



OFFICIAL REPORT
AITHISG OIFIGEIL

Health and Sport Committee

Tuesday 21 February 2017

Session 5



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HEALTH AND SPORT COMMITTEE
5th Meeting 2017, Session 5

CONVENER

*Neil Findlay (Lothian) (Lab)

DEPUTY CONVENER

*Clare Haughey (Rutherglen) (SNP)

COMMITTEE MEMBERS

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

*attended

THE FOLLOWING ALSO PARTICIPATED:

Kim Atkinson (Scottish Sports Association)
Aileen Campbell (Minister for Public Health and Sport)
Dr Julie Clark (University of the West of Scotland)
Richard Foggo (Scottish Government)
Morris Fraser (Scottish Government)
Gerard Hart (Disclosure Scotland)
Scott Heald (Scottish Primary Care Information Resource)
Ian Hooper (Glasgow Life)
John Lunn (sportscotland)
Mark McDonald (Minister for Childcare and Early Years)
Libby Morris (Scottish Primary Care Information Resource)
Mark Munro (Scottish Athletics)
Ian Murray (High Life Highland)
Dr Gavin Reid (University of Edinburgh)
Brian Whittle (South Scotland) (Con)

CLERK TO THE COMMITTEE

David Cullum

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Health and Sport Committee

Tuesday 21 February 2017

[The Convener opened the meeting at 09:30]

Scottish Primary Care Information Resource

The Convener (Neil Findlay): Good morning, everyone, and welcome to the Health and Sport Committee's fifth meeting in 2017. I ask everyone in the room to ensure that their mobile phones are on silent. It is acceptable to use them for social media, but please do not photograph or film proceedings.

Agenda item 1 is an evidence session on the Scottish primary care information resource—SPIRE. I welcome Richard Foggo, deputy director of primary care at the Scottish Government; Libby Morris, lead general practitioner on SPIRE; and Scott Heald, who is from NHS National Services Scotland and SPIRE. I invite Richard Foggo to make an opening statement.

Richard Foggo (Scottish Government): Good morning. I am grateful for the opportunity to update the committee on SPIRE, which is a significant part of our plans to transform primary care and general practice. SPIRE will provide a service to GPs and to the wider healthcare community for reporting on and extracting data from GP records in Scotland in a way that is safer and simpler than current arrangements. It has been designed and developed in full collaboration with GPs—through the Scottish general practitioners committee of the British Medical Association and the Royal College of General Practitioners—and in collaboration with patient groups and the Information Commissioner's Office.

This committee has expressed a strong interest in how data and intelligence can be used safely and more effectively to plan, co-ordinate and deliver services, which will ultimately improve outcomes for individuals, communities and the whole population. GP-held data is potentially the most comprehensive data source that we have on the Scottish population's health, but current arrangements do not allow us to maximise the opportunity to use that data to benefit patients and the wider population.

Current arrangements do not meet the most up-to-date data protection and information governance standards, and they involve different systems of variable quality that are technologically

outdated and which can add to the burden on busy GPs. SPIRE is designed to address those concerns and to provide a safe, secure and simple system that can be more easily integrated with and linked to other data systems, including SOURCE, which covers wider health and social care data.

The most important questions that people have about SPIRE may well relate to concerns about privacy and the safeguards on confidential patient data. Robust information governance is critical to SPIRE, which has been developed in strict compliance with existing legal frameworks and best practice, as set out in the recently revised recommendations of Dame Fiona Caldicott. We have provided to the committee a briefing note on the information governance framework for SPIRE. The full details of the framework are set out in an extensive privacy impact assessment, which we will make available to the committee after this session and which has only just been published.

One of the most important information governance safeguards that we have put in place is to ensure that every patient has the right to opt out of patient level or identifiable data being extracted using SPIRE. Even when such data is extracted, significant safeguards will remain in place. However, to maximise public confidence in SPIRE, it is vital that every patient can exercise control over their data and how it is used. To ensure that every patient in Scotland is aware of SPIRE and of their right to opt out of it, we will launch an extensive public information and engagement campaign on 7 March.

The campaign will cover the radio, newspapers and social media but, critically, it will also involve GP practices engaging in an informed manner with their patients. No data extracts will take place until the campaign and that engagement have been completed. An important purpose of being at this meeting is to ensure that Parliament is informed of that development and that members have the opportunity to understand what is planned, so that you can all engage with your constituents with as much information to hand as you need. Following the meeting, we will send information to every MSP, and we are happy to brief you individually or collectively on any of the details that we discuss today.

The Convener: Thank you. When you briefed us informally before, a number of us had concerns—particularly about data protection and sensitivity—and that is why we wanted to have a public session that puts everything on the record. That is the reason for bringing folks back.

Alison Johnstone (Lothian) (Green): Richard Foggo explained fairly well why it was decided that another approach was required. I would like to learn a bit more about the decision in 2013 to stop

collecting practice team information. Has ISD Scotland or any other body continued to collect comparable data, even if it has not been published since 2013?

Scott Heald (Scottish Primary Care Information Resource): I am from ISD and I was involved in the decisions about PTI. PTI was a good start, but SPIRE is a much better and much more robust replacement. A key aspect of PTI was that it was limited to 60 participating practices. The idea was that those practices were representative of Scotland, so we could get an idea of what was happening in primary care across Scotland. However, PTI did not allow awareness of granularity below the Scotland level—at local level or within practices. We therefore decided to stop PTI and to focus on developing SPIRE. The utility that SPIRE will allow will be a greater ability to extract different types of data, to run analysis locally within a practice, which PTI could not allow, and to work at cluster level with the data.

SPIRE will be a direct replacement for PTI. The data that we used to collect from PTI could be extracted from SPIRE, if it was decided that we should do that.

None of that means that we have not published any primary care data in the intervening period. We recently developed a series of primary care indicators, which are published on the ISD website and which allow analysis down to individual practice level, which was never available through PTI. That series pulls together a variety of sources, including data from the old quality and outcomes framework. The intention is that equivalent data will be able to be extracted through SPIRE.

Alison Johnstone: It has taken four years since the previous system ceased to get the replacement up and running. Have we still collected data during that period?

Scott Heald: We have not collected data through PTI, because we decided to stop that, but we have continued to collect the QOF data. There are other sources of data relating to primary care that we have used in the primary care indicators—for example, prescribing data is available and has been used. There is also data relating to secondary care, which includes information about referrals from practices, so that means that we can publish equivalent data. That is all available publicly.

Alison Johnstone: The replacement system for PTI was initially expected to be operational in 2014. Why has it taken so long for it to be operational?

Scott Heald: The key point is that SPIRE is a more complex arrangement. One of the key issues has been agreeing the information governance

principles, which Richard Foggo said were key to SPIRE's development. Before we developed the software that will work in practices to extract and report on the data, it was key that we developed the information governance principles with key stakeholder groups such as patients, the BMA and the RCGP, which we did. We achieved agreement on those principles, which then allowed us to develop the software to be used to extract the data from practices.

Back when SPIRE was first thought of, the intent was to go for a big-bang approach whereby we could deploy the software to all practices and switch it on in one big bang. However, as the project developed, we recognised that a more effective approach would be to introduce SPIRE board by board across the country. Each board has a different set-up for how its GP information technology is provided and run, and it is critical that the SPIRE software does not interfere with that in any way.

A two-stage approach is taken whereby the SPIRE software is deployed to the national health service boards, which deploy it to their practices. We then make sure that there are no technical issues with the software, which is what has been happening over the past year or so. There is then a switch-on period, when we switch on the software, which is supported by training for practices to use it.

The project developed over time to ensure that it was as robust as possible and that we could deal with challenges as we went along. We also had an e-health assurance review—I think that it was last year—to look at what we have done and how we did it. It said that changing from a big bang to a more incremental approach was the right thing to do, and it supported that approach.

Miles Briggs (Lothian) (Con): Is using SPIRE compulsory for GPs? I ask you to expand on that.

Libby Morris (Scottish Primary Care Information Resource): SPIRE is not compulsory—practices can choose whether to switch it on. Scott Heald explained how it will be installed in practices, but whether to switch it on is up to them.

There are lots of advantages for practices, as they can use the SPIRE software for their own purposes. They can use it to look at their information, run reports and examine interesting clinical questions, such as multimorbidity in their practice.

There is a second-stage process whereby patients can opt out of their identifiable information being extracted, if they want to. Anything that is anonymous is okay, in the old way that the QOF extracts could be taken.

Miles Briggs: Given that we will have an opt-out for patients and it will not be compulsory for GPs to participate, health boards across Scotland will have local variations and potentially a postcode lottery in collection. How will that affect the quality of the information for the Government and other organisations?

Libby Morris: We expect that the vast majority of practices will want to sign up, because SPIRE will be useful for planning their own services. Scott Heald mentioned cluster working, whereby groups of practices work together—that is one of the new ways in which the NHS in Scotland is going forward. As a cluster, practices might want to look at a topic such as prescribing safety, in order to look at the services and consider such things as whether to work with a local pharmacist. We expect that there will be enough advantages for practices that they will want to switch on and join in.

Richard Foggo: We have not yet settled the new GP contract. Elements of the SPIRE extract might well have to be compulsory under the contract. However, that is not yet settled.

