not recognised, as they are now, in relation to tests and test results. The NHS has moved on a long way—the relationship is now very much about recognising the patient's rights, and about the requirement for their consent and that it be informed consent.

I acknowledge the journey that the NHS has been on since that time. The patient safety programme has dealt with many such matters and has ensured that we have a world-leading patient

safety programme. We should be proud of that in today's NHS, and we should recognise that we have been on a long journey since the days of paternalism in the past.

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I also pay tribute to the campaigners, and acknowledge that the cabinet secretary and the First Minister have taken a close interest in the issue since the early days of the Scottish Parliament.

Does the cabinet secretary agree that an important part of the review has been carried out by the Scottish Infected Blood Forum in its HCV contaminated blood scoping exercise? Is the cabinet secretary minded to accept the recommendations of that exercise, remembering that one of them is that all the recommendations should be actioned within the current parliamentary session?

Shona Robison: The forum's scoping work has been important in giving the reference group a useful starting point. We discussed the forum today and said that it has been helpful in ensuring that the reference group can get under way and get on with the task in hand. We will certainly use the work of the forum to do that.

Richard Lyle (Central Scotland) (SNP): I thank the minister for her statement; I agree with all of it.

As the minister will be aware, I have worked with Haemophilia Scotland for the past few years; I pay tribute to the families, and to Bill Wright in particular.

I recently hosted a reception in Parliament at which "Factor 9", a play portraying the disaster, was performed. Will the cabinet secretary ask the Health and Sport Committee to discuss the report urgently? Can time be allocated for discussion of the report after any action by the Health and Sport Committee?

Shona Robison: I also saw "Factor 9", which is a very moving and powerful play.

It will be for the Health and Sport Committee to decide what it does and whether it wishes to examine the report—it is not for me to guide the committee in that respect. I would be willing to make myself available to appear in front of the committee should it wish to consider the report. There is also the work of the reference group that will be happening thereafter. I will certainly make myself and my officials available for that.

As regards parliamentary time, I would be very happy to make time available at the most appropriate moment to revisit progress with the reference group as we begin to take matters forward. I am keen to keep Parliament well informed of progress.

Jim Hume (South Scotland) (LD): I place on record my thoughts for the victims and families of those who have been affected, and I pay tribute to their dignified campaign. I also thank the cabinet secretary for advance sight of her statement.

Almost half of the people living with hepatitis C in Scotland are undiagnosed and only about 3 per cent receive treatment. The Hepatitis C Trust argues that it is a moral imperative that we find and diagnose people before they develop advanced liver disease. What is the Government doing to find those people who need to be diagnosed and to ensure that they are all provided treatment?

Shona Robison: A lot of work has gone on over the years to attempt to trace people and to find people who are not diagnosed in order to offer them a test, thereby opening up opportunities for treatment and support. With the Penrose recommendations, there is an imperative on us to see what more we can do in that respect. We will be discussing the best way of taking that forward, so that we can pick up people who have not already been diagnosed.

That is very important. As I am sure Jim Hume knows, there is now a very different set of drugs and treatments available than there was previously. Getting people diagnosed and on to the most appropriate treatment is very important. I am happy to keep Parliament informed of the work that we undertake to do that.

Bob Doris (Glasgow) (SNP): Will the Scottish Government ensure that those who are living with hepatitis C due to contaminated blood get full and speedy access to the range of curative medicines that have been developed recently? I note that, quite often, the NHS does not prescribe some of those medicines until the late stage of hepatitis C, when the disease has been sitting in the body for a significant amount of time. Early access to curative medicines would be vital for many hep C sufferers.

Shona Robison: Obviously, these are clinical judgments, and someone would have to be clinically suitable for any drug or treatment. With that caveat, I would say that it is very important that those who have been affected through the infected blood and blood products are given the opportunity to have those treatments, but they have to be clinically suitable, and that is a clinical judgment.

Johann Lamont (Glasgow Pollok) (Lab): I have a constituent whose husband was a haemophiliac. He contracted hepatitis C through treatment and died young, having suffered immensely, not just from his condition but from a fear of stigma, which led to a desire for secrecy, and that brought further burdens to him and to my

constituent. My constituent had hoped that Penrose would answer a simple question: why did it happen? Critically, were people infected after it was known medically that there was a serious problem with the contamination of blood? Could the cabinet secretary outline her response to that question? What can people such as my constituent do now in order to feel that they have fought hard enough to secure justice for their loved ones?

Shona Robison: I recognise the pain of the member's constituent and their family as well as that of many others. I met many affected people yesterday, and I was struck by their personal stories and testimony.

The Penrose inquiry allowed many people's testimony to be put on the record and recorded. Penrose also looked back into many of the issues that Johann Lamont referred to about what was known and what action was taken or not taken. As an independent inquiry, it came to its conclusions. As I said in my statement, I recognise that, for many of those affected and their families, the conclusions do not meet their expectations and are not what they wanted the inquiry to come up with.

The best response that I can give to that is to get on with the action that is required to support those affected and their families in a better way, which is what those people want. That was the message that I got yesterday and today, and that is what I am determined to do, because there is absolutely a moral obligation on us to ensure that those who are affected have the proper and adequate support so that they can get on with their lives in more comfort than at present. That will be the focus of my attention in the next few weeks and months.

Sandra White (Glasgow Kelvin) (SNP): I pay tribute to the many families who have been involved, including those who are in the public gallery and throughout Scotland. Given what happened with HIV and hepatitis C, how can we be sure that the blood supply is safe and free from new infections that might emerge?

Shona Robison: As I said in my statement, the processes for blood donation and the treatment and safety of blood are strictly controlled. The message that I want to give today is that, in Scotland and in the UK, we have some of the safest processes and products in the world. It is important that that message goes out, because I do not want anyone who has been reading or listening to the discussion about some of the really difficult issues in the Penrose report to be afraid of receiving blood or blood products in Scotland, or of giving blood. It is important that the message goes out that blood in Scotland is safe and that people should not be afraid to be a recipient of

blood or blood products or, importantly, to give blood.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): Does the cabinet secretary agree that what we are discussing is the biggest medically caused tragic event since thalidomide—arguably, it is bigger—and that we should all regret the fact that the process has taken so long? Even now, if more support beyond Labour's ex gratia funding is put in place, many of the victims and their families may never have closure and, of course, the lives that have been lost can never be restored. New medicine is rarely risk free, so can the cabinet secretary indicate whether we have a firm timetable for a no-fault compensation scheme?

Shona Robison: As I think that I said clearly in my statement, we are talking about one of the biggest tragedies to have faced our health service and those who receive treatment through it. As I have said, it is not me who has decided on the method and timescale for getting on with the review of the financial provisions—that has been decided in consultation with those who have been affected. They want to be involved in the discussions, they want to have ownership of them and they want a proper process. That is why the process that I announced in the statement has been driven by those who have been affected. It is critical that we listen to them.

The next step will be the reference group—we have had some discussions today about getting that under way—and then we will begin the detailed discussions on the financial provisions and whether we can move forward with that on a UK basis or whether we need to do something in Scotland. As I have said to other members, I am open minded about that. It will depend on the response from other parts of the UK. However, I am absolutely clear that we will not stand back from our moral duty to make the lives of those affected and their families better and we will not stall in getting on with that. Over the next few weeks and months, I will be focused on that to ensure that we deliver it.

The Presiding Officer: That ends the statement from the cabinet secretary on the Penrose inquiry. Before we move to the next item of business, I say to members that I allowed the statement to run on naturally to allow everybody who wished to ask a question to do so and to get an answer. That means that we will be very tight for time for the rest of the afternoon, and I hope that members will bear that in mind.

Health Inequalities

The Presiding Officer (Tricia Marwick): The next item of business is a debate on motion S4M-12769, in the name of Duncan McNeil, on behalf of the Health and Sport Committee, on health inequalities.

I call Duncan McNeil to speak to and move the motion. [*Interruption.*]

The Deputy Presiding Officer (Elaine Smith): Can Duncan McNeil's microphone be switched on, please? Mr McNeil, is your card in the console? [*Interruption.*]

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): He has got his Tesco card, his Morrisons card, his concessionary bus pass—[*Laughter.*]

The Deputy Presiding Officer: Order, please.

15:06

Duncan McNeil (Greenock and Inverclyde) (Lab): I was going to begin with a question, and it should not have been, "Where the heck is my card?" [*Laughter.*] As well as the question, I have a speech, but I begin by asking, "Can a society be too tolerant?" That is members' starter for 10. Is Scotland too tolerant? Whatever the colour of our political rosettes, whatever our habits and hobbies outside the Parliament and whatever we had for breakfast, are we too tolerant?

Tolerance is not a bad thing. It is a good thing. It is the mark of any civilisation that is worth the name, but at what point does it lapse into complacency, dereliction, or even fatalism and the acceptance of the unacceptable? I am talking about an indifference to the suffering of others—what Nye Bevan called "social blindness".

NHS Health Scotland has produced a graphic—I am waving it about now—that takes us on a journey eastwards along the Argyle line from Jordanhill to Bridgeton. Each stop of the train represents a drop in life expectancy of 1.7 years for men and 1.2 years for women. Some people call that the Glasgow effect, but the effects of inequality can be felt in all corners of Scotland and across all social classes, for inequality diminishes us all.

But then, some are more unequal than others. In William McIlvanney's 1975 novel "Docherty", he wrote:

"Everyone ... had failed in the same way. It was a penal colony for those who had committed poverty, a vice which was usually hereditary."

Harry Burns's name will probably come up in other speeches this afternoon, but I want to be the first to make Burns's ears burn. His and Michael

Marmot's evidence to us on the Health and Sport Committee was impassioned and compelling. It was some of the most powerful that we have heard in this Parliament in 16 years.

Our former chief medical officer was evangelical about the early years. He told the committee about his daughter's gap year, teaching in Spain. Each morning, the five and six-year-olds queued up when the bell went and each one would give her, the teacher, a kiss and a cuddle before going into class. No apples changed hands but it is fair to say that, in that context, we do not always show our children such love and care. Perhaps we should, if we want the next generation to be compassionate, imaginative, resourceful, spirited and happy—to be masters of circumstance and not its servants, and to be resilient when things do not go their way and purposeful when they do.

"You're not going to be able to fix this", Sir Harry told us, pointing his surgeon's finger. Sir Michael joined in, asking us what sort of society we thought we were running. That is a good question. For more than 40 years, health inequalities have been driven by a growing disparity in income, power and wealth. Not one of the successive Governments in Edinburgh and London—ours, the SNP's and that of the Conservatives and the Lib Dems—has dealt with that successfully.

The Institute of Health and Wellbeing outlined three key domains: employment, earnings and education. That hat trick of factors is outwith the Health and Sport Committee's remit, hence this afternoon's debate and the committee's desire to draw others into the discussion.

We knew that the topic would be difficult when we began to consider an inquiry in 2012. Sir Harry Burns told us:

"The issue is much more complex than you think",

and added that the story of health inequalities was

"bedevilled by people who knew the answer".—[*Official Report, Health and Sport Committee*, 22 January 2013; c 3156.]