Scott Heald: I add for clarity that SPIRE does not represent data collection; it pools all the data that a GP practice already collects. Even if practices do not participate initially in SPIRE, the underlying data that SPIRE uses is still recorded in the practice as part of its day-to-day running, so the issue is not about GPs choosing not to record the data.

Maree Todd (Highlands and Islands) (SNP): I see huge opportunity from the project to improve practices—nothing is more powerful than data for healthcare improvement—and to improve the quality of research that goes on in Scotland. What concerns me is public perception, because there is likely to be concern about confidentiality and privacy. I would like to hear a bit more about your plans for public engagement to allay those fears and concerns and to help the public to understand what a powerful tool for improvement SPIRE might be.

Libby Morris: The public information campaign is all about being open and transparent and about giving people as much information as we can about how the system will work. What is probably more important is all the patient stories that are behind the data. The Farr institute of health informatics research has a section on its website with 100 patient stories of how health has been improved by the use of research, and it gives practical examples.

We hope that other topics will become patient stories. For example, the news last night talked about astonishing differences in outcomes for cancer for people who live in different postcodes in

Scotland, but the news just gave stark figures. It would be nice if we could use some of the SPIRE data to delve deep down and find some of the reasons for the discrepancies, or if we could use SPIRE to look at such things as how many patients are smoking, how many are obese, what drugs they are on, what other morbidities they have or whether they have mental health problems. Maybe SPIRE will give us some clues as to where we might find solutions to our problems, rather than just getting an awful headline in the news. We are building up a series of patient stories.

Maree Todd: How long will the public engagement campaign that you are launching on 7 March run for?

09:45

Scott Heald: The campaign is due to run for four weeks. As Richard Foggo said, a variety of approaches will be used, including radio and newspapers. We have an extensive public-facing website that explains everything in plain English as much as possible, and there is a more technical website behind that for people who want more details. The privacy impact assessment that Richard Foggo talked about goes into great detail about how it is all going to work, so that those who want to read and understand that can do so.

We will have a helpline in place for the duration of the media campaign, which people will be able to call if they have queries. We also have a dedicated SPIRE mailbox that we will monitor throughout so that we can answer questions. The SPIRE team will be on stand-by throughout the period to deal with queries as they come in.

Richard Foggo: It is worth saying that we are mindful of public confidence, but we see the development of public confidence as a process and not an event. This is a conversation in which Parliament must have an appropriate role.

We expect the public information campaign to reach about 93 per cent of the Scottish population. We have put in place measures to ensure that we get as close to 100 per cent as we possibly can. However, very few campaigns are able to reach 100 per cent of the population. To go back to Scott Heald's answer to a question from Alison Johnstone, we have spent a considerable time looking at the hard-to-reach groups and making sure that we will cover those who might not be able to use social media or who do not listen to the radio.

Underlying all that is the role of general practice and general practice staff in engaging appropriately with their patients. All that the public information campaign will do is make people aware that the conversation needs to happen but,

ultimately, patients and general practice staff will need to engage in that conversation and people will need to understand that they have the right to control their own data.

Donald Cameron (Highlands and Islands) (Con): I am looking to understand the current situation. If a practice knows how many diabetics it has on its books, for example, can it release that information without the consent of the patients who suffer from diabetes?

Libby Morris: There are a lot of ad hoc arrangements across Scotland. For example, health boards might want to look at the information that you mentioned, and there are various ways of anonymising that data. Strictly speaking, the law and the GP's duty of confidentiality say that information can be used for anything other than direct care only by taking out all the identifiers, such as date of birth, name, address and postcode. We can use machinery to scramble the information and in effect anonymise it, which is what SPIRE will do.

The problem for GP practices at the moment is that lots of people are asking for their information and other data. That might be for good reasons, such as cancer research, but they still have to stick to the rules, which are that identifiable information should never leave the practice without the patient's consent unless it is for direct care.

Donald Cameron: I am trying to understand whether that will change under SPIRE.

Libby Morris: There will be a uniform mechanism so that the public can be assured that their information will be stripped of all its identifiers. The process will be applied uniformly across Scotland.

Donald Cameron: Under SPIRE, if I was a diabetic, would I have to give my GP surgery permission for the fact that I am a diabetic to be used?

Richard Foggo: Yes. We are talking about the opt-out in relation to patient-identifiable data. Aggregated data in which people cannot be identified is not subject to the same approach.

Scott Heald might be able to say more about how the data is collated at the practice level, at a cluster level and at a locality level, but the aggregated data that does not identify people—they are just part of a group—is dealt with differently.

Scott Heald: We certainly expect the majority of extracts that we run through SPIRE to be at the aggregate level. That is more about numbers and getting a sense of what is happening across the country.

If data is brought into ISD and we are feeding back data about diabetics for the country, we use other techniques. There is a process that we call disclosure control. We look closely at the tables that are published to ensure that there is no way of identifying individuals from them. Data is heavily scrutinised at all levels of publication.

Donald Cameron: I just observe that, if we are talking about public confidence in the system, such things need to be made clear. Permission is needed only for identifiable data.

Scott Heald: Yes.

The Convener: What is your definition of identifiable data?

Scott Heald: There are two levels. One is individual patient-level data that has been aggregated so that it is at a high level and people cannot be identified in it. There is also data that might be at an individual level but from which we have stripped out all the patient identifiers. A system called Read coding is used in GP practices to identify the disease type that a patient has. From that, we can extract patient-level data with all the identifiers stripped off. Through SPIRE, with appropriate approvals, we can extract confidential data, which includes things such as names and addresses, but the information governance principles require the patient's approval for that.

The Convener: Is that additional approval?

Scott Heald: Yes.

The Convener: I understand that patients will have to opt out of the system. Everyone will be covered by it but, if I do not want to be on it, I will have to say to my practice that I do not want to be included.

Scott Heald: Yes.

Alex Cole-Hamilton (Edinburgh Western) (LD): Good morning. I have a couple of questions. First, on the voluntary nature of the project and the uptake by GP practices, I am interested to know what sort of market research or user relations you have had with GPs. What do the profiles look like for those who are really excited about the project, those who are ambivalent and those who are quite reluctant to join it, and what are the reasons for the different responses?

Libby Morris: We have worked closely with the Scottish general practitioners committee, BMA Scotland and the RCGP; they have been reassured by all the information governance, and they are supporting the project and recommending it to their practices. The RCGP in particular is concerned with the need to maintain high-quality services for patients and sees the project as a way to promote quality. BMA Scotland is more concerned with security and information

governance, and it sees the new process as better in that it is open and transparent to patients while providing reassurance to practices that they do not have to worry about the extracts.

Richard Foggo: To repeat a previous point, the cluster working is a contractual obligation. Although we want to maintain a sense that the approach is voluntary in order to instil confidence, we also want to make sure that we have the data that we need to ensure that services are provided appropriately. That issue will be resolved in the next year.

Alex Cole-Hamilton: My second question is on the application of SPIRE beyond health boards and the health sector. My colleagues and I consistently highlight the impact of planning decisions on local healthcare services. How readily available will the data be for local authority planning committees to interrogate when they make significant decisions on things such as the impact of large-scale housing developments and the siting of care homes, particularly in areas with an older demographic? How easy will that be, and how much foresight has been given to the application of the data in that way?

Scott Heald: Essentially, the system that we have developed is robust enough to cover as many asks as can possibly be thought of. Richard Foggo mentioned cluster working—practices work closely with integrated boards on how they are planning and delivering services, and the tool called SOURCE to which he referred pulls together data to support the integration agenda. One of the big gaps at present is primary care data, and SPIRE gives us the opportunity to address that. The beauty of the system is that it is flexible, as it is designed to be used in bespoke ways for particular purposes. As those purposes emerge, we can develop the extract that will pull out the information as approved through the SPIRE system.

The Convener: We are short of time, so we need to crack on.

Ivan McKee (Glasgow Provan) (SNP): I thank the panellists for coming along.

I want to touch on a couple of issues. I am still not 100 per cent clear about the identifiable tag. As I understand it, everybody's data will go in and be aggregated, and people will not opt out of that, so what does the opt-out apply to? I assume that people's personal data would not be identified anyway. What would people be opting out of?

Scott Heald: I will give an example. In an individual patient's record, there are fields such as postcode, which we would often use to derive the deprivation index. The deprivation index is not in the GP records, so if we wanted to do analysis to address inequalities, we could—with approval—

pull out an extract at an individual level that would include some of the key diagnostic information and the postcode. We have a process whereby the identifiable data and the payload—the stuff that is used for diagnosis—are split; they are never brought together. That allows us to derive the deprivation scores, which we attach to the payload data, while we get rid of the identifiable stuff. In essence, that information is not identifiable, because the analysts in ISD would never have sight of any identifiable data. That allows us to use identifiable data to make those derivations.

As far as the opt-out is concerned, patients could opt out of having their data used in those extracts that come through to ISD.

Ivan McKee: I am struggling with that. The data in question is not identifiable as a result of the process that you put it through, and it is valuable from a health inequality point of view. Why would people be able to opt out of that process?

Scott Heald: Under the principles that we have developed, fields such as postcode are deemed to be identifiable because, in effect, they identify where the patient lives. Therefore, we are giving patients the ability to opt out of that process if they wish to do so.

Ivan McKee: But they would not be identifiable from the analysis that you do.

Scott Heald: That is correct, but it still uses the individual-level records. As Libby Morris mentioned, with regard to developing the information governance principles, some people still have concerns about extracting that level of data.

Ivan McKee: But, given that you have said that it is not identifiable at individual level and that the data is extremely valuable in enabling us to understand various impacts, including social deprivation, is your approach too belt-and-braces? Are you being over the top?

Richard Foggo: We are starting from a position in which we are trying to build as much confidence as possible in the system, so we want to extract as much risk as possible. You are right that we are being cautious. There is absolutely no doubt that, when it comes to patient confidentiality and privacy, we take a very cautious approach. Over time, we will develop the system and, as confidence in the system develops, we will look again at the principles that underpin it. We strongly believe that we should start from the most cautious position to build confidence with the public. That general approach is supported in the debate by the Caldicott principles. At that point, we will be able to look again at how that data is used.

Ivan McKee: I am concerned that you might be raising spectres that do not exist, which could be

counterproductive. You are creating an impression that there is a problem when, from what you have said, there clearly is not.

Richard Foggo: There is a very delicate balance to be struck. We do not want the public to be overly concerned about a change in how their data is used. Once confidence has been instilled in the system, we can look again at whether we have been a bit too cautious.

Ivan McKee: The main issue here is the benefits, on which we need to focus. We talked about the health benefits; it is clearly possible to slice and dice the data in order to understand the correlation between different factors and outcomes. It is clear that GP practices can figure out where they are doing well and where they are not doing well. I understand that aspect, which you have discussed.

I would like to understand how far you plan to go on third parties. I am referring to people who are doing university research in areas such as cancer. A range of people, including some private sector organisations, will want to understand some of that data. What is the mechanism for interacting with those organisations? Have you given any thought to that? How do you plan—particularly in the context of the private sector—to generate some revenue from that area? The information that you are sitting on could be extremely valuable commercially. Big data analytics is an innovation focus for the Scottish Government, given its investment in the big data innovation centre and so on. That is exactly the kind of area to look at.

We are in the close-to-unique position in Scotland of having five million datasets that we can pull into one place and run big data analytics on. Are you conscious of the potential to use analytics from an economic development point of view to support the big data innovation centre drive? What discussions have you had around that?

10:00

Libby Morris: Yes—we are having detailed discussions with the Scottish school of primary care, which encompasses all the university research departments, and with the Farr institute to develop exactly the kind of informatics institute that you are talking about. Initially, we will focus on services for the practices themselves, but over the next two or three years we want to develop exactly that kind of facility.

Richard Foggo: To be absolutely clear, with regard to the commercial opportunities, SPIRE data goes through the well-established research principles that govern all health research in Scotland. Direct access to the data is not available to commercial interests; it would have to be part of

a well-established research project with a partnership that is understood within the appropriate research framework.

The Convener: It would have to be contained within an ethical framework.

Richard Foggo: Absolutely. The data is not for sale.

Richard Lyle (Uddingston and Bellshill) (SNP): GP practices are going to get SPIRE. What about GP out-of-hours services, which operate from 6 o'clock in the evening to 8 o'clock the next morning and for 24 hours at weekends? Will they get the system?

Libby Morris: At present it will just be the GP practices, but there are all sorts of plans for how we will develop in the future. Once SPIRE is fully rolled out to the practices, such services will be one of the next considerations, in addition to community nurses and—as we mentioned—social care.

Richard Lyle: One of the questions that no one has asked is what the cost is. What are the set-up costs for the system, and what are the annual costs of running it?

Scott Heald: I have those figures. The set-up costs, which are primarily about developing and building the software, are £676,000. The annual cost to run the system is of the order of £400,000.

To put that in context, the annual cost for the PTI, which was mentioned earlier, and which covered 60 practices, had an annual cost of about £376,000. The utility that we will get from SPIRE for a similar sum of money will be far greater.

Richard Lyle: So it is not millions, then?

Scott Heald: It is not millions.

Richard Lyle: I have one more question. The GP can get the information, but will it also be held centrally somewhere?

Scott Heald: Based on the principles that we are building, extracts will be taken for a particular purpose and held for a time-limited period for that purpose. The data that is extracted from the GP practice will be taken into a safe haven in the NSS where the analysts can analyse it. Once that work is done, the extracts will, after a certain period, be destroyed.

Richard Lyle: That is fine.

The Convener: Is the project on budget?

Scott Heald: Yes.

The Convener: Even despite the delay?

Scott Heald: Yes.

The Convener: A miracle—that is unheard of.

Will all patients be written to about the system?

Libby Morris: They will not receive individual letters. They will hear about it on local radio and read about it.

The Convener: I do not have a radio.

Libby Morris: There will be information at the local library or in the pharmacy.

The Convener: I do not go to the library.

Libby Morris: There will be information at the GP practice.

The Convener: I very rarely go to the GP. How do I find out about it? I do not think that what you have said is particularly acceptable. If we are going to make such a change and we want to instil confidence, people need to know about it.

You may put up posters and put on radio programmes, but, from my experience of working in my community for the past 12 or 13 years, if you do not stick stuff in people's faces and make them very aware of it, you will miss a big chunk of the population. I have real concerns that you are not going to alert people individually that the change is going to happen. That has the potential to undermine confidence in the system.

Richard Foggo: We have looked into that aspect. Previous whole-population mail drops have not achieved the extent of coverage that you might have expected them to, but—

The Convener: Maybe not, but people got the information.

Libby Morris: It is a difficult question. Mail drops are very expensive for the benefit of reaching that final 6 per cent of the population who would not be reached by all the other means.

The Convener: Presumably it would be a spend-to-save investment. We are not implementing the system for fun; it is designed—we hope—to improve healthcare, and I would expect that, down the line, it would save money.

Libby Morris: We have made a judgment. In the early days of the public information campaign, there were a lot of discussions. We consulted widely and took advice from patient groups, and the decision was taken to do it in the way that we are doing it. I agree that we could have done it the other way, but that was what was decided.

Clare Haughey (Rutherglen) (SNP): I thank the panel for an interesting session. I want to pick up on the convener's point. You say that you will be advertising on radio, in newspapers and through flyers in GP surgeries. How will you reach those who do not speak English as a first language or those who do not read?

Libby Morris: The leaflet has been translated into nine different languages, including a British Sign Language video. We have also engaged extensively with the health and social care alliance Scotland and with learning disabilities networks to ask them how they would like information to be given to their particular groups. There are different methods—for example, we have engaged with Deafblind Scotland, which is producing its own materials. We have tried to tailor the material to suit certain groups, including those that are hard to reach.

Clare Haughey: My next question will be brief because I know that we are short of time. You say that the information will be advertised in GP surgeries. Is there an onus on GPs and their staff to alert the patients who are registered at their practice to what is being rolled out and the date when that will happen? You said that there will not be a mass switch-on—how would I know that my practice was signed up to SPIRE on a particular date?

Libby Morris: People can opt out at any time—they can opt out now, even in advance of the public information campaign. No extractions will take place until at least eight weeks after the public information campaign; there will be no switch on of extractions for quite a while.

GP practices might use their own information for their own purposes on an on-going basis. They do not need to inform their patients about that, because they would be looking at the information that they have on their own patients.

Scott Heald: We have also sent each practice a toolkit that includes many materials for them to use in informing people about SPIRE. We have been proactive in engaging with each practice to make sure that they have the information that they need. As Libby Morris mentioned, the leaflet has been translated into nine languages. All the materials are translatable into other languages, so if we have not covered all the needs, we can turn that round quickly—we have the steps in place to do that.

The Convener: When is the system due to go live?

Scott Heald: The switch on and the extraction of data will take place around 7 May, eight weeks after the public campaign starts on 7 March.

Miles Briggs: How many patients have opted out? How many patients do you expect to opt out?

Scott Heald: No patients have opted out yet—the public information campaign will tell them that they are able to do that. It is difficult to answer your question about how many people we expect to opt out until we run the campaign. We have an idea, based on what the opt-out levels have been

like for previous systems, such as the emergency care summary system. Libby Morris was heavily involved in that campaign, so perhaps she can say something about the level of opt-out for that system.

Libby Morris: That was 10 years ago. Patients were leafleted and, in the first few weeks, several hundred opted out. I think that the total was 2,500; that number has stayed static for years.

The Convener: Thank you for your time this morning—your evidence has been very helpful.

I suspend the meeting briefly to allow for a changeover of witnesses.

10:09

Meeting suspended.

10:12

On resuming—

Sport for Everyone

The Convener: Agenda item 2 is a round-table evidence session on sport for everyone. We will go round the table and introduce ourselves. We have a number of guests today; we also have one of our colleagues, the spectacularly well-informed Brian Whittle, who is joining us for this evidence session.

I am Neil Findlay, the convener of the Health and Sport Committee.

Clare Haughey: I am the committee's deputy convener and the MSP for Rutherglen.

Ian Murray (High Life Highland): I am the chief executive of High Life Highland.

Tom Arthur (Renfrewshire South) (SNP): I am the MSP for Renfrewshire South.

Mark Munro (Scottish Athletics): I am the chief executive of Scottish Athletics.

Miles Briggs: I am a Conservative MSP for Lothian.