We will not add to that bedevilment. We do not have an answer, but we have lots of questions.

Why do more equal societies enjoy better health outcomes? How important is community and quality of housing? Are the latest teenage pregnancy figures a sign of progress? What emphasis should we give to lifestyle drift, the inverse care law or proportionate universalism? When do a family's stress levels become intolerable? Is a zero-hours, poorly paid, low-skilled job better than no job at all? Where does the molecular biology of a hug come into all this? Do not panic, Presiding Officer. We will leave Sir Harry to explain that one to you.

Sir Michael Marmot told us that

“a health service for the poor is a poor health service”.—
[*Official Report, Health and Sport Committee*, 13 May 2014;
c 5370.]

As Campbell Christie told us, the allocation of funds is important but cash alone cannot resolve this. Through good times—times of plenty—and through austerity, we have not resolved these issues. We need leadership, and to have the right policies in place and the courage to see them through, beyond a single term of government—beyond even the lifetime of this Administration and the next one, because, in the words of a 2008 report:

“Social injustice is killing people on a grand scale.”

Some would say that that is overblown and overstated, but not according to the World Health Organization’s commission on social determinants of health. Sir Michael chaired that commission and his stance certainly has not softened. It is a political choice, he told us, that the worst-off should suffer more. Poverty is not down to people shirking, he said. It is because, he said in a stage whisper, people “are not paid enough”.

There were some hints of hope. Sir Harry enthused about the early years collaborative, the family nurse partnership and the positive parenting plan. If a policy is shown to work and make a difference to people’s lives, we should pursue it. If not, we move on. If that sounds easy, members obviously have not been listening.

Sir Michael cited the example of Sweden, where leadership at a local level has been encouraged. Targeted services could make a difference but tackling health inequalities has to be “a corporate issue”, at the heart of local and national government. He talked about breaking down barriers in Norway to the extent that its Minister of Foreign Affairs could declare, “I’m the Minister for Health.” That principle is important. With no slight to Shona Robison, or to the previous cabinet secretary, I say that responsibility for this issue should extend to all her Cabinet colleagues—to each and every portfolio.

Ours was a lengthy inquiry. The committee learned that inequality is complex and multifarious but far from inevitable, and that it is of concern to everyone. I cannot conceive of a single committee in this place that it does not impact upon. It is on that Parliament-wide basis that we want members to take part today.

In a recent Scottish Government debate on tackling inequalities, I said that aspirations were fine, but that we must first win the argument, which is one that was ably articulated by Sir Harry and Sir Michael, and by many others who are not of the knighted realm. Earlier this month, the actor Michael Sheen told a St David’s day rally:

“We only say we’ve crossed the finish line when the last of us does. Because no one is alone. And there is such a thing as society.”

Of course, it is not just luvvies who say that; it is popes, presidents, economists and even trade unionists. I finish by quoting a clarion voice—a compassionate voice. It is more than 40 years since Jimmy Reid gave his rectorial address at the University of Glasgow, which was described by *The New York Times* as the greatest speech since the Gettysburg address. Harry Burns was a medical student there at the time—Glasgow, not Gettysburg—and I have heard him say that the comparison was rather over the top, as it flattered Abe Lincoln.

The Deputy Presiding Officer: You must draw to a close, Mr McNeil.

Duncan McNeil: I am just finishing, Presiding Officer.

Jimmy Reid’s theme of alienation rings as true today as it did then, as does his belief in the spirit and values of common humanity. Jimmy Reid said:

“Reject the insidious pressures in society that would blunt your critical faculties to all that is happening around you ... This is not simply an economic matter. In essence it is an ethical and moral question”.

That is why I ask again whether a society can be too tolerant. Can Scotland be too tolerant? Are we too tolerant?

I move,

That the Parliament notes and welcomes the Health and Sport Committee’s 1st Report 2015 (Session 4), *Report on Health Inequalities* (SP Paper 637); recognises the wider causes of health inequalities, and welcomes the innovative approach that allows a wide range of parliamentary committees an opportunity to contribute to the debate.

The Deputy Presiding Officer: Before we move on, I must impress upon members that they must stick to their time if possible.

15:17

The Minister for Children and Young People (Fiona McLeod): I thank Duncan McNeil for making such a stirring opening to the debate. I welcome the innovative approach of the Health and Sport Committee and the unique format that it followed in challenging other committees to consider what they can bring to the work of reducing health inequalities and ensuring social justice.

Scotland’s health continues to improve and people are living longer and healthier lives. However, for too long, the benefits have not been shared fairly. Duncan McNeil showed us his railway map, which started in Jordanhill. It usually starts in Bearsden, which is in my constituency—I

think that that is because people like the alliteration in the phrase “Bearsden to Bridgeton”. From my constituents’ perspective, I can say that I absolutely get the issue of health inequalities and the gap that exists. The difference in life expectancy between that of a man who is born in Strathkelvin and Bearsden and that of one who is born in Glasgow is 7.5 years. However, the issue of health inequality does not just involve differences such as that between my leafy suburb of a constituency and the great city of Glasgow; within my constituency, between the areas of most affluence and those of the least, the life expectancy gap for men is 6.5 years.

Driven by social inequality, boys who are born in the 10 per cent most deprived areas will die 12.5 years earlier than their counterparts in the most affluent areas. For girls, the difference is 8.5 years. Those people will also suffer more years in poor health, often with multiple health conditions.

I will immediately start quoting Sir Harry Burns, as Duncan McNeil did. Sir Harry has made it absolutely clear to us that health inequalities are not inevitable, they are not irreversible and

“There is nothing inherently unhealthy about the Scots.”

Sir Harry said that when he was the chief medical officer. He went on to chair the Standing Literacy Commission, and he is now on the Council of Economic Advisers. That shows the cross-cutting approach that is taken to tackling health inequalities.

The problems are complex and they require a long-term approach involving complex solutions from the widest range of policy areas. As a Government, we are determined to make tackling health inequalities a focus across portfolio areas. As the First Minister stated at the launch of our economic strategy:

“Scotland is now leading the way in putting the quest for greater equality at the heart not just of our social strategy but at the heart also of our economic strategy.”

We recognised the need for that cross-portfolio work way back in 2007, when the ministerial task force on health inequalities had and maintained a cross-cutting group of eight ministers. It recognised the role that the wider public sector and others play with representatives from local authorities. “Equally Well: Report of the Ministerial Task Force on Health Inequalities” was jointly endorsed by the Convention of Scottish Local Authorities and representatives from health, the third sector and academia.

From the outset, our shared approach combined “Equally Well” with “The Early Years Framework” and “Achieving Our Potential: A Framework to tackle poverty and income inequality in Scotland.” Those three social policy frameworks recognised that a child’s start in life, cycles of poverty and

poor health are all interlinked. The position that they advocate underpins our thoughts on pursuing early intervention, moving to prevention and breaking cycles of poor outcomes in people’s lives.

We must recognise that, in 2008, the external environment changed. The global recession and an austerity programme have increased the risks of negative impacts being shared unequally across our population.

Just last week, the Minister for Sport, Health Improvement and Mental Health and I were at the launch of Voluntary Health Scotland’s report, “Living in the Gap—a voluntary health sector perspective on health inequalities in Scotland.” It was shocking to hear someone there talking about our children growing up with a food bank diet. That illustrates the rise of the food banks. However, it is important that we recognise the action that the Scottish Government has. We have committed £104 million during 2015-16 to mitigate welfare reform. The Health and Sport Committee’s report covers benefits. Logically, we should all demand that power over benefits comes to this Parliament.

I welcome the Health and Sport Committee’s interest, particularly its examination of health inequalities and the early years. I will take a few moments to give some examples of the significant work that we are doing in the early years.

The early years collaborative has a number of key change themes. I will mention a few of them. For early pregnancy and beyond, we set a stretch aim of reducing stillbirths and infant mortality by 15 per cent by 2015. We have met that target, and we are working on how we can further stretch that aim.

We are investing £1.5 million to change health visitor education and to create 50 new health visitor posts this year. By 2018, we will have invested £41.6 million over four years for additional health visitors to grow the workforce by 500.

I will also talk about attachment, child development, support for learning and—this is one the early years collaborative’s key themes—addressing child poverty through income maximisation. A wealth of evidence shows the importance of our work with young people on attachment at the earliest years. We are looking at that, as members know, through the 600 hours of free childcare, which we hope to increase to 30 hours a week by the end of the next session of Parliament. We know that that is good for the child, and it is also good for the parents. It is especially good for the mothers and their employment opportunities and, therefore, for increasing and maximising their income.

Members will not be surprised to hear that I wanted to talk about bookbug and the play talk read campaign, but I fear that I may not have enough time to do that.

Duncan McNeil mentioned the molecular biology of a hug, as described by Harry Burns. We see huge progress in attachment when parents read to their children. Just think of that physical attachment—heads together while reading a book. That, and how that helps children's language, has an incredible amount of biological research behind it.

I look forward to hearing from the committee conveners. I reiterate that collaboration, co-operation and close working are needed if we are serious about our shared ambition to close the health inequalities gap.

15:25

Jenny Marra (North East Scotland) (Lab): I thank the Health and Sport Committee for its long and tireless work on this extremely important topic. I also thank my colleague Duncan McNeil for one of the best speeches I have heard since being elected to Parliament. I feel a bit inadequate following some of the questions that he has raised this afternoon. I was struck by his very honest assessment: that none of our Governments of any hue has really been able properly to tackle health inequalities in our communities.

I know that every member of Parliament across the chamber sees health inequalities in their constituencies and in their surgeries. We also see health inequalities in our everyday lives as we are going about our business. There are many questions. The minister has just alluded to some of the initiatives that her Government has tried to take forward, which we very much support and welcome. However, the questions on health inequalities are complex and multifaceted, and they link to analysis of our economy: to the availability of work, including well-paid work, to good wages, to the state of housing, to the strength of our communities, and to facilities in our communities, such as community centres and sports facilities.

While I am on that point, I was very struck by a conversation that I had with a constituent just last week. He was telling me about facilities for young women's football. The example is particularly pertinent because we know that facilities for access to sport are integral and fundamental to addressing health inequalities in our communities. We know how important sport is in keeping people healthy and in giving our youngsters, especially, the facility to exercise regularly and to keep that habit for the rest of their lives.

My constituent was telling me that, as the cabinet secretary knows, 1,200 girls in the Dundee area—in which I and the cabinet secretary both live—play girls' football. However, the team that he takes in Carnoustie has to travel all the way into Dundee—at least 10 miles—to access an AstroTurf pitch to train on at night. That lack of facilities in our communities—that lack of access—is a problem. We know that having such access impacts more on deprived communities than it does on affluent communities. That is one example—it is only one of many—of how the lack of facilities can hold us back.