Dr Julie Clark (University of the West of Scotland): I am Julie Clark of the University of the West of Scotland.

Donald Cameron: I am a Conservative MSP for the Highlands and Islands.

Alex Cole-Hamilton: I am the Lib Dem MSP for Edinburgh Western.

Alison Johnstone: I am an MSP for Lothian.

Richard Lyle: I am the SNP MSP for Uddingston and Bellshill.

Dr Gavin Reid (University of Edinburgh): I am a lecturer in sports management up the road at the University of Edinburgh's institute of sport, physical education and health sciences.

Brian Whittle (South Scotland) (Con): I am a South Scotland MSP.

Kim Atkinson (Scottish Sports Association): I am the chief executive of the Scottish Sports Association.

Maree Todd: I am an MSP for the Highlands and Islands.

Ian Hooper (Glasgow Life): I am the director of sport at Glasgow Life.

Colin Smyth (South Scotland) (Lab): I am an MSP for South Scotland.

Ivan McKee: I am the MSP for Glasgow Provan.

The Convener: Thank you very much for that. Alison is going to start us off.

Alison Johnstone: I am really pleased that we are having this session. I will kick off by looking at the survey results. It is probably fair to say that a lot of the information gathered on barriers does not come as a huge surprise to any of us. Three of the most common barriers are expense, lack of time—work-life balance—and lack of adequate facilities. We have known that for a very long time, but nothing much seems to change. I would be grateful if our guests could describe what they would do to take the agenda forward. Who would like to kick off?

10:15

Dr Clark: I am happy to start. For the past five years, my work has focused mostly on researching the impact of regeneration and the Commonwealth games on the east end of Glasgow. In our data gathering, we have disaggregated findings in terms of barriers and people who are more or less active. Our bar for being active is very low: we simply ask people whether they have done anything remotely sporty, which could just be walking quite quickly, in the past four weeks.

When we look at the split of those barriers, among the less active group—about half our sample—alongside the usual barriers of lack of time, lack of interest and concern about cost, there is concern about their health not being good enough to allow them to do anything. That is a massive feature, and it was the biggest factor in our 2012 survey. There is a lot of scope for outreach to help people to understand in a fun way what exercise, sport and engagement actually are. It is not about something separate, elite or athletic—people can do things within the community and with their friends. I am sure that Glasgow Life will have a lot to say on that. There is massive scope for doing things that can help that very important least active group.

Alison Johnstone: Would anyone else like to comment on that?

Ian Hooper: An awful lot of research has been done over 20 to 25 years on the different barriers to participation among different population groups. The committee's survey contributes to that work. To overcome and address those barriers, especially for the totally inactive, intense work and collaboration and partnership between key partners as well as a preventative health agenda are required.

I will highlight one area of work that is covered in my submission: the good move programme in Glasgow, which is a partnership between public health—including the NHS—the Wheatley Group housing organisation, Paths for All and Glasgow

Life. That wide-ranging programme is aimed at targeting the inactive in all age groups. Part of the programme is about targeting old people and part is about targeting families and very young children. It now encompasses about 7,000 individuals whose levels of activity we are tracking. Over the years, we have witnessed an increase in activity among those who are involved in the programme.

This area of work is about collaboration, and the programme relies on funding from a range of partners. It is crucial to understand that this type of good work and good practice needs to be sustained in the future, and ideally needs to be expanded so that it can have a population-level impact. There is a whole range of programmes, from tea dances to programmes that focus on those who have particular conditions, but health walks have proven to be one of the most popular activities. We are running something like 60 to 70 health walks a week in our urban parks. They are mainly volunteer led and are focused on urban parks in deprived communities in Glasgow, and their popularity is really growing. There is a lot of research that shows that embedding walking in people's daily lives is probably as good a strategy as any to get the inactive to be more active. Walking and cycling are two key areas for development.

Dr Reid: I noticed on the committee's website that it is looking at doing some visits. You would not have to walk too far to get to the Craggs community sports centre, which is right next door to us—I do not know whether you have been there before. It is held up as an example of community empowerment. There has been an interesting, and quite slow, development in sport of the type of social business and social innovation for which Scotland is known.

The sports centre was run by the community, but that did not work out, so it was taken over by Edinburgh Leisure but that did not work out either. It has now been taken over by local volunteers from a basketball club, along with basketballscotland—basketball's governing body—and a housing association. The sports centre is perhaps a bit alternative and different in having hip-hop, BMX and aerial yoga. We should be looking at radical, innovative delivery of sport, and that could be the way to do it, because it fits in with the youth counterculture.

An interesting issue is the extent to which we look upon community as a unified thing. In what ways do the different social classes mix in the Craggs community sports centre? We talk a lot about mass engagement, but we do not talk much about class in sport. Spartans community football academy is another really interesting place to go—committee members have probably been there—

because the academy understands the influence of class and it gets people there who are from the local community and who can build relationships. The academy is doing some really interesting things, particularly in terms of crime and education. The people there have business acumen and compassion for the community.

One issue is that the role of local government, which is the elephant in the room in all discussions about sport, can get missed out. Maybe we will come on to that. Spartans community football academy is doing some great work on education, but it does it for nothing. These are difficult times for local government, because of budget cuts and so on, so there are issues, but what is the role of local government in places such as Spartans and the Craggs? If local government is transferring assets—maybe failed businesses—what support does it provide to help such places? Are we providing middle-class playgrounds in some cases? There is a lot of talk about responsabilisation; a lot of responsibility is being put on a few people. Where is local government's role in community empowerment?

Kim Atkinson: It is always interesting to look at barriers, as there are many different kinds. Walking and cycling have been mentioned, and we have among our members Ramblers Scotland and Scottish Cycling, both of which report increases in people being active. More than 700 circular walking routes are being used through the Medal Routes mobile app, which means that more people are getting out and being active, and Ramblers Scotland is increasing its membership. In addition, its membership retention is at 89 per cent, so a lot more people are getting active through walking, which is very accessible. More people are also actively participating in cycling and more clubs are being established, with an increase of more than 2,000 individual members and a 16 per cent increase in the number of cycling clubs. A lot is happening in those areas, which perhaps masks the innovation that Gavin Reid mentioned is happening in other sports.

One challenge to come out in the survey was people's lack of time. An interesting question is how much of that lack of time is a reality and how much of it is a perception. I appreciate that, either way, if somebody thinks that they do not have enough time, that is the hard and fast reality. However, if people truly understand the benefits of taking part in sport and being active, does that change that reality? We know that only 4 per cent of Scotland's population understand the chief medical officer's guidelines on how active people need to be for their own health. If people understood the guidelines, would they prioritise things differently?

The barriers to people being active are one thing; the barriers that our members, as the governing bodies for different sports, face in how to help more people to get active are a different question. I hope that committee members have had a chance to look at our paper, which shows significant increases in participation across Commonwealth games sports and Olympic and Paralympic sports. Those are the enormous multisport events that we have seen in the UK over the past few years, but a huge number of sports are not involved in those events and some are not competitive in the same way. Orienteering is a particularly good example of such a sport, and it has seen a 20 per cent increase in individual membership.

Our members face barriers—which I am sure we will come to—around costs, access to facilities and a range of other enablers, including people. However, if we look at those barriers collectively, we can do things innovatively and differently, and our members across the board are looking at how to achieve that.

The Convener: I will not speak for my colleagues, but I am one of those who does not know what the chief medical officer's guidelines are—and we are supposed to be informed. There is the problem.

Kim Atkinson: That is a fair point. The guidelines are to do 150 minutes of moderate activity each week along with two muscle development sessions. Every time people hear that, they only hear "150 minutes". It is great that they are hearing that, but the muscle development sessions are critical in terms of support—particularly for older adults—and for balance and confidence. When you talk about these things, for me you are talking about sport, but physical activity and sport are equally important when we look to achieve those benefits for everybody.

The Convener: I am not sure that that terminology would get through to the public. What does the guideline that people should have two muscle development sessions mean?

Kim Atkinson: Indeed. A wide range of opportunities can help to meet that guideline. It does not have to mean pounding away in the gym twice a week.

Mark Munro: In the sporting context, we should not undervalue the role of sports clubs in local communities in Scotland. There are thousands of sports clubs around the country, but the majority are probably at capacity, which is one of the barriers to participation in sport and physical activity. Athletics and a number of other sports have shown that, with the right investment in people and in clubs, we can increase capacity. The role of the clubs is key.

In the volunteering context, we undertook a survey of Scottish athletics last year and, based on the minimum wage, we had £7.19 million-worth of volunteer hours, which is staggering.

Whether it is participation or the role of volunteers in the community, we should not undervalue the role of clubs. With the right investment in clubs and in local communities, we can make a difference—there are some great examples of that around the country.

Ian Murray: In terms of barriers to do with lack of time and locality of facilities, progress is being made across the country. There is better utilisation of the school estate and, when the school estate is being renewed, there is careful building to include more leisure facilities that are close to communities, rather than people having to travel. On price, we operate a low-cost access scheme, which has led to an 18 per cent increase in participation over the past few years. For young people, the active schools co-ordinators scheme in our area has produced a 7 per cent increase in individual participants taking part since the Commonwealth games. Those self-generated universal services need to be backed up with some of the targeted work that Ian Hooper described.

An issue that has not been mentioned so far is teenage girls' activity levels taking a dive in the first two years at senior school. With a big focus on that in our area, we have almost closed the gender gap, and it has been dance and fun that has broken the back of that. It has not been about hard sport, but about getting girls into something that they are interested in from "Britain's Got Talent" or whatever. It has brought them in and it has also led to a very significant jump in the number of older youngsters volunteering to lead younger people. It breaks down the serious nature of sport and allows them to have a feeling of responsibility. We now have 500 older youngsters volunteering out of the total of 1,500 people—including parents and others—who volunteer in the active schools programme. That leads them on to a leadership programme in which they can gain qualifications and it brings in girls who were previously not interested in any kind of physical activity. They end up being the coaches of tomorrow in sports clubs, having been brought in through the fun aspect, rather than the serious aspect.

Alison Johnstone: Thank you all for your comments and I thank Dr Reid for reminding us about the fabulous work that goes on in the Craggs, in the Spartans and in various clubs around the country. Regarding physical activity, we have heard that one size does not fit all and that what appeals to one person might not suit another.

The written evidence from Charlie Raeburn of the Observatory for Sport in Scotland emphasised—and I have heard it time and again, too—that there is a lack of evidence that could inform policy making and budget-making decisions. There is a lack of evidence about how good sport is for people. However, it should be crystal clear to everyone how good it is to be involved in sport. At a recent Scottish conference on sport, the message from the audience was that we do not have the evidence base in Scotland that is needed to encourage investment. I would be grateful to hear the views of Mark Munro and Dr Clark on that.

Mark Munro: As a sport, athletics has had increases of more than 50 per cent in individual membership and increases of more than 70 per cent in club membership in the past five years. As Alison Johnstone touched on, our greatest concern is that that information is not being captured. What survey shows the growth in governing body sport, in clubs and in local communities? The evidence base is not strong enough. We need to look at how we monitor, assess and evaluate that information and at how we put that complicated jigsaw together. There must be better ways to do it; we need to sit down and determine the best way forward. Governing body growth is certainly not represented in any of the surveys that we have seen.

10:30

The Convener: But the information that Scottish Athletics provided says that jogscotland has had the biggest increase.

Mark Munro: Yes.

The Convener: But that has been chopped.

Mark Munro: Absolutely. We have been receiving £100,000 per year, but from April that funding ceases.

The Convener: Can you attempt to talk us through the logic of that?

Mark Munro: Again, I would like to know the logic of that.

The Convener: Can anybody provide that?

Mark Munro: That is a good question. We are seeing 100 new participants a week coming into jogscotland and we are seeing new groups. The jogscotland programme is very much about the social element and physical and mental health. I think that 77 per cent of those involved are female and their average age is 40-plus. It is a great physical activity programme. Again, we need to look at what information about the programme the Government wants or requires and work together to achieve that. However, to say that we are in

crisis mode at the moment about jogscotland is probably correct.

The Convener: Alison, did you want to come back in on that?

Alison Johnstone: No, but it would be helpful to have an expert view from Dr Clark and Dr Reid about the lack of an evidence base that would ensure that programmes such as jogscotland are not cut.

Dr Reid: When I was on the phone to Charlie Raeburn a few weeks ago, he was talking about the same thing, which is that we lack an evidence base.

We play the numbers game in sport and have done so for years. It is always about numbers; for example, we have numbers for active school sessions and community sport hubs and we have a number for this and a number for that. However, when we bring people from sport into university, they give a different view of what is happening—I think that we have a gap in that sense.

Further, it is always a disappointment that our students tend to read academic work that is on English sports policy or sports policy from around the world. There is a lack of good-quality, rigorous academic work on what is happening in community sport hubs here. I, too, live not far from a community sport hub, but I have not been anywhere near it and I have not heard anything from it. It feels as if the community sport hubs wait for people to come to them. In some cases, the experience will be brilliant because of people such as Bengy Barsanti in East Lothian, who does fantastic work. I am sure that there are other places that do the same.

We are not great at getting academics and practitioners together to discuss how we can get a much more rigorous evidence base so that we do not feel uncomfortable about saying, “These are the numbers that we have and that equals success,” because I do not think that that is the reality. We need to try to get that evidence base in some way.

Dr Clark: My response to the question is in two segments. I work with a disadvantaged demographic group. Quite often, the people with whom I work are among the 15 per cent most disadvantaged people in Scotland and some of them are among the 5 per cent most disadvantaged according to the Scottish index of multiple deprivation. One of the fascinating but depressing things about that work is people’s perception of the time that is available for activities and what is or is not for them, which is difficult for those who live in straitened circumstances. I would argue strongly for separate consideration for people who are financially stressed and who are often geographically clustered. One of the

fascinating things that have happened in the east end of Glasgow is a large-scale investment in quite a small space, and we should have evidence coming through to see what that does for us.

The context for what we are saying about physical activity and sport is that those people are worrying about heating their homes or feeding their children before they go to school. Part of that economic difficulty wraps into what we are discussing about physical activity. Understanding that those areas move in parallel is part of understanding what works and what does not. If someone’s economic circumstances get better, they are in a position to be more active and think about what is good for them rather than just coping. One chunk of the problem with the evidence base is about disentangling complex phenomena around people who are economically disadvantaged.

To return to the point about the funding environment, we undertook surveys in schools for a couple of years involving two particularly advantaged schools—relatively normal but, by comparison, advantaged—two disadvantaged east-end schools and two other comparatively disadvantaged schools. We got a lot of interesting information from that work, but we did it with practically no money and were not able to follow it up. However, I want to highlight some of the things that we learned, because I think that they are incredibly important.

When we compared the advantaged and the less advantaged schools—in other words, the more normal schools in Glasgow—we found that the kids in the more affluent schools got access to a wider range of sports. That is a wonderful thing; after all, we have talked about the fact that one size does not fit all. If you are in an environment where you can try a lot of different things, you are more likely to find something that works for you.

When you speak to teaching staff and active schools co-ordinators, you learn how under pressure teachers feel and the difference between the advantaged and disadvantaged schools. In disadvantaged schools, just getting kids to come to a club is a problem, because they might have to go home and look after their baby brother, sort the dinner or do 20 million other things that children from more advantaged backgrounds do not have to deal with. When those from more advantaged backgrounds go to a club, their parents turn up with fruit, water and transport. The playing field is still very far from level with regard to support for kids in less advantaged schools, even though this is one of the most promising pathways to the population-level change that Ian Hooper talked about.

We have multiple problems, the first of which is logistics. If you are from a deprived background,

all sorts of other things are very important in your life, and what you need is a clean, safe and well-lit area that you can walk around in and where you are not frightened to get on the bus to go to the lovely facilities that are available.

Another problem is pressure on the research environment. Very often we are trying to do things with little or no money, and the learning that you can get from this is quite valuable. For example, we learn about the sedentary time spent by young people. It is not just what you do physically but how you create an environment that gives people fun, desirable things to do and other ways of using their time. I have to echo the point—indeed, I cannot emphasise it more—that the activity has to be fun; it is not enough for it to be good for you.

Brian Whittle: I just have a general question about the difference between sport and activity. Both terms are extremely important, and we need to think about how we define “sport” and “activity” and then link the two ideas, because that is important in how we frame our questions.

I cannot agree more with what Dr Clark has said. However, do you agree that schools should be open after hours to ensure that kids do not have to go home before they go somewhere else? If we could keep them in that environment, would we not have more of a chance of holding on to them and ensuring that they took part in activity?

Dr Clark: Very much so, and schools should also be used as spaces for everyone in the community. This is, to some extent, a personal credo, but I believe that schools should be for the community and the area.

Cross-generational activity and things that can be done by families are also incredibly important. Those sorts of things have been done quite a lot in health research in order to tackle obesity—for example, as a way of trying to change eating patterns—and I am sure that, if it is not being done already, we can do the same sort of thing with physical activity.

As someone who is interested in health and wellbeing, I have to say that I do not care how a person gets their exercise. I do not care whether they are scuba diving, walking to the shops faster than normal or whatever; it is all about hitting that 150-minute target and building up strength and ensuring that if you are a 60-year-old woman, you are not suffering from osteoporosis. It is incredibly valuable to have environments in the community where people can interact, because that is where you get the buy-in and the fun.

The club issue was mentioned. Our research shows that groups of people who are less active are more likely to do activity in a club environment. One possible avenue of exploration in that respect might be the issue of ethnicity; we have not had a

chance to look at that, but there are some hints that those from minority backgrounds might do something if there is a club where they can do it with their friends.

Ian Hooper: I want to respond to a number of points that have been made. On the evidence base, there is an issue to do with understanding the evidence that we already have and using it to inform policy and action. I am not saying that we have a strong and co-ordinated evidence framework, but I think that we are not taking the time to understand and collate the evidence that has been put together over a number of years. Julie Clark has mentioned some pieces of research that have been undertaken in the east end, and I could quote a myriad of research projects that have been undertaken in different parts of Glasgow, Scotland and the UK. I am not sure that we are very good at learning from the evidence that has already been collated.