I want to touch on one of the findings from the committee's inquiry into the availability of primary care and community-based services. Lorna Kelly of Greater Glasgow and Clyde NHS Board said:

"The money that is available for primary care and community-based services is limited."—[*Official Report, Health and Sport Committee*, 1 April 2014; c 5166.]

I know that everyone across the chamber who has engaged in health debates will know how important that is. We know that the national health service is integral to our achieving our aims on health inequalities. It is about the services that it provides. Our primary care teams must be available to deliver for people.

Earlier this week, Macmillan Cancer Support released figures showing that we are more than 10 years behind other countries in Europe in cancer survival rates. There is, as we all know, a clear link between cancer survival rates and poverty; we know that if we reduce health inequalities, we can help more people to deal with their cancer and to live longer. We must make the case that it is in the interests of all of us that we ensure that people who are in poor health are given the support that they need to lead better lives and to improve their health. The statistics from Macmillan Cancer Support—our being a whole 10 years behind other countries in Europe—show that we have a long way to go.

If nothing else, the Health and Sport Committee's report reminds us of the scale of the challenge that we all face in closing the gap between people who have good health and those who are in poor health. However, I am optimistic that we are committed to it as a Parliament and in partnership with other Parliaments across these islands. I am optimistic that, armed with the wealth of knowledge that exists among all stakeholders who come to Parliament and lobby us, and which exists among the health experts, we can make serious inroads into health inequalities. However, the services that our NHS provides are integral to the solutions to the problem.

15:30

Nanette Milne (North East Scotland) (Con):

The scoping exercise that the Health and Sport Committee carried out with the intention of defining the terms of reference for a possible full-scale inquiry into health inequalities soon indicated that such inequalities are rooted in much wider social and other issues, many of which are outwith the remit of the committee—or, indeed, of the NHS—and that such an inquiry would be unlikely to reveal much beyond what many previous studies had already found. That is why we decided to proceed with shorter in-depth investigations into specific areas that bear on health inequalities, including teenage pregnancy, and to ask other parliamentary committees to consider where their work might be relevant to dealing with that serious blight on our society.

Successive Governments have wrestled with health inequalities. However, a boy who is born today in East Dunbartonshire can still expect to live for 82 years while a contemporary from the east end of Glasgow is likely to die up to two decades earlier. What is more, the latter will probably spend more of his life dealing with poor health.

That difference exists not only between local authority areas; it also occurs between councils' least-deprived and most-deprived areas. As NHS Health Scotland has pointed out, even in my city of Aberdeen, which is widely acknowledged to be prosperous, there is between the affluent parts and the areas of greatest deprivation a six-year gap in life expectancy for men and a four-year gap for women.

It is now recognised that the best way to tackle health inequalities is to do so upstream, to use the jargon, by intervening early in life—indeed, even before birth—rather than by taking action downstream to deal with problems that have already developed.

The oft-quoted former chief medical officer, Sir Harry Burns, who is renowned for his work on health inequalities, emphasised to the committee the importance of early interventions and pointed out that

“Children who experience adverse events in early life are far more likely to have mental health problems and are far less likely to succeed at school. That creates a generational cycle of failure in a number of domains of living.”

He concluded that

“unless we break”

that

“cycle by radically changing conditions of nurture, attachment and support for babies and their families, we will not be as effective as we can be.”—[*Official Report, Health and Sport Committee*, 22 January 2013; c 3151.]

That is where health visitors come in, and it is why the Conservatives were delighted when Alex Neil, as Cabinet Secretary for Health and Wellbeing, decided to fund 500 more of them. We have always thought that primary care practice based health visitors are in pole position to help families right through from pregnancy, into the child's early years and on into school age, by which time lifestyle patterns have been set. They are ideally situated to pick up early on problems of development and nurture so that the problems can be tackled before it is too late. They can give support to, or enlist help for, parents who are struggling to bring up a family in poverty, with poor physical or mental health and with other conditions, including alcohol or drug addiction, that are often found in deprived and disadvantaged communities.

Although the health sector has a major role to play, it must play it in conjunction with other policy areas including education, housing, environment, work provision and income. The matter clearly cuts across many of the policy areas that are in the Parliament's remit. As the British Medical Association says in its briefing, if real progress is to be made,

“significant efforts will have to be made across a raft of policy areas outwith health, and by different agencies collaborating and working more effectively together.”

Many children who are born into deprived communities are in households where up to three generations of the family have no work experience. Education is the key to breaking that cycle, so that future generations can learn the skills that they need in order that they can become part of the workforce.

Coming from Aberdeen as I do, where we face significant skills shortages in an area that has near full employment, it grieves me that there are parts of Scotland where significant numbers of people have no access to jobs but could, with appropriate education and training, achieve successful lives in well-paid employment in, for example, the oil and gas industry—I appreciate that there are difficulties in that industry just now, but I hope that they will be temporary—or in other sectors including fish and food processing and hospitality, in which Scottish people seem to be reluctant to become involved.

Difficult though it may be, I would like the Scottish Government to explore ways of linking areas of mass unemployment to areas where there are labour shortages, because that could provide opportunities to people who have previously been written off as having no real chance of earning a living and improving their lifestyles. It seems to be so unfair that that is still happening in this day and age.

Much work is being done by third sector and other organisations, which are all important in the collaborative approach that is so necessary in overcoming health inequalities. Organisations such as the Royal College of Nursing and Voluntary Health Scotland have important examples of achievement at community and personal levels. I would also like to mention Sistema Scotland, whose big noise centres have been hugely successful in Raploch in Stirling and Govanhill in Glasgow. Work is under way to establish a centre in Torry in Aberdeen. Through music making, they help with the development of personal and community confidence, which it is hoped will have a knock-on effect on health.

I hope that I have given just a little insight into what the Health and Sport Committee has been aiming for. If we are eventually to overcome health inequalities in Scotland, there is a need for co-operation across all sectors and all policy areas. That is what we all want, and I hope that we can achieve it.

The Deputy Presiding Officer: This afternoon's debate is slightly unusual in that most of the contributors will be the conveners of the Parliament's committees speaking on behalf of their committees. Unfortunately, speeches must be of only four minutes.

I call the convener of the Education and Culture Committee, Stewart Maxwell.

15:36

Stewart Maxwell (West Scotland) (SNP): The Presiding Officer is right—I am speaking in the debate as the convener of the Education and Culture Committee.

Our committee is acutely aware of how inequalities can affect pupils' performance and participation in school, college and university. Indeed, we are in the middle of a year-long piece of work to consider how the educational attainment gap in schools could be closed.

As members are aware from recent debates, many different approaches have been proposed to bring about change in our schools, but there is a commendable unanimity in the view that more effort is needed to ensure that disadvantaged pupils do much better. No one is willing to accept that the current stark divide in attainment is inevitable.

The differences between the outcomes for our most-advantaged pupils and those for our least-advantaged pupils have been well aired recently, and members will be very familiar with some of the key statistics. Rather than simply restate them, I want to highlight specific aspects of our on-going

work that we hope will help to turn around those statistics.

We have just held an evidence session on how the third and private sectors can help to raise attainment—in particular, for the pupils whose attainment is lowest. Next week, we will consider how parents and schools can best work together to raise attainment—again, in particular for those who perform least well.

Members will have picked up that questions about inequality were built into our work from the outset. As a committee, we think that that is the best means of ensuring that such issues are given the prominence that they deserve. We will also examine how the attainment levels of pupils who have hearing or visual impairments could be improved. There are significant inequalities in respect of outcomes for those pupils and we want to understand how they can be addressed. In theory, there is every reason to suggest that, with the right support, visually impaired and hearing-impaired students could do just as well as their peers, but up to now that has not happened.

Of course, this is not the first time that our committee has considered the corrosive impact of inequalities on the education system and children's life chances. Earlier this session, we held a major inquiry on the educational attainment of looked-after children in recognition of the fact that, comparatively speaking, that group's performance was particularly poor. That was especially the case for the group that was described as being looked after at home, whose results in school were the poorest of all.

Members will not be remotely surprised to hear that looked-after children also tended to have poorer school attendance records and were less likely to go on to employment or further or higher education after leaving school. In addition, they went on to experience poorer health and lower life expectancy. That is the thing about unequal outcomes—they tend to come in a package.

Our remit asked, in part, why since devolution more significant progress has not been made on improving the educational attainment of looked-after children. That remit might have suggested a certain weariness—a feeling that some problems might be just too difficult to solve. Over the years, many committee inquiries will have run up against the same hard ground. Despite all the efforts, all the legislation and all the funding, why are our schools, our hospitals and our criminal justice system not performing as well as we all want? Very often, the response is that inequalities can be so deeply entrenched that they act as a brake on progress.

Although it is important to be realistic, we should never be defeatist. We spoke to many children

and young people who had experienced care, and we were struck by the enormous potential and ability that they showed. With the right support and investment and, on a human level—harking back to Duncan McNeil's speech—with the love and care that those children and young people deserve, the damage can be undone and they can flourish.

Of course, we are the Education and Culture Committee, and it would be remiss of me not to mention briefly that we have considered inequalities on the cultural side of our remit too.

The Deputy Presiding Officer: You must be brief, because I must ask you to draw to a close.

Stewart Maxwell: The two sides are not, of course, mutually exclusive. Members will be well aware of initiatives such as Sistema Scotland, which has already been mentioned today.

I welcome the debate, and I hope that I have assured members that the Education and Culture Committee is as committed as everybody else in Parliament to tackling the many inequalities that continue to bedevil our society.

The Deputy Presiding Officer: I call the convener of the Public Petitions Committee, John Pentland.

15:40

John Pentland (Motherwell and Wishaw) (Lab): I thank you, Presiding Officer, for inviting me to speak as the convener of the Public Petitions Committee. Although it is not a policy committee, we deal with policy issues that people raise because they feel that those issues have not been given the attention that they deserve. In that respect, the committee has been successful and has helped to fulfil the Scottish Parliament's aim of engaging more effectively with the Scottish people.

Many petitions that the committee has received relate to health matters and inconsistent access to services and medicines. At the heart of health inequalities are often wider inequalities. I am sure that many members recall the petition on access to insulin pumps, which highlighted the different policies that health boards had adopted. The committee was effective in ensuring improved access to and consistency in the provision of such pumps.

The petition on the treatment of rare—or orphan—diseases was referred to the Health and Sport Committee, and on the back of that the Scottish new medicines fund was established. The petition on chronic pain resulted in the Scottish Government setting up a national service for sufferers.

We recently received two health-related petitions that raise more fundamental concerns about fairness. Jeff Adamson, on behalf of Scotland against the care tax, told the committee about how current care charging affects him and outlined the inconsistencies between local authority areas that lead to inequality. He said:

“Community care is needed to eliminate discrimination, promote equality of opportunity and protect human rights. Without it, many disabled people cannot participate in society on an equal basis with others. We believe that charging breaches at least seven different rights. Is this the way in which a fair and just society should treat disabled people and their carers—by taxing them to live a normal life?”—[*Official Report, Public Petitions Committee*, 11 November 2014; c 18.]