One of the key things we should learn is, as has been said, the need to target our efforts. That is part of the issue. The evidence says that we need bespoke solutions and targeted efforts between partners if we are ever to make an impact in areas such as the east end of Glasgow. I have mentioned programmes such as good move. There is a nationwide programme on community sports hubs. However, where the approach really has an impact is in areas such as Drumchapel, where it is targeted and is making a difference by bringing organisations together in an area that is very much like, and has the same challenges as, the east end.

Another question that was asked was what the role of local government is in the process. Local government and leisure trusts have a role in facilitating and bringing people together in such situations. At a recent policy conference in Drumchapel, there was good interaction between Terry McLernon, a local guy who organises and is the champion for the Drumchapel community sports hub, and our officer who supports that hub. That has brought together a range of initiatives and activities. There is a facilitating role for local government.

In targeting, we should not ignore the universal provision. Let us not forget that the active Scotland framework is not just about making the inactive active but about sustaining activity among those who are already engaged in it. In Glasgow over the past seven or eight years, we have seen significant increases in Glasgow club membership and attendances at facilities. We must not lose sight of that, and we need to hold on to it, because it is important. However, increasingly, our efforts need to be more targeted at those population groups and communities, using the good practice that I think we know but which we are just not

taking the time to understand and roll out so that it has a wider impact on more of the population.

I do not think that there is anything in the framework that is not within our grasp. We just need a more co-ordinated approach between partners and a bit of time to understand the evidence that we already have.

Donald Cameron: I would like to take the discussion in a slightly different direction, which is to ask about capacity. It seems that capacity is about two things: having adequate and sufficient facilities, and having enough people to help with sport participation. In the Scottish Athletics submission, there is a hint that that might be becoming an issue. Does the issue exist more widely than just in athletics? I represent a very rural area, and I wonder whether it is a particular issue for such areas. Are there waiting lists in some sports?

I say all that because, if we succeed—as we all want to do—in getting more people to participate in sport, it would be a tragedy if we were not able to facilitate that because there was not the right facility or the right amount of people and we just could not achieve it. I am interested in hearing the panel's views on capacity.

Mark Munro: Kim Atkinson will probably be able to give you some better statistics than I can but, to answer your question, the majority of sports clubs in the country will face capacity challenges.

Our biggest success in the past five or six years has been investment in a programme called club together. Back in 2011, as a sport, we recognised that we needed to invest more in our clubs, our club people and our volunteers, and to recruit more volunteers to allow that capacity to grow. We also had one eye on the London Olympics and another on Glasgow 2014 as windows of opportunity and as an inspiration. Along with our local partners, and using national funding that we had at that point, we invested in two part-time roles to work alongside volunteers—who were crucial in the programme—to aid them with capacity building. Initially, they were called club together officers; now, they have various titles, depending on the club's situation.

We have grown from 17 clubs working in that programme to 33 clubs. We have seen a number of the clubs in the programme more than double their membership in that period of time, which is a huge success factor. However, the programme is very much about investing in the right people in clubs and in valuing the roles of volunteers and of clubs in their local communities. We can make a difference, but volunteers need support and they need investment in that support.

Ian Murray: Can I return to Alison Johnstone's question for a second, and then come back to Donald Cameron's?

With regard to statistics, I agree with everything that has been said, but I would also make a plea not to forget about the qualitative human stories that are associated with them. More and more research is now being balanced, with figures on one side and a few really good examples on the other.

10:45

In recent conversations with colleagues in, for example, Perth and Falkirk, they have been very clear, as we are, that there are some wonderful stories about people who had been completely inactive, perhaps hit with type 2 diabetes and immobile. Something grabbed their attention and they became a little bit more active, then they went to a class and then they increased their social network. They have rediscovered their lives, and they have ended up doing marvellous things.

In a local community, particularly in small rural places, when those stories are publicised and the person is known around the place, it has a much stronger effect on their whole group of friends. For example, one of the centres that part of the committee is going to on Monday has a really good programme for older people. In fact, the manager's proud boast is that they now have more people over 60 attending classes than they do people in any other age group. That is quite unusual, I think. It has happened because so-and-so has done well and has grabbed three of her friends—mostly ladies, it has to be said. On a Friday morning, the last time I was there, there were 95 people over 65, three quarters of them ladies; a few men were hiding in the gym because they had been grabbed by the wives and brought along. Inspirational stories have a very big effect.

Kim Atkinson: I have a couple of points, convener. Going back to what Alison Johnstone said, I echo the point about what evidence it is that we think we are missing. We know that, in our nation, 2,500 people die every year because they are not active enough. For a developed nation, that is a staggering figure. What evidence do we not have about that?

We know the benefits of taking part in sport and being active. Everybody will tell you. The former chief medical officer called it the

"best buy in public health".

What is it that we think we do not know, from that point of view?

We have a suite of evidence. Mark Munro has already given some of it, and we have given evidence to the committee about the benefits of

the great work that our members, the governing bodies, are doing. We also know that, in terms of creating a difference in the Scottish household survey—the information that tells us whether participation is increasing or decreasing and how we measure it at a Government level—we had a 5 per cent increase across the population of people being active to change that figure.

Do we understand what is happening? I do not know. Do I know the great work that our members are doing and what that counts as? Yes. How does that impact on evidence-based policy and budget setting? I do not know. I can tell you that I have figures that our members are giving us about people who are benefiting.

We know that 900,000 people are members of sports clubs. Going back to the great point that Ian Murray just made, I think that there are so many sets of benefits that people receive. There are benefits across the governing bodies of the 13,000 sports clubs, where people can tell you about people's lives being changed. Some of the stories, particularly from Scottish Disability Sport, would make you cry at the lives that have been saved—not just the lives that have been changed—by the power of that. We know the impact that clubs have. We know that they are the fabric of society. We know the benefits of volunteering, which Mark Munro talked about.

I think that there is a fundamental question about the culture. Going back to another point that was made, are we about investing in numbers or in values? If we are talking about people living longer, healthier and happier lives, we know that taking part in sport and physical activity, as Julie Clark so eloquently put it, will help people find that. However, do we know that we are talking about a set of benefits that are about values and not necessarily numbers?

To return to another of Dr Clark's points, we know that evidence shows that people who participate in sport in clubs participate for longer and more often than people who participate in other environments. To return to Mark's point, are clubs the fabric of society? Yes. If we get more people involved, they will get so many extra sets of benefits.

On Donald Cameron's question about capacity—absolutely. Mark's point would be echoed across a huge number of governing bodies. How are we failing the people who want to take part in sport, for whatever motivational reasons? They want to get involved, but we do not have enough facilities, we cannot afford the facilities that are available or we do not have enough people who are able to get involved in volunteering as coaches, even though they want to be, for whatever set of reasons. Facilities are a barrier from that point of view.

The school estate continues to be a challenge within that issue. The last report on it was done in 2013, I think, at which time only a fifth of the school estate was being used in holiday time and a third in term time. Schools are local facilities that are a known, safe environment for local people that they can access, yet we know that they are not being managed, programmed or used to the extent that they could. A huge number of opportunities are available to people in local communities, but they do not know about them. How do we connect the dots, so that people know where their local jogscotland group is—where all the different sets of activities are happening across 52 sports and 32 local authority areas? People do not know. If they knew how good it was for them, how many different kinds of opportunities there are and the diversity of opportunities available for the diversity of the population, maybe people would take part.

We need to challenge those sets of waiting lists, but we also need to consider how we increase capacity by addressing the challenges that many local authorities face. However, there are school estates and ways to use what we used to call a sleeping giant. There are many sets of opportunities; we need to try to stretch things a bit further. It comes down to whether we are investing in numbers or in values.

Clare Haughey: I thank the witnesses for coming. I declare an interest as a mental health nurse.

I will explore a little the mental health benefits of an active lifestyle. There is certainly good evidence that walking improves mild depression and is good for other forms of mental illness. I was particularly struck by some of the case studies in the report from the get active in Drumchapel project at the Drumchapel community sport hub, which told stories about how people's lives had been improved by becoming involved in sports clubs and becoming physically active. The case studies showed the mental health, as opposed to physical health benefits to people.

I invite the witnesses—perhaps particularly Ian Hooper, as he is from Glasgow Life—to comment on that and on how we can extrapolate that benefit. We cannot consider activity as only a physical health issue; we need to look at it holistically.

Ian Hooper: There is without a doubt a physical and mental health benefit. Drumchapel community sport hub is an example of what I said earlier about there being evidence. There is a report on that and Spirit of 2012 has done some monitoring and tracking.

I am really pleased that the committee is going out to Drumchapel community sport hub to see

what is happening there because a cocktail of things is going on in the area that could have wider lessons for the rest of Scotland. They relate to targeting, getting different agencies working together and people in the community taking ownership and working together. There are local champions and local volunteers are increasing. The school in Drumchapel, its headteacher and the active schools coordinators have also played a key role.

Drumchapel is an example of a community in which different agencies, people and clubs have got together. A number of clubs are also working together and they have gone beyond their normal remit, stretched their barriers completely and are getting involved and engaged in attracting people into their organisations that they would not normally go out of their way to target. The football club is targeting girls. There are programmes that relate to disability and mental health. There is no cycling club in Drumchapel but a bike station has been set up there to get people riding bikes through a bike loan scheme. It has come out of the community sport hub initiative and the involvement of different agencies.

There is growing evidence from that case study of the real benefits of activity for physical and mental health. People in that area have really challenging lives and there is a strong refugee and asylum seeker community there, too. Drumchapel community sport hub will not be the only one or the only example of good practice in Glasgow or elsewhere in Scotland. We just need to understand in detail what is going on in communities such as Drumchapel, where there is success and real progress is being made in the most challenging of circumstances. If you go out to Drumchapel you will hear that, and the report's case study says that, too.

Dr Clark: One of the most encouraging things that came out of the GoWell East schools research was a shift in the orientation of the schools and teachers with whom we spoke from viewing sport as an elite activity—sport as, “You are going to be successful. You are going to represent Scotland”—to viewing it as something with which everyone can engage at some level, even if that is walking.

When I went back to university as a mature student, one of the first things that I did was research on urban green space and health priorities, and improved mental health is a massive positive outcome from that. Anything that we can do that gets people out in the world and engaging with it builds their confidence. That can happen at the level of primary schools having more outdoor activities—more things outside for pupils to engage with physically instead of just parking the children outside.

Informal exercise is colossally important. I will argue again and again for a quality urban environment that people feel happy and safe to walk about in. Any exercise that people do in green space is important and that space does not have to be elaborate, such as the Cuningar loop; it just needs to be somewhere that is pleasant to be in. People are more likely to sustain exercise in a green space environment and, as well as improving their physical health—it may help them with their blood pressure—it is likely to be calming. Quite a cluster of research has been done on that in England in particular. Such things are very good.

If people start to get used to being outside and moving while they are at primary school—they just have to think that they might have a nice time, not that they have to be an elite athlete—that will be a good foundation for going into adult life. People should feel that they can go for a walk without having a dog with them or having some other alibi and that that is not an insane thing to do: they can just be out enjoying the world. The more good-quality urban environments that we give people and the more time that people are in things such as parks—the forest park in Glasgow, for example—the better.

I strongly endorse anything that involves outdoor engagement. That can be work on an allotment, going on an organised walk or going on a walk with friends on the back of an organised walk. There are all sorts of ways of engaging positively with the world to support our mental wellbeing.

Dr Reid: I will throw out a brief point about indoor engagement. What counts as a facility? I go back to my point about the importance of local government. The Leith Waterworld leisure pool was closed a few years ago. I remember that at that time some talked about people merely splashing about in water there—actually, it was my favourite sporting leisure facility on earth. I hear all the talk about local authorities building resilience, and there are interesting debates about what counts as a subsidy and what is investment. Given the amount of money that is available in places, that might be worth thinking about. What is best, particularly in disadvantaged communities, might not be going up and down in rectangular pools, which can be pretty cold. We need to debate a bit more what counts as a proper sport and leisure portfolio in cities.

Clare Haughey: I thank Dr Clark for mentioning the elaborate Cuningar loop, which is in my constituency. I certainly recommend it as a destination.

We need to look at broadening what we see as sport, and at exercise and activity. As has been said, sometimes people see sport as being elite

sport and think that, if they are not good enough to be top or first, sport is not for them. I am really encouraged that so many women are engaging in dance, yoga and such things. Perhaps those things are not competitive, so they are more inclusive.

I am particularly keen to hear a little more from Ian Hooper about how he is engaging with refugee and asylum-seeking communities. In my previous role, I worked extensively with those communities throughout Glasgow. That group is very marginalised, and it has particular needs. In particular, there are cultural challenges for women accessing community facilities. How are you engaging with those communities? Is there anything in the east end of Glasgow looking at that population?

Ian Hooper: Your first comment was about the issue being about more than just sport. The Toronto charter talks about seven key investments that will make a difference to physical and mental activity and health. Sport and the whole-school approach are only two of seven key areas of focus. Some of the others that go beyond what we might traditionally call sports are: health services taking a more integrated approach to advice and prescription relating to physical activity; urban design, particularly for cycling and walking; safe green spaces; and embedding activity into daily lives. We must be careful that we do not view sport as the panacea for the health issues that we face.

We work with different black and minority ethnic communities in Glasgow, and those communities are growing. One example of our work is the single-sex sessions that we are running in North Woodside pool in the north of the city that have grown in popularity among Muslim girls and women in particular. The approach tries to be sensitive to the cultural barriers that some of the BME communities and groups face.

11:00

We are trying to work with the leaders in those communities. There is such a wide range of communities in Glasgow now. The African community is really growing, as well as the Asian and Eastern European communities. We are trying to understand, get to know and work with the representative leaders in those communities to develop programmes of sport and physical activity and support organisations with capacity building. Be it through supporting volunteering, training coaches or providing time in local facilities, we are trying to provide support where we can.

In some ways, we try to do that with clubs across the city. We see capacity building and supporting traditional clubs as an important role for

our staff in Glasgow Life. A lot of the organisations in the refugee and asylum communities are not what we would see as traditional sports clubs, as they are new organisations that often have a broader role than just sport, but we are trying to work closely with them, as much as we can, and support their volunteers and their access to facilities.

Colin Smyth: I will return to the issue of access and participation for people from less affluent areas. Dr Clark mentioned research that has shown that people from deprived areas are less likely to participate, and Dr Reid asked whether we are creating “middle-class playgrounds”. I ask those on the panel whose role is to provide sporting activities whether they routinely measure the socioeconomic background of the people who participate in their activities.

I was struck by the recent BBC documentary “The Medal Myth”, which revealed that nine out of 10 participants in publicly funded elite athlete programmes went either to a state school in a wealthy area or a fee-paying school. However, the BBC had to calculate that figure itself, because that information was not held. Do you routinely record that information? If not, how do you measure growing participation rates for people from more deprived backgrounds without having to carry out university research?

Ian Murray: As with all these things, there are a range of indicators. As I said, we operate a low-cost leisure access scheme, and recently we found a postcode analysis tool that allows us to check on its reach. Our aspiration was to attract medium to low-income families to the scheme. It is not that we are not worried about the rest of the folks, but they have more options. We conducted a survey recently and two thirds of our members come from medium to low-income families. We took that as a reasonable reaffirmation of the intent of the scheme.

I will give another example. Half of the committee is going to the Aviemore area next week on a fact-finding visit. We have found there that 65 per cent of youngsters who receive free school meals take part in active schools activities—again, about two thirds. That one statistic does not tell us everything, but it helps us to start to build a picture.

Ian Hooper: To be frank, we could probably be better at this, but we have some key measurements. We have a Glasgow club membership, which is a universal membership of our public facilities in Glasgow, and at present there are about 62,000 members of that. Some 47 per cent of the population of Glasgow live in Scottish index of multiple deprivation zone 1 areas, which are the most deprived. Nearly 42 per cent of our Glasgow club members come from

zone 1 areas, so the membership is not quite representative, but it is approaching being representative. We feel that that is a reasonably good indicator.

In addition, we are tracking every schoolchild's level of activity or inactivity both in and out of school through the good move programme and, from this year, through the active schools. That is something that we have initiated ourselves in Glasgow over the past 12 months. We routinely track everyone who joins the good move programme, in terms of their postcode—that is, area of deprivation—and their levels of activity or inactivity, as they progress through the scheme.

Dr Clark: The work that Glasgow Life does is absolutely tremendous. We have given it some figures and have collaborated with it on research over the years—that collaboration has been extremely useful.

However, on the big picture, socially speaking, there is a bit of a blind spot with regard to the social grading of health. Where you get an awful lot of poor people, you will also get a disproportionate number of people with poor health in one way or another. I can illustrate that quite graphically by saying that, in 2012, which was the first year in which we conducted a survey in the east end, which is pretty representative, 45 per cent of people we surveyed had some kind of long-standing illness or disability. That is a massive percentage of the population. A third of the people we interviewed had, within the past year, consulted some kind of health professional, doctor or nurse about mental distress of one form or another. That is not a “normal” population—I put that word in quotation marks. In a deprived area, a disproportionate number of people have poor physical and mental health.

People who have longstanding illnesses are far less likely to engage in physical activity. They are far less likely to find facilities accessible or even think that they might use them. There is colossal scope for outreach in those areas and for helping people to understand what it means to be physically active and what it means to engage in sport. For people who are physically inactive, a very low level of physical activity can improve their life quite a lot and can set them off on the trajectory that Ian Murray was talking about. Although we have a good representation of people's lives in Glasgow from postcode information, we have to remember that the people who are not represented might need a lot of help and support just to enable them to understand that it is possible for them to be more active than they are.

Colin Smyth: That is useful information. I think that the work that Glasgow Life does is perhaps the exception rather than the rule across Scotland.

Do Kim Atkinson or Mark Munro want to add anything? For example, do local athletics clubs routinely measure the socioeconomic background of their members so that it is possible to tell what the participation rates are from certain communities?

Mark Munro: As Ian Murray suggested, that is certainly an area that we could be more focused on, if I am absolutely honest. We retain information on our membership across clubs and across the organisation within jogscotland, so we are well aware of where our members come from.

It is only in the last few years that we have started to devote resources to investing in and developing clubs in their local communities. I put my hands up and say that we need to target these issues more.