As members will know, at the heart of the petition is a health inequality, which the Public Petitions Committee agrees must be carefully considered.

The other petition is by Amanda Kopel, whose husband Frankie was diagnosed with dementia before his 60th birthday, before he sadly passed away at the age of 65. Mrs Kopel told the committee that dementia

“is no respecter of age, creed or colour or how much money you have ... Frankie did not ask to be diagnosed with dementia, but I find that he is discriminated against by having to pay for personal care because he is under 65. Free personal and nursing care was introduced in Scotland in July 2002 for people over 65. We pay almost £350 per month for his personal care, which covers 45 minutes' input each day ... I would love to have been able to continue to carry out my husband's personal care, but his dementia has progressed to the point at which that is no longer possible. It should not matter whether someone is 55 or 75.”—[*Official Report, Public Petitions Committee*, 17 September 2013; c 1649.]

The issues have been under discussion for some time, and I am sure that the committee and the petitioners would like rapid progress.

Although our committee is not a policy committee, I am sure that members would agree that we have a major role to play in ensuring that, where appropriate and with foundation, health inequality issues can be dealt with and flagged up for action. I welcome the debate and I hope that it will make us think more carefully about how we as a Parliament tackle health inequalities.

15:44

Jim Eadie (Edinburgh Southern) (SNP): In his eloquent opening speech, Duncan McNeil was right to tell us that inequality diminishes us all. I commend him and the Health and Sport Committee for the valuable work that they have undertaken in scrutinising health inequalities.

As convener of the Infrastructure and Capital Investment Committee, I will talk about areas in that committee's remit in which opportunities exist to address health inequalities through

infrastructure improvements. The committee keeps under close scrutiny Government support for sustainable and active travel. Numerous studies highlight the obvious health benefits associated with walking and cycling, which contribute to a more active and healthier lifestyle. We should not forget the further health benefits that can arise from reducing the number of cars on the roads, reducing carbon emissions and improving the quality of the air in our communities.

The committee has heard from a range of stakeholders, including Cycling Scotland, Sustrans and the Spokes Lothian cycle campaign, about the need for further and sustained investment in active and sustainable travel and the need for all communities to have access to the appropriate infrastructure that is required, such as dedicated cycle paths and good public transport links.

The levels of health inequalities that exist in our more deprived communities highlight the importance of doing all that we can to improve the infrastructure to support active travel and ensure that everyone can benefit from the associated improvements to health and wellbeing through regular physical activity.

We asked the Scottish Government to re-evaluate the level of investment in sustainable and active travel. I therefore welcomed the announcement in February by the Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy, John Swinney, of an additional £3.9 million for cycling and walking infrastructure from the money coming to Scotland through the Barnett formula, and I very much welcomed the announcement yesterday by the Minister for Transport and Islands, Derek Mackay, of a £10 million boost for walking and cycling from the future transport fund. I am glad that the Government is listening to the committee.

There is much more still to be done, but that is a good start to the financial year and it will, as the national director of Sustrans, John Lauder, has said,

“build on the solid momentum that has been gathering pace over the past three years to create better conditions for people to walk and cycle for their short, everyday trips.”

We asked the Scottish Government to consider how it could benefit from the success of a number of trial projects, such as the provision of enhanced cycling infrastructure in Edinburgh and Glasgow, projects that have been delivered through smarter choices, smarter places initiatives and projects that are under way in Edinburgh to make city roads safer for cycling and walking.

Improvements in housing quality standards can have a significant and positive effect on the health and wellbeing of tenants and householders. To tackle health inequalities that are associated with

poor-quality housing, everyone should have access to a home that is appropriate to their needs, provided with modern facilities, energy efficient and free from serious disrepair. Such standards, particularly in assisting with energy efficiency, can help to alleviate fuel poverty and therefore free up family funds for essential purchases such as better-quality food to help to maintain a healthy lifestyle and improve health outcomes.

We have therefore asked the Scottish Housing Regulator to keep the committee informed of social landlords' performance against Scottish housing quality standards. Where they fall short, we will ask serious questions about what action is being taken to improve matters.

The provision of appropriate housing adaptations can allow people to stay in their own homes and continue to lead independent, healthy and active lives, rather than going into hospital or to a care environment.

Far more serious health inequalities befall homeless people. The committee has monitored and will continue to monitor closely the implementation of the 2012 homelessness commitment, which appears to be delivering tangible improvements.

Our committee welcomes and takes seriously our responsibilities in seeking to identify policy and funding interventions within our remit that will contribute to a reduction in health inequalities and close the health inequality and life expectancy gaps, which all of us in the Parliament wish to see happen.

The Deputy Presiding Officer: I call the convener of the Welfare Reform Committee.

15:48

Michael McMahon (Uddingston and Bellshill) (Lab): With so many conveners speaking in the debate, it is understandable that we each have a limited time. I will therefore restrict myself to a single point. It is a point that some may find uncomfortable, but my committee has received considerable evidence on it, and the majority share my view on it.

Welfare reform is having a significant impact on health inequalities. It is increasing them and making people sick. Much of the welfare reform affects people with disabilities, who are all in the process of being reassessed. Some argue that that is so that they are not left to rot on benefits; others argue that it is about saving the state money, as all those reassessments are resulting in fewer people qualifying for disability benefits.

Either way, one thing that appears incontestable is that the reassessment process is making people

sick. It is increasing the stress on already vulnerable people, making the sick sicker and increasing health inequalities.

Welfare reform is making people sick, but members should not take my word for it. Instead, they should listen to ordinary people who have had the courage to share their experiences with the Welfare Reform Committee. Murray Grant from Arbroath, who has multiple sclerosis, wrote to us last year to say:

"Yesterday I received a letter from ATOS with a Limited capability for work questionnaire. I was a bit shocked when I received this as I thought I would not be reassessed until at least 2015 and this could possibly affect my mobility, DLA and ESA payments. The strain and stress of going through all this again is not doing my health much good and I fear for my future ... I am concerned about what effect this may have on my health as I have a degenerative condition that there is no cure for and stress does not help."

Members should listen to John Lindsay from Carfin, in my constituency, who said:

"My depression can sometimes go away for periods of time, but it always comes back and, when it does, it hits me hard and floors me. I have always had a certain degree of anxiety, but since 2011 it has got worse due to my horrific experiences of jobseekers allowance and ESA. Now my anxiety is much worse than my depression".—[*Official Report, Welfare Reform Committee*, 9 December 2014; c 5.]

Members should also listen to Jane McGill from East Kilbride, who is on dialysis three days a week and awaiting a double organ transplant. She said:

"I received a letter from Department for Work and Pensions advising me they now consider me capable of work and I have been moved from the Support Group to the Work Related Activity Group which means I have to prepare for work. I had to go for an interview to the Jobcentre last week, which takes a great deal of effort, not to mention stress to get to. I am now expected to take part in other activities, if I do not it will affect my benefit.

The bottom line to this is I had a job with the Government, they deemed me unfit for work, and I had to leave through ill health. I therefore claimed the benefits to which I am entitled, and now the UK Government want me off benefits and say I am fit to work. I have copies of all the relevant medical reports (all independent) which says I am unfit to work and will be for the remainder of my life, this is why I was retired through ill health from HMRC."

Most people accept that some sort of reform of the welfare system is necessary, and that includes the assessment system, but the process does not have to be that way. The transfer of responsibility for disability living allowance and personal independence payments to this Parliament gives us an opportunity to create a scheme that respects the dignity and humanity of the people with disabilities who will rely on us for support. That is an opportunity to stop welfare reform making people sick.

15:52

Kenneth Gibson (Cunninghame North) (SNP): It is with pleasure that I speak on behalf of the Finance Committee. The Health and Sport Committee concluded that

"most of the primary causes of health inequalities are rooted in wider social and income inequalities ... such as low income and poverty, economic disadvantage, poor housing, low educational attainment and industrial decline."

The Finance Committee has considered a number of those issues, and I will focus on our work on prevention and on developing stronger scrutiny of outcomes.

The Government and COSLA defined preventative approaches as

"actions which prevent problems and ease future demand on services by intervening early, thereby delivering better outcomes and value for money."

In 2011, the Government committed to a decisive shift to prevention to bring about

"a step change in the way ... we fund and deliver public services."

It announced funding of £500 million for three change funds to

"support a transition across public services away from dealing with the symptoms of disadvantage and inequality towards tackling their root causes."

That would be achieved by leveraging funding from existing budgets to invest more in preventative approaches. The three change funds covered the early years, care for older people and reducing reoffending. Guidance on single outcome agreements also states that SOAs should aim to

"promote early intervention and preventative approaches in reducing outcome inequalities".

In our scrutiny of draft budgets, the committee has monitored progress in delivering that decisive shift. In evidence to the committee, Sir Harry Burns spoke passionately of his belief in the importance of early years investment and the numerous benefits that it could bring. However, we also heard evidence from those responsible for the delivery of front-line services about the problems that had arisen in maximising the impact of the early years change fund. To invest more in one area, one must disinvest in another, and the committee remains concerned that we have seen little evidence of any budgetary shift towards prevention.

The reshaping care for older people change fund was introduced to

"improve the way that public, private and third sector organisations work in partnership to deliver health and social care services."

The approach was intended to reduce unnecessary hospital admissions and increase the

capacity of community-based care through health and social care integration and joint working. Again, however, we heard of the challenges faced in disinvesting and the slow pace of progress in achieving our ambitions.

Another important part of our scrutiny is how we link financial inputs to the successful delivery of outcomes. We accept that showing links can be challenging, given that the spending in question is cross cutting. Seven of the 16 national outcomes in the Scotland performs framework are identified as contributing to a healthier Scotland, so developing a better understanding and analysis of the information that we have is vital to discovering what is working and—as important—what is not working.

The Government made it clear that community planning partnerships would “play a decisive role” in the shift towards prevention. To do that, our public sector organisations must work effectively together. Again, the committee heard evidence that, although things are moving in the right direction, progress has been slower than hoped. One CPP told us:

“We are now on the precipice of the next step”.—[*Official Report, Finance Committee*, 8 October 2014; c 44.]

Clearly, there is a long way to go before we have truly joined-up, long-term planning that is aligned to prevention.

Health inequalities are a complex issue for which there is no panacea. However, it is encouraging that the problem’s cross-cutting nature has been recognised in this and previous debates and that so many committees are represented this afternoon. Prevention is important in attempting to reduce health inequalities and, notwithstanding some of the issues that I outlined, the Finance Committee recognises that some progress has been made and supports the Government’s approach to prevention.

The Deputy Presiding Officer: I call the convener of the Local Government and Regeneration Committee.

15:56

Kevin Stewart (Aberdeen Central) (SNP): I welcome the opportunity to contribute to the widening discussion of health inequality issues. I commend Duncan McNeil and the Health and Sport Committee for securing the time for the debate.

The Local Government and Regeneration Committee’s remit has afforded us a number of opportunities to look at health inequality and at inequality in general. In recent times, we have published reports on public service reform and regeneration that have highlighted inequalities. As

the debate today is short, I will look at some of our current work on the Community Empowerment (Scotland) Bill and the Air Weapons and Licensing (Scotland) Bill.

The Community Empowerment (Scotland) Bill seeks to address inequality by empowering communities. However, a number of submissions and witnesses have suggested that communities with sharp elbows will end up with the lion’s share of what is available, with outcomes being improved for one community perhaps at the expense of another. Many of our recommendations focused on building the capacity of communities that are less able to take advantage of the bill. We recommended that public authorities should report on the measures that they take to address inequalities between communities in their areas, which would underpin the shift in focus to assist those with less capacity.

The bill will place a duty on local authorities to provide a sufficient number of allotments, to ensure that waiting lists are below a specified target. In response to our video on allotments, we heard how allotment growing could contribute to mental and physical wellbeing. One allotment holder told us:

“My mental health has improved greatly—I’ve had my medication reduced three times this year and am nearly back to the licensed dose. I’m stronger and healthier than I have been in years. I’m eating well of fresh, organic produce. I’m getting exercise. I’m making friends—something I haven’t been able to do for a very long time, if ever.”

In our engagement with people through the course of our work, we have heard their stories—which otherwise we often would not hear—about how small things can make a huge difference to people’s lives. We should take cognisance of the level of engagement that there has been.

I turn to the Air Weapons and Licensing (Scotland) Bill. In its wide scrutiny of alcohol licensing provision, the committee found that boards have not addressed the overconsumption of alcohol particularly well, and there seems to be little communication between health boards, alcohol and drug partnerships, the police and the boards to highlight exactly where the difficulties lie.

Just this week, we published our report on the bill, which recommended a clear role for health boards and alcohol and drug partnerships in providing evidence to licensing boards to assist in their determinations. We made it clear that we expect all health boards to be proactive in presenting and championing health inequalities issues to licensing boards. The committee also made other recommendations in that regard.

Duncan McNeil can rest assured that the Local Government and Regeneration Committee will

continue to look at all inequalities and to take into account health inequalities in all its work.

16:01

Murdo Fraser (Mid Scotland and Fife) (Con): I am pleased to contribute this afternoon as convener of the Economy, Energy and Tourism Committee. I welcome the debate and the innovative approach that has been taken.

I also have another role—I am the co-convener of the cross-party group on health inequalities. Before I talk about the work of the Economy, Energy and Tourism Committee, I want to highlight “Living in the Gap”, the new report from Voluntary Health Scotland, which Fiona McLeod has already mentioned. Last week, I hosted the report’s launch in the Parliament. At that event, we heard about the voluntary sector’s vital role in tackling health inequalities. We were also given a number of examples from different parts of the country of voluntary projects that are absolutely vital to those who are most vulnerable as a result of health inequalities. The minister, Mr Hepburn, was also present and addressed some of the points that were raised. I hope that as we take the debate forward, not just this afternoon in the chamber but in general, we bear in mind the voluntary sector’s vital role in helping us to address the issue.

I want to look at the interrelationship between health inequalities and economic performance, which is an issue that comes under the Economy, Energy and Tourism Committee’s scrutiny. I am sure that none of us has to go back terribly far in our family trees before we discover what can be called “poor circumstances”; indeed, during the Health and Sport Committee’s inquiry, Sir Harry Burns asked committee members to do that very thing. The point that the former chief medical officer was making was that poverty need not condemn a person to failure. However, people will find somewhere on their family tree—however many generations ago—the moment at which enterprise or education made a difference.

Sir Michael Marmot, who is the experts’ expert on health inequalities, put it another way when he said, “Poverty is not destiny”. Sir Michael chaired the commission on social determinants of health, which was a WHO initiative, and the findings of its 2008 report set out the economic benefits of reducing health inequalities in terms of productivity, tax revenues, welfare spending and health costs. The Organisation for Economic Co-operation and Development came to a similar conclusion in research that it published last December, which found that countries where inequality was decreasing were growing faster. That view has been taken up by the managing director of the International Monetary Fund, Christine Lagarde, who last May made a similar

point at a conference in London on inclusive capitalism. Such conclusions are not universally accepted—nothing ever is in the field of economics—but at least a lively debate is being had, and will no doubt continue to be had, on the link between inequality and economic performance.

I thank Duncan McNeil and his committee for their work on health inequalities. It is absolutely right that it should be not just a matter for the Health and Sport Committee but a matter that all parliamentary committees should be aware of. Two years ago, the Economy, Energy and Tourism Committee undertook an inquiry on underemployment, and we have agreed to do a new piece of work that will examine the progress that has been made on that issue and take a broader look at work, wages and wellbeing. The Scottish Government has made fair work and tackling inequality central to its refreshed economic strategy; as Mr McNeil said, aspirations are one thing, but we need to see more detail than we have seen so far.

Four minutes is far too short a time to address many of the key points that we need to talk about. It is too short a time to cover the statistics from the recent Scottish Parliament information centre briefing on fuel poverty. It is too short a time to talk about the Glasgow Centre for Population Health research on the quality of employment and its impact on wellbeing. It is too short a time to outline the work that the David Hume Institute commissioned on the effectiveness of policies that are intended to redistribute income and wealth more equally.

Today we have merely scratched the surface. I hope that we can return to the issue, which is of such importance.

16:05

Rob Gibson (Caithness, Sutherland and Ross) (SNP): On behalf of the Rural Affairs, Climate Change and Environment Committee, I am delighted to take part in a health inequalities debate. It is hugely relevant to many of the issues that are manifest in a rural setting and in fragile communities.

There are four parts to what I wish to say. I will talk about climate change; access to the outdoors and Scotland’s natural environment; life in rural areas; and service delivery in rural areas.

Fundamental to our life in future is the ability to protect ourselves against rampant climate change. Parliament has taken a united view that we have to tackle that seriously. There are equalities issues within that, and people have to be protected. Poverty is created by things such as flooding, and research is looking at how to avoid flooding. The

committee has dealt with issues around the disruption to families that can occur as a result of floods in our communities. The climate change adaptation programme looks at getting people clued up. Issues such as how to deal with heatwaves and the cardiovascular and respiratory diseases that can arise from them need consideration and much more research.

Access to the outdoors and Scotland's natural environment is perhaps the good-news story. However, unfortunately not enough of our people get out of doors—they do not even get on to the Forestry Commission land that is close to the estates on the edges of our cities. We are trying to create a central woodland and forest network and the means by which people can use that for recreation. That is part of our concerns. The Scottish Government should familiarise itself with the work of organisations that seek to ensure that the outdoors is accessible to all groups in society, so that disabled people can also get outdoors. Only 64 per cent of disabled adults use the outdoors compared with 80 per cent of non-disabled adults.

Service delivery in rural settings has a huge bearing on health inequalities. The committee has done work on broadband provision in rural areas. There can be an impact on health issues if telehealth is not made easily available to people who live in the most remote areas—areas where broadband should have been installed first. During the budget process, the committee highlighted concerns about rural areas in Scotland that had little, no or poor broadband provision. We must make sure that that is rectified.

Living in a rural area can damage people's health in a lot of other ways. Living in temporary accommodation, such as caravans that are let seasonally, or having no access to land on which to build a house can have a huge bearing on life in rural areas. We wish to see many such issues tackled.

Life in rural areas can be dangerous. Agriculture is the riskiest occupation by industry sector in terms of fatal injuries. Mental health issues are also a concern. Problems such as dyslexia, which has recently been debated in Parliament, are prevalent among farmers, raising stress levels and affecting people's health.

We should all have some watchwords that are important to us, and I quote Nye Bevan, who said that, in a capitalist society,

“either poverty will use democracy to win the struggle against property, or property, in fear of poverty, will destroy democracy.”

That is as true in rural areas as it is in the cities.

The Deputy Presiding Officer (John Scott): You must close, please.

Rob Gibson: We must make sure that a more explicit link between the national performance framework and equalities issues is made in the Government's programmes.

16:09

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I welcome the opportunity to speak in the debate on behalf of the Justice Committee. Our committee has a strong track record on considering health inequalities and inequalities at large as part of our work. There are a myriad of examples in our penal system, involving drugs, alcohol abuse and so on.

We considered health inequalities during our 2013 work on the transfer of prison healthcare from the Scottish Prison Service to the NHS. In “healthcare”, I include care for those with mental health problems, and the prison population has a disproportionate number of people who suffer from such problems. That work led to a series of fact-finding visits to prisons. One key issue that came through during those visits was the problem that offenders had in gaining access to a general practitioner immediately upon release. Many of them simply did not have a GP, so they quickly lost the benefits of prison healthcare, particularly the work that removed their drug and alcohol addiction.

Next week, the Parliament will debate the Prisoners (Control of Release) (Scotland) Bill at stage 1. The bill provides, inter alia, that the Scottish Prison Service will have greater flexibility to bring forward the date of release by up to two days. Why should that matter? It matters because that will allow the SPS to improve throughcare for prisoners on release. If prisoners are released on a Friday, they find that everything is closed: the housing department, the benefits system and even general practices. They will now be able to access those services on release. The hours after someone comes out of prison are very important. That is a positive step, and I call on the Prison Service and the NHS to ensure that people who are released from prison can be registered with a GP in their home area as quickly as possible.

We also considered health inequalities during a one-off round-table evidence session in August 2014 on the link between brain injury and the criminal justice system. That led to a brain injury and offending workstream being tasked by the Government to look into issues that were raised during our evidence session, and the work will be reported on in summer 2015. Often, the behaviour of people with a brain injury may give rise to criminal prosecutions, but the link is not made.

Imprisonment itself leads to health and other inequalities. It is apposite that we have Families

Outside, which represents the families of prisoners, because families are affected by having someone in prison.

Much of the remainder of this parliamentary session will, as usual, be devoted to scrutiny of bills. We carry out that scrutiny well aware of the impact of justice reforms on other matters, such as health inequalities and human rights. I hope that the health impact on individuals who are trafficked, for example, will be addressed when the Human Trafficking and Exploitation (Scotland) Bill comes into force—if the Parliament votes to pass it—by identifying victims earlier and by protecting them from the traffickers, who are often the reason why people do not say that they are being trafficked.

The Parliamentary Bureau might refer to the Justice Committee the community justice bill, in which there will be opportunities to address health inequalities. Of course, not all legislation lends itself to a consideration of health inequalities but, when a bill does so, the committee makes every effort to deal with the issue.

The last thing that the convener of the Health and Sport Committee would want is tokenism from other committees but, when the issue of health inequalities is relevant, we certainly build it into our programmes.

16:13

Margaret McCulloch (Central Scotland) (Lab): As convener of the Equal Opportunities Committee, I welcome today's debate on this very important topic.

The issue of health inequalities has been highlighted during our evidence taking in a variety of areas. Last year, we examined how the budget affected both older and younger people, and the evidence pointed to the difficulties in tackling multiple illnesses. In that context, Professor Stewart Mercer, professor of primary care research at the University of Glasgow, raised concerns about enduring health inequalities. Referring to people with multiple illnesses, he suggested that those from deprived areas

"may, at the age of 50, have the same amount of multiple morbidity as somebody in one of the most affluent areas who is 70."—[*Official Report, Equal Opportunities Committee*, 13 November 2014; c 7.]

The committee is currently pursuing an inquiry into age and social isolation. Although we are still taking evidence and have yet to reach our conclusions, a number of key themes have already been repeated in scoping sessions and in evidence taking, and health has come to the forefront.

We have heard about the impact of social isolation on the health and wellbeing of a range of

people. Evidence received to date touches on the health aspects of social isolation and the related equality issues.

The chief executive of the Food Train, Michelle McCrindle, told us:

"Research has found just over 10% of over 65's are often or always lonely with that figure rising to 50% for the over 80 age group. Similarly, research has also found that just over 10% of over 65's are at risk of or are malnourished (for the purposes of the research this means a Body Mass Index <18.5)."

The Food Train believes that it

"is not mere coincidence that the same number of older people are affected by malnutrition and loneliness."

In the Food Train's experience,

"the two are interlinked, which also means they can be successfully tackled together."

It points out that

"Food and eating are hugely social activities"

and that it sees

"tremendous improvements in older people when they are supported with food access."

They eat more, eat better and find motivation for food again. When we add additional socialising support, such as befriending services, the opportunities for improving food intake increase even more. The feedback from older people who use the Food Train's services is that

"they eat more than they would have previously, enjoy food more ... and are feeling better physical and mentally as a result."

The committee has heard about similar important projects that are essential to tackling the health problems that are associated with loneliness.

On young people, we have heard from a range of groups including Home-Start UK and Scotland's Commissioner for Children and Young People about the crucial nature of early intervention and health considerations.

The mental health of younger people in vulnerable situations has been drawn to our attention formally and informally. Pauline McIntyre, from the office of Scotland's Commissioner for Children and Young People, told the committee about the recent experience of a young person with severe mental health problems. Ms McIntyre said:

"Some of the delays that arose in the course of accessing appropriate support for them led to their condition deteriorating significantly. Even a delay in providing a service can have a massive impact on that child or young person's wellbeing."

She continued:

"If we do not put in the support at an early stage for a young person in a situation like that, or if we do not pick up on an issue, it spirals out of control, and we potentially end up with a much worse situation for that young person further down the line."—[*Official Report, Equal Opportunities Committee*, 5 March 2015; c 42.]

I wish to highlight the work of the Equal Opportunities Committee on the subject of female genital mutilation. That practice against women has a severe and enduring impact on their physical and mental health and is one of the greatest inequalities that the committee has encountered.

The Deputy Presiding Officer: You must close, please.

Margaret McCulloch: The committee is monitoring the work that the Scottish Government is undertaking and awaits the report of the short-life working group that has been set up to consider ways of tackling the practice in Scotland. The debate offers me the opportunity to highlight the need for health services to work towards prevention and to respond to the on-going emotional and physical difficulties that are faced by women who have undergone the practice.

The Deputy Presiding Officer: The final convener to speak in the debate will be Christina McKelvie, after which we will move to the open debate.

16:18

Christina McKelvie (Hamilton, Larkhall and Stonehouse) (SNP): I hope that I am last but not least, Presiding Officer.

The Deputy Presiding Officer: Absolutely.

Christina McKelvie: I will give another quote from that wise man, Nye Bevan, who said:

"Illness is neither an indulgence for which people have to pay, nor an offence for which they should be penalised, but a misfortune, the cost of which should be shared by the community."

It will not surprise members that, as convener of the European and External Relations Committee, I will speak about some of the work that is carried out by the European Commission and the World Health Organization on health inequalities. Often, when I speak at events in my capacity as convener, I find myself responding to questions that in effect ask, "What has the EU ever done for us?" I will talk about some of the international work that it has done.

First, what has the EU ever done in relation to health inequalities? It has worked on specific initiatives in relation to health inequalities for more than a decade. In 2003, it published a report entitled "The health status of the European Union: Narrowing the health gap" and, in 2006, the

European Council attached such importance to the issue that it identified an overarching goal of reducing health inequalities across the EU.

More recently, in 2009, in response to increasing unemployment and uncertainty arising from the economic situation in the European Union, the European Commission published a communication entitled "Solidarity in Health: Reducing Health Inequalities in the EU", because it regarded

"the extent of the health inequalities between people living in different parts of the EU and between socially advantaged and disadvantaged EU citizens as a challenge to the EU's commitments to solidarity, social and economic cohesion, human rights and equality of opportunity."

In 2009, when the European Commission published that communication on health inequalities, it acknowledged that, while the average level of health in the EU had continued to improve over the decades, the gaps in health between people living in different parts of the EU, and for the most disadvantaged sections of the populations, remained substantial and in some cases had increased.

That brings me to the second area that I would like to look at in relation to the EU, which is how average life expectancy in Scotland compares with average life expectancy in EU member states. In 2012, life expectancy at birth in the EU was 83.1 years for women and 77.5 years for men. In Scotland today, based on statistics from NHS Scotland, average life expectancy is 80.8 years for women and 76.6 years for men. If we included Scotland in a comparison table with EU member states, it would therefore sit below the average, in the company of the central and eastern European countries that joined the EU after the fall of the Berlin wall.

Maybe we need to look at the work that the European Commission is doing on promoting best practice and policies to address health inequalities and examine what has worked in other EU member states that have been more successful in tackling health inequalities or which face similar challenges to those that Scotland faces.

I turn to the work of the World Health Organization. In 2005, it set up a global commission on social determinants of health, and in 2008 it published a report entitled "Closing the gap in a generation: Health equity through action on the social determinants of health". In 2009, the World Health Assembly passed a resolution on reducing health inequalities and urged its member states to take action. Since then, there has been a series of initiatives, ranging from discussion papers to the development of handbooks and from conferences to regional reports on progress. Again, there might be value in looking at the work that has been done under the World Health

Organization's framework to see what we can learn from it.

I think we agree that, for Scotland to flourish as a nation, more effort needs to be directed at tackling health inequalities, and there are valuable lessons that we can learn from both near and far on what can work. I conclude by encouraging those who work in the area to look at the work of the European Commission and the World Health Organization.

16:22

Nigel Don (Angus North and Mearns) (SNP): I would like to look at a completely different aspect of this multifaceted problem, but my starting point is paragraph 66 of the Health and Sport Committee's report, which mentions Sir Harry Burns's comments on a comparative analysis of Glasgow, Liverpool and Manchester. He said that the difference between the three cities was

"related to empathy and connectedness".

The report states:

"Part of the challenge, he said, was 'about not just pulling a set of policy levers, but creating a sense of community and of compassion for people'."

I have absolutely no doubt that he is right, but when I saw the reference to Glasgow, Liverpool and Manchester, my mind immediately went to some unpublished research of which I have seen a draft, which indicates that there are dietary differences between those populations.

We might reasonably ask whether diet matters. We probably know that it does, but how much might not be quite so obvious. I would like to quote from the *Journal of Public Health* of 11 May 2011. The paper is "The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006-07 NHS costs" by Peter Scarborough and others. If I may quote selectively from the abstract, it says:

"Estimates of the economic cost of risk factors for chronic disease to the NHS provide evidence for prioritization of resources for prevention and public health ... In 2006-07, poor diet-related ill health cost the NHS in the UK £5.8 billion. The cost of physical inactivity was £0.9 billion. Smoking cost was £3.3 billion, alcohol cost £3.3 billion, overweight and obesity cost £5.1 billion."

The conclusion is:

"The estimates of the economic cost of risk factors for chronic disease presented here are based on recent financial data and are directly comparable. They suggest that poor diet is a behavioural risk factor that has the highest impact on the budget of the NHS, followed by alcohol consumption, smoking and physical inactivity."

I will also refer to a report that was published in the past month in the journal *Public Health Nutrition*, "Trends in socio-economic inequalities in the Scottish diet: 2001-2009", by Karen L Barton

and others. Again, I will quote selectively from the abstract, which says:

"Daily consumption of fruit and vegetables ... brown/wholemeal bread ... breakfast cereals ... and oil-rich and white fish ... were lowest"

and the consumption

"of total bread highest ... in the most deprived compared with the least deprived households, respectively, for the period 2007-2009."

The conclusion is important:

"There was no evidence to suggest that the difference in targeted food and nutrition intakes between the least and most deprived has decreased compared with previous years."

We know the effects of these things. The depressing thing is that, despite the best efforts of everybody involved, we have not made much progress. The point that I will leave members with is simply that diet-related illnesses are hugely important and hugely expensive, which is why I wanted to ensure that that aspect of our communities' life was raised in the debate.

16:26

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): Labour's first Scottish health white paper, in 1997, emphasised the primacy of social circumstances as a cause of health inequalities, as had the Black report 17 years previously. It is fair to say that, since then, under Labour and the SNP, there has been a bit of the lifestyle drift in Scotland that Duncan McNeil talked about.

Although downstream lifestyle factors are important, it is vital to reaffirm the significance of upstream societal factors and action in combating health inequalities. There is plenty of general evidence, from Richard Wilkinson and others, that creating a more equal society is fundamental for combating health inequalities. It seems that the majority of health inequalities researchers agree with that perspective.

Katherine Smith, who is a brilliant researcher and writer on health inequalities at the University of Edinburgh, published an article in the *Journal of Public Health* on 30 August last year that described how she had contacted a large number—up to 100—experts in health inequalities throughout the United Kingdom. The top three actions that they proposed to deal with the problem were: number 1, a more progressive system of taxation, benefits, pensions and tax credits; number 2, a minimum income for healthy living; and number 3, progressively focused early years expenditure.

The words "progressively focused" are very important because they echo the words "progressive universalism", which were used by

Michael Marmot when he gave evidence to the Health and Sport Committee. That is a central concept for combating health inequalities, although I accept that it is a classic chameleonic idea that can mean different things to different people and take different forms in different circumstances.

Michael Marmot's other central concept, which he also articulated to the Health and Sport Committee, was the idea of a health gradient, based on his classic study of different grades of the civil service in London. It is important that we think of the problem of health inequalities not in terms of health gaps, which is the common way of articulating the problem, but in terms of a health gradient.

I believe in initiatives to help the most vulnerable and disadvantaged. However, if we only do that, we will simply flatten the gradient at the bottom. We need to have upstream, population-based initiatives that affect the whole gradient. That has to be the context in which we take specific actions that are focused on the most disadvantaged individuals and communities.

I want to emphasise some initiatives that I strongly support. For decades, I have been well aware of community development initiatives in my constituency. The Pilton community health project is one example. I wrote to the Cabinet Secretary for Education and Lifelong Learning this week about an issue there. The actions that it takes in the community are very important and, as Murdo Fraser emphasised, there are many other similar projects in the voluntary sector more generally. Let us support such initiatives in disadvantaged communities.

However, let us not forget the NHS and, for example, the work of the GPs at the deep end. I initiated a debate on 7 January about nursing at the edge, which involves nurses leading action to help the most disadvantaged and vulnerable individuals in society. We should strongly support that kind of action by the health service, often in community settings rather than in hospitals and wards.

Although we must take action for the most disadvantaged, unless we also deal with the upstream societal issues and create a more equal society, we will never solve the problem of health inequalities.

16:30

Dennis Robertson (Aberdeenshire West) (SNP): I begin by commending Duncan McNeil for his excellent speech, which set the tone for this debate. In doing so, I say that I think that all the conveners have taken on board their respective

portfolios and considered how they can look towards the health inequalities that exist.

I want to focus on a few measures that I think make a difference. I believe that free eye tests make a difference to health inequalities. They are a preventative measure that can prevent people from suffering trips and falls and enable people to get about their daily business, which they might not have been able to do before the test.

Before the introduction of free eye examinations, a lot of people were reluctant to go to an optician for fear of the on-going cost. However, free eye tests identify cataracts at an early stage and can identify other conditions such as diabetes and macular degeneration. Those conditions have an impact on the quality of life of those who acquire them. For example, they can prevent them from going out, taking part in things or, say, making a simple meal. We should continue to support free eye tests and ensure that community optometrists are aware of how they can signpost people to third sector organisations and other agencies and determine whether a person needs the on-going support of the national health service.

The integration of health and social care is probably the model that may—I stress may—make the biggest impact on health inequalities. At the moment, part of the problem that we have arises from the fact that we are addressing this issue in silos. We cannot do that, because we need to take a holistic approach to the problem of health inequalities, which affect all aspects of a person's life.

I commend Stewart Maxwell for introducing the issue of people with sensory impairments in early education. For many years, those children have been disadvantaged, because the teaching materials that would enable them to obtain the level that they are perhaps capable of have not been made available to them, and nor has the necessary support thereafter. I know that a lot of work has been done to try to level that playing field, but a lot more needs to be done, especially for those who are deaf or hard of hearing. There is a great deal more to be done to resolve the inequalities that exist for them. We know that, when they leave education, those who have significant hearing loss, especially those who are deaf, can find that they do not have the opportunities that exist for other people to get into employment, further education or the skills market, which means that they are instantly affected by the fact of their sensory impairment.

The Deputy Presiding Officer: You might wish to draw to a close.

Dennis Robertson: Similarly, those with physical impairments are constantly

disadvantaged because of their housing situation and our environment. We need to resolve those inequalities.

16:34

Richard Lyle (Central Scotland) (SNP): I compliment Duncan McNeil on one of the best speeches that I have heard him make in this chamber.

Health inequalities are often described as the clear and unjust differences that come to pass between groups in different situations in our society. Tackling health inequalities requires a co-ordinated approach because they are caused, primarily and fundamentally, by income inequalities and poverty. Those factors have a profound impact on which group or groups have the best chances in life. For example, people who live in affluent areas in nice houses, and who earn good wages, are not only better off financially than those in less advantaged circumstances, but have, as the figures show, a better standard of health.

I will explore that situation further. The health inequalities that people face are based on the areas where they live. I read over the helpful briefing and health inequalities publications by NHS Health Scotland and, in particular, the figures on the average life expectancy in my Central Scotland region, which I must say made for disappointing reading. In North Lanarkshire, the average life expectancy is 74.9 years for men and 79.2 years for women. Over in South Lanarkshire, the difference is even starker, where the average life expectancy is 76.4 years for men and 80.6 years for women. The difference between the 15 per cent most deprived areas and the rest of the local authority area is as much as 6.9 years for men and 3.9 years for women.

In 2011-12, Scotland wide, the healthy life expectancy of people who live in the 10 per cent most-deprived areas was 23.8 years lower for males and 22.6 years lower for females than for those who live in the 10 per cent least-deprived areas.

The question is how to tackle the inequalities. I suggest that this SNP Government has been working hard, using the powers that Parliament has, to tackle health inequalities. It has abolished prescription charges, thereby truly making the NHS free at the point of need. We provide free NHS eye examinations, which Dennis Robertson mentioned, as well as free personal and nursing care, which has benefited more than 77,000 of Scotland's older people. We are also delivering free healthy school meals for all children in primaries 1 to 3.

That is in stark contrast to the UK Government, which has a lot to be responsible for, given its

austerity agenda and drive towards more and more changes in the welfare system—changes that will no doubt exacerbate poverty and will, as a consequence, have a greater negative impact on health inequalities.

It is clear from the support that is being offered to tackle health inequalities through the £40 million primary care development fund that the Scottish Government is committed not only to delivering on our national health service, but to delivering on change to make our country a more fair and equal place for all Scots to live.

16:37

Jackson Carlaw (West Scotland) (Con): For those of us who are serial contributors to health debates, this afternoon has been something of a treat, given that we have had so many contributions from what I suppose one must regard as the glitterati of the Scottish parliamentary establishment—the committee conveners. I thank some of them for even staying to hear speeches other than their own. In that regard, I pay particular tribute to Michael McMahon, Rob Gibson, Margaret McCulloch and Christina McKelvie, who have sat through the whole debate. However, all the contributions that we have heard were interesting.

I will return to the opening speech by Duncan McNeil, with which I found myself in considerable agreement. It will probably be a cause of considerable alarm to Mr McNeil that we may find that we agree on far more than he imagines. When I came into politics, people asked me whether I did so to end poverty, to end war and save the world or to eradicate inequality. They would then say, "No, you're a Tory—you came in to perpetuate all these things." That is not the case. I am convinced that health inequalities are at the root of all the inequality in society. In so far as we can deal with health inequalities, we could unlock the solution to problems that bedevil so many people in society.

On Duncan McNeil's assertion that all the political parties represented here have at some time been in Government and have been responsible for, and charged with, dealing with the issues that are under discussion, I advance the theory that our adversarial political system is one of the fundamental obstacles to tackling the issues at the heart of health inequalities. It is not that adversarial politics does not have considerable successes to which it can point—various parties in office at different times have secured significant advances in society. However, in our debate on the NHS, there is a gradual recognition across the chamber that what is undermining our ability to move forward with an agenda that would create a sustainable national health service is our need as

politicians to fall back on that adversarial approach. That is because we live in a political system in which votes are won by so doing and arguments are somehow buried—albeit that we all recognise the far greater understanding that there is between us on many of these issues.

Nigel Don: I wonder whether I might just briefly return to Jackson Carlaw's statement that health inequalities underlie most other inequalities. I ask him to reflect at some point on the seminal study, "The Spirit Level: Why Equality is Better for Everyone", which suggests that financial inequalities give rise to most other difficulties. I am not expecting him to counter that point right now, but I think that that is the message of a large amount of research.

Jackson Carlaw: I will, of course, reflect on that.

When I look at the train journey that was identified, I think that we are, in the future, going to see the biggest concentration of type 2 diabetes and the biggest concentration of dementia on exactly the same track on which we have seen all the other inequalities related to health that we have discussed. For me, there is an opportunity in this Parliament—if politicians from all sides are committed to so doing—to find and to map out a way to address the health service, which could lead to many health inequalities being resolved. That is one of the reasons why Conservatives are—as Nanette Milne said—so committed to the increase in health visitors.

Duncan McNeil asked, "Are we too tolerant?" The answer is yes. We are too tolerant of the loudmouthed adversarial political approach that has done little to advance a sustainable NHS, and undermines our collective will to tackle health inequalities.

16:42

Dr Richard Simpson (Mid Scotland and Fife) (Lab): The Health and Sport Committee report that was introduced by our convener, Duncan McNeil, is welcome. It has also been extremely important to hear from so many other conveners. The Education and Culture Committee convener dealt with looked-after children, the Infrastructure and Capital Investment Committee convener spoke about cycling and housing adaptations, and the Public Petitions Committee convener spoke about the accessibility of, and people's eligibility for, services.

The Welfare Reform Committee convener spoke about the insensitivity of the desire to change the system, which is being done in a way that crushes far too many people, and the Finance Committee convener spoke about community empowerment and the therapeutic effects of gardening, which I

particularly enjoyed. The Economy, Energy and Tourism Committee convener spoke about underemployment, the Rural Affairs, Climate Change and Environment Committee convener spoke about service delivery, access and climate change, and the Justice Committee convener spoke about drugs and alcohol, and referred to Families Outside and the children of offenders, which is a very important issue.

The Equal Opportunities Committee convener spoke about younger multiple morbidity linked to deprivation, about age and social isolation, and about food access, and the European and External Relations Committee convener spoke about the role of the EU and about human rights.

In the diversity of the conveners' contributions, there was unanimity on one thing—inequalities are everyone's responsibility. In this Parliament, there is clearly a general level of ambition to reduce inequalities. The problem is, how do we do it?

The helpful infographic that was referred to by Fiona McLeod and others on the gap in life expectancy along the train journey that Jackson Carlaw mentioned, and the related information on the years of good health and the differences between communities that has been published by NHS Health Scotland, although striking, do not take into account the fact that even in the wealthiest communities there is poverty, early ill health and premature death.

However, it is regrettable that the gap between the rich and the poor—between those who are empowered and those who do have power—has grown. The Organisation for Economic Co-operation and Development recognised that, under Labour, child and pensioner poverty was substantially reduced between 2000 and 2007, but since then poverty has increased. We were reminded by the BMA briefing about the increase of people in poverty in Scotland from 710,000 in 2011-12 to 820,000 in 2012-13, and that child poverty went up to 19 per cent.

Many speakers referred to Professor Marmot and Harry Burns and the powerful evidence that they gave the Health and Sport Committee. They suggested that there should be focus on a number of measures. The first was to give every child the best start; attempts are being made to deal with that. The second was to give everyone the chance to maximise their capability and—which is more important and is from the early Marmot study—to have control over their lives.

The third measure was to create fair employment. That is embodied in our common value that there should be a living wage, which the Scottish public health observatory has said is the single most important change that should be made. We must also eliminate exploitative

contracts and improve workers' rights, but that should be underpinned by a fair welfare state that does not punish people through the bureaucracy of trying to achieve a perceived better system.

As Marmot said, we need to create healthy and sustainable communities. That means providing good housing, education, transport and environments, as well as safe and healthy food. It also means strengthening social connectedness through services such as the Sistema Scotland big noise centres to which Nanette Milne referred. However, we need to tackle the gradient of health inequalities in all communities, not just those in the lowest decile.

The time lines that are illustrated in the Health and Social Care Alliance briefing are important, but the most important development is the Scottish needs assessment programme—SNAP—paper, which has not been referred to. It talks about a human-rights based approach, which is critical.

We have had a very short debate. Health inequalities could have been the subject of a full week's themed debates; I agree with Murdo Fraser that we have merely scratched the surface. We must have a much fuller debate on the topic. Many important issues have been raised, but we need to consider them collectively and in an integrated way in a much fuller debate.

16:46

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): I pay tribute to the Health and Sport Committee for its report and for securing the debate. I also commend Duncan McNeil for his passionate opening speech, which set the tone of the debate.

I also commend the approach that the committee has taken to the debate, which is fairly innovative. The involvement of the other committee conveners has undoubtedly helped to widen the debate's scope. I am not quite ready to agree with Jackson Carlaw's depiction of them as the Parliament's "glitterati", but the debate has definitely benefited from their involvement.

As Fiona McLeod and Murdo Fraser mentioned, I took part in the reception that he hosted for Voluntary Health Scotland—I say in passing that I agree with the point that he made that the voluntary sector has a huge role to play in the challenge. The central message from VHS's report "Living in the Gap" was that health inequalities are everyone's business. On that basis, it is welcome that so many of the Parliament's committees have engaged in the debate. I am sure that that interest and involvement will extend beyond it.

Dennis Robertson: Does the minister also commend the work of the cross-party groups in the Parliament?

Jamie Hepburn: Of course I do.

Before I respond to as much of the debate as I can, I will add my reflections on the debate about health inequalities and how the actions that the Government is taking are, we hope, contributing to reducing the gap.

To improve the health of our people, we must address the fundamental drivers of health and wider social inequality. At the root of the health inequalities that we face as a society is, as Richard Lyle said, income inequality. The committee came to that conclusion and I agree strongly with that perspective. That is underlined by the fact that payment of the living wage has recently been found to be one of the most effective interventions to tackle health inequalities. The Government has taken measures to pay at least the living wage to all Government and NHS employees. It has also, of course, commissioned the Poverty Alliance to promote the living wage in the private sector. I was delighted to see that, yesterday, the Cabinet Secretary for Fair Work, Skills and Training marked the 150th accredited living wage employer in Scotland. I was even more delighted—if you will indulge me, Presiding Officer—that that employer was CMS Enviro Systems, which is based in Cumbernauld in my constituency.

Last November's programme for government announced our intention to appoint an independent adviser on poverty and inequality to advise the First Minister directly on the actions that are needed to tackle poverty in Scotland. That accompanied the provision of £104 million in 2015-16 to mitigate the effects of the welfare benefit reforms that Westminster is implementing.

We also committed to establishing the fair work convention to develop, promote and sustain a fair employment framework for Scotland. We are taking action to increase educational attainment and to widen access to higher education. All those measures are designed to reduce inequalities and to make Scotland a fairer place.

I want to respond to some of the issues that were raised over the course of the debate. Jenny Marra mentioned access to sports facilities and cited the example of a girls football team from Carnoustie that has to travel to Dundee because of a lack of local facilities. I certainly agree that we should try to have as wide an array of local facilities as we can. Work to that end is under way. That was an interesting example, because it involved a group of girls who already engage in physical activity. The big challenge in this area relates to people who do not engage in physical

activity. We know that the gap in physical activity rates correlates closely with people's socioeconomic circumstances, so it is a health inequality issue.

Significant progress has been made through the active schools programme and the uptake of physical education, but I want to go further. I believe that sport can make a bigger difference in tackling inequalities and improving outcomes. Sport for development is a concept that is about intentionally delivering social impacts for individuals and communities through sporting activity. During legacy week, I was very happy to visit active east in Dennistoun. That programme is delivered by Scottish Sports Futures, which is heavily engaged in the concept of delivering good outcomes for youngsters. I believe that we can use sport to make a positive difference in tackling Scotland's health inequalities. Much of my work as a minister with responsibility for sport will be about that.

I must respond to the remarks of Michael McMahon, the convener of the Welfare Reform Committee, as I am a former deputy convener of that committee. I agree with the perspective that he set out, which is that the UK Government's welfare reforms are having a negative impact on people and are exacerbating health inequalities. In areas in which we have responsibility, this Government is investing to support vulnerable people. Our current and planned funding will result in an investment of around £296 million over the period 2013-14 to 2015-16. If only we could do more.

I see that I am running out of time, as I always do in such debates. I say to the Health and Sport Committee that I will respond to its report more fully in writing, and I will try to pick up on aspects of the debate that I have not been able to pick up on.

I very much welcome the tenor of the debate, which shows that we have a shared commitment to tackling health inequalities. I look forward to working with the Health and Sport Committee, every other committee of the Parliament and every member to do what we can to tackle Scotland's health inequalities.

The Deputy Presiding Officer: I call Bob Doris to wind up on the Health and Sport Committee's behalf.

16:52

Bob Doris (Glasgow) (SNP): Like other members, I pay tribute to the committee's convener, Duncan McNeil, for the tone that he set in opening the debate. I think that the committee's work has been the best-kept secret in the Parliament over the years. We have done sterling

work in getting on with the job at hand, regardless of party politics, and finding solutions and ways forward. I hope that our convener agrees.

If we see health inequalities as a matter simply for the Health and Sport Committee, the ministers in the health team and the national health service, we will never fully tackle the issue. That is why the committee sought a debate with such an innovative format. It has allowed us to hear from the conveners of all the relevant committees. On the Health and Sport Committee's behalf, I thank them all for their time and effort. We see the debate as a starting point rather than an end point, and we think that the *Official Report* of it should not just gather dust on a shelf somewhere.

I will try my best to cover as many of the points that were made in the debate as possible. On the Government's behalf, Fiona McLeod set out some of its policy commitments on tackling the poor start in life that some young people have, the cycles of poverty and deprivation that persist and income inequality. She talked about the upstream causes of health inequalities as well as what we are doing day to day to mitigate the effects of inequalities. Malcolm Chisholm made a strong point about that, too.

The minister made a bid for this place to have more levers of power to tackle the causes of inequality. I point out that, in paragraph 34 of its report, the committee made significant play of the level of pay in society, patterns of work and zero-hours contracts.

Our report also addressed welfare reform. We concluded that,

"Moreover, the implementation of welfare reform is reducing the income available to the poorest and most vulnerable individuals and families, potentially further impacting on health and wellbeing inequalities."

Irrespective of where the levers of power are in politics and society, this Parliament must scrutinise all the policy decisions that are taken that could impact on health inequalities. We all have to make that commitment.

Jenny Marra made an interesting speech, which was partly about primary care teams and the funding that community and primary care receives. Earlier today, the Health and Sport Committee met the Northern Ireland Committee for Health, Social Services and Public Safety, which has been looking at ways of withdrawing from the acute sector and moving more into primary care. That committee is considering the idea of having fewer targets for things such as elective surgery in order to disinvest from certain areas. There will be challenges for this Parliament if we decide to go down that road.

Nanette Milne spoke passionately about the role of health visitors—I know that she feels strongly

about it—and the Scottish Government's work in relation to that.

I will move on to the speeches from our committee conveners. Stewart Maxwell, on behalf of the Education and Culture Committee, said that educational inequalities are corrosive, and he spoke powerfully about the plight of looked-after children with regard to poor health and life expectancy. The Scottish Government has undertaken a variety of work on that, and the Health and Sport Committee has in the past looked at kinship care and looked-after children.

John Pentland, on behalf of the Public Petitions Committee, outlined excellent examples of how that committee has empowered society, whether by achieving victory on insulin pumps or—as the Health and Sport Committee is well aware—by helping to ensure access to medicines for rare and ultra-orphan conditions.

Jim Eadie spoke on behalf of the Infrastructure and Capital Investment Committee about a variety of matters, including sustainable and active travel—I listened carefully to what he said on that. Active travel can be subject to what we would, in another context, call the inverse care law, in that providing more active travel opportunities can serve simply to make fit people even fitter, healthier and more active while not necessarily reaching the parts that we have to reach. However, it is important that Jim Eadie put on record his committee's work in that area.

Kenneth Gibson spoke on behalf of the Finance Committee, and his point about the use of change funds—whether for younger or older people—chimed not only with me but with my committee. We face issues with ensuring that change funds stimulate the structural change that is required by ensuring the mainstreaming of successful pilot projects and disinvestment from areas that do not give best value for money.

Murdo Fraser spoke on behalf of the Economy, Energy and Tourism Committee about the benefits of the growing economy. I will look with interest at the work that his committee is going to do on the theme of work, wages and wellbeing.

Christine Grahame spoke on behalf of the Justice Committee about the need for better throughcare for prisoners on their release from prison. Margaret McCulloch spoke on behalf of the Equal Opportunities Committee about how social isolation and loneliness can impact on health and wellbeing. Christina McKelvie gave an international perspective on health inequalities, and Nigel Don spoke about looking at best practice in the UK.

I was determined to namecheck—quite deliberately—every member who spoke in the debate, but there are time constraints. By holding

the debate, we are trying to make the point that tackling health inequalities requires a cross-party, cross-committee and cross-Government approach.

I will single out just a couple of contributions. Michael McMahon spoke about welfare reform, and we cannot ignore the impact that it is having on society and the health of our society when we are debating health inequalities. He also spoke about the transfer of powers.

Kevin Stewart spoke passionately about community empowerment. In my view, that is what the point of our debate comes down to. Yes, it comes down to how income in society is shared out and to the power relationships in society—we heard about the idea of progressive universalism—but, in my view, it is all about relationships. It is about the relationships that we all have—as individuals, families and communities—with the economy and the wealth in it. It is also about our relationships with each other in communities, and the need to foster positive and nurturing relationships—not least in the Parliament, to ensure that tackling health inequalities is not just the Health and Sport Committee's job but the responsibility of the whole Government and the whole Parliament. The debate must be only the starting point in tackling the persistent inequalities that have plagued our society for far too long.

Parliamentary Bureau Motion

17:00

The Presiding Officer (Tricia Marwick): The next item of business is consideration of a Parliamentary Bureau motion. I ask Joe FitzPatrick to move motion S4M-12818, on approval of a Scottish statutory instrument.

Motion moved,

That the Parliament agrees that the Post-16 Education (Scotland) Act 2013 (Modification of Legislation) Order 2015 [draft] be approved.—[*Joe FitzPatrick.*]

The Presiding Officer: The question on the motion will be put at decision time.

Decision Time

17:00

The Presiding Officer (Tricia Marwick): There are two questions to be put as a result of today's business. The first question is, that motion S4M-12769, in the name of Duncan McNeil, on health inequalities, be agreed to.

Motion agreed to,

That the Parliament notes and welcomes the Health and Sport Committee's 1st Report 2015 (Session 4), *Report on Health Inequalities* (SP Paper 637); recognises the wider causes of health inequalities, and welcomes the innovative approach that allows a wide range of parliamentary committees an opportunity to contribute to the debate.

The Presiding Officer: The next question is, that motion S4M-12818, in the name of Joe FitzPatrick, on approval of a Scottish statutory instrument, be agreed to.

Motion agreed to,

That the Parliament agrees that the Post-16 Education (Scotland) Act 2013 (Modification of Legislation) Order 2015 [draft] be approved.

Meeting closed at 17:00.

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

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

All documents are available on
the Scottish Parliament website at:

www.scottish.parliament.uk

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

For information on the Scottish Parliament contact
Public Information on:

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

e-format first available
ISBN 978-1-78568-260-5

Revised e-format available
ISBN 978-1-78568-276-6