The Convener: On the issue of people in the most deprived communities, one of the partners in Glasgow is an organisation called A&M Scotland, which provides free sport for significant numbers—thousands—of young people every week. Recently, representatives of the organisation told me that it now provides food at its sporting sessions, because some of the children who turn up have not eaten. They also let them have trainers so they can participate, because some of the children do not have trainers. The approach is not, “Hey, wee Jimmy, here's some trainers because you are poor”; it is, “You've been really good and you've performed well, and these trainers are to encourage you to take part.” I think that that sort of free provision at that very basic level is absolutely fantastic. We should probably be doing that across Scotland in order to target the people who are in the most deprived communities. However, I wonder what impact the 8 per cent cut in the sports budget and the rolling cuts that we have seen in local government will have on that type of initiative, which targets the type of people who we really need to get to.

Dr Clark: I can say only that these are worrying times. Outside, I was talking with a colleague about the teaching work that I do, which is around the idea of the social determinants of health—all the things beyond your personal genetics that contribute to your health.

When I work with undergraduate students and masters students, we look at the outer rims of the social determinants of health, which is your context. It might be your school context, your work context, or your community context—the wider socio-economic context. In times like this, all the things that help to protect people who are in a more vulnerable position are the first things to get the chop. We have a little window of opportunity in secondary schools following the Commonwealth games. We have some evidence that the teachers are more enthused and the pupils are a bit more

engaged—they are asking to do sports that they have seen in the games—so there is that lovely little window of opportunity. If we cannot follow through on that, the more affluent and the less affluent schools will go back to bifurcating in terms of the levels of health inequality. These are perilous times.

Brian Whittle: I am interested in the idea of a long-term strategy to tackle health inequality through activity by intervening early—at the pre-school stage, almost, especially in the most deprived areas—and recognising the importance of what is done at the nursery, primary and secondary school levels. Are we most likely to be able to tackle health inequality in that way?

Dr Clark: You will find a long version of our report online. The report looked ahead at regeneration in the context of the games and at what might happen. It asked, “What do we know about the things that evidence base suggests might be useful?”, and then analysed it in terms of different pathways. We did not start out with the pathways; we found them through our research. The school pathway is one of the most promising. For more deprived people, another is the urban environment itself—it is about making sure that people feel that they can walk around and be active. For example, are the streets safe? Are the cycle ways kept clear? Does it become normal to cycle?

That approach can be taken in schools; you can get in very early. I think that it is incredibly promising and should be regarded as an investment. Ideally, if I was queen of the universe, I would cost it as an investment. People should start thinking, “We should get money from the budget, because if we do not, it will hit us further down the line, in the areas of health and employment.”

Dr Reid: I have worked with the Spartans Community Football Academy over a number of years, and I think that austerity and the budget cuts can lead to a bit of an opportunity for it. A number of schools that took students who were excluded from mainstream schools are now closing. There is an opportunity for Spartans to develop as an alternative school. It does much more personalised, one-to-one mentoring and education, with about 12 or so pupils who cannot cope with mainstream education. There is a positive side to things in that respect.

If we look at sport in relation to development work, whether here or internationally, there is a sense that the state can get it on the cheap because it is not funding it. It goes back to the research point—you have to provide evidence about what is working and what some of the challenges are, which is what we are trying to do with Spartans. We need to look at the positive side

to these things and to be aware that there are some advantages.

There are some disadvantages to what is happening, too. There is a lot of stress on innovative sport social businesses. You do not often hear about that—in some publications, you just see the good news. Someone might say that their organisation could be just like the Spartans, the Craggs community sports centre or whatever, but we need to have a more honest debate about the downside. That is a hard thing to do, but we need to talk about the impact on people’s personal lives and their work-life balance. We all struggle with those things but it might be particularly difficult for people involved in those organisations to balance the business and the social sides.

Ian Murray: One of the sad things about the year-on-year cuts is the return to many councils of the debate about which services are statutory and which are not. That debate misses the point about lost opportunities. Once services or a set of amateur-type posts have gone, they have gone, and once a building is shut, the community has lost that opportunity. In many respects, there is a disproportionate effect on that community. It is not just unfortunate that the swimming pool or whatever is shutting; there is a subsequent lack of opportunity to keep fit and to have fun—it is about enjoyment, mental health and so on.

Of course, it is not just about cuts to the leisure budget, because cuts to the education budget mean that schools that are not managed by the likes of Ian Hooper’s organisation or mine find it very difficult to keep the school lets going because of the janitorial costs.

There are also opportunities. More doors in the NHS are open because the NHS and councils are struggling themselves. For example, we have seen a lot more doors opening for joint working with the NHS because we are able to say that we can help it to achieve the aims that it is struggling with as a result of cutbacks. We can work as a partnership.

It is a whole mix of things, but I agree that an 8 per cent cut in the sport budget feels a lot bigger than that.

11:15

Mark Munro: These are worrying times for sport, and particularly for the governing bodies. The recent cut that SportsScotland received in the sport budget, coupled with the significant reduction in lottery funding, will undoubtedly have an impact on governing bodies and our ability to deliver good work with volunteers, coaches and clubs in local communities.

We are also seeing massive reductions in sports development teams, whether in local authorities or in leisure trusts. Year on year, posts are disappearing or being merged. The impact of that will be felt in the immediate future and in the medium term. These are really worrying times for sport in relation to funding, and we are waiting to see what will happen in the next couple of months.

Miles Briggs: I want to pick up on a point made by Ian Murray and Kim Atkinson about access to the school estate. Since I was elected in May, I have found that trying to help organisations get into the school estate beyond the school bell has been a total nightmare.

I want to know what the barriers are. When we are drawing our conclusions together and trying to put together what we need to do to move forward, what can we do to make the school estate more open? Is it a problem with the headteachers? Is it a janitor issue, as we heard from Ian Murray? Is it that local authorities do not want buildings to be used in the evening because of the associated costs? We need to be clear about what those barriers are if we are to be able to break them down.

Kim Atkinson: I will pick up on one point before I come back to that. On the budgets, the point that needs to be made is that we do not know what the scale of the impact will be. I share Mark Munro's concerns and those that have been intimidated by others.

As we have already said, one potential impact concerns local authority budgets, which are obviously under continuing pressure. A figure that we have not covered today is that 90 per cent of investment in sport in Scotland goes through local authorities. Whatever the cut at the national level, and whatever the significant challenges are, as Mark Munro outlined, local authorities make a material contribution on access, support and helping clubs to work through facilities or the sports development teams that Ian Murray has so eloquently talked about.

The vast majority of sport is run by volunteers and more people volunteer in sport than in any other area, but volunteering is not free. It takes people to support and help provide the networks and facilities that make volunteering happen. That happens through the governing bodies, local authorities and leisure trusts. The benefit that we get is enormous but we still have to invest to make volunteering happen.

Investment and the political will to make things happen go hand in hand. There are things that we can do that do not cost money if we prioritise, and Miles Briggs has made a particularly good point about the school estate.

There is more that we can do. The fundamental question is: who is the beneficiary? It is not sport. As Clare Haughey so rightly said, people will benefit from the budgets for physical and mental health, justice, education and so many other areas saving money if we genuinely do preventative spend. I would argue that the tiny sport budget from both national and local government touches more people than any other budget does. The £30-plus million that sportscotland gets that is invested in community sport touches almost a fifth of the population—pick another budget that does that—and does preventative spend at the same time.

That goes back to the point about investing in values and about legacy being for the longer term. Although I welcome the committee's reminder that legacy is important, this is not about a legacy within three years of the Commonwealth games. There are aspects of legacy, but let us keep coming back to them in 10, 20, 30 and 40 years' time when we can see the scale of the legacy.

Miles Briggs asked a great question, and it is one that we have talked about for a long time. We would still use the phrase "the sleeping giant" to describe the opportunity that the school estate brings, whether as a community hub or a community sports hub. A community hub seems a very fair idea. There might be an athletics club training outside, or a range of sports in the gym or in meeting rooms, but why can there not be a knitting group or a local heritage group, or a local cultural group there too? Why can we not talk about the school estate as a real community asset? Surely that is what it is.

It is a great question. We do not know the detail of what the barriers are. The most recent report to which we have access is the one that sportscotland produced in 2013. It contains a wealth of information, but we do not know where we are on moving forward on that collectively. We do not know what challenges remain as a result of the cost of private finance initiative and public-private partnership contracts. We do not know how many of the barriers are still down to janitors in schools, because so much of the information is local and anecdotal.

What we know is that the facilities are not being used to the extent that they could be, and that—as Mark Munro has outlined—there are barriers. We have clubs with waiting lists, and we know that we can make more use of schools as places where people can go. We need to know more about what the barriers are, because they should not be there. We can make things happen, and I imagine that we can do so in a very affordable way, but we need more information to make that a reality.

The Convener: I think that we could go on for a couple of hours, but we are really tight for time. I

will bring in Ivan McKee and Maree Todd, and then we will do a round-up.

Ivan McKee: Dr Clark, you mentioned earlier—and Kim Atkinson just touched on—the concept of preventative spend, in which the committee is very interested. You said something about what you would do if you had a magic wand or whatever. I want to throw out a question. Conceptually, we all get preventative spend, and we can talk anecdotally about specifics such as the impact on the mental health budget, but is there any data that nails that down? Can we show that, if we spend £1 million here, we will save £10 million down the road because we understand that increasing participation rates among the population leads to X, Y and Z, which delivers A, B and C five or 10 years down the road? Do we have that level of granularity and robustness around the data? If not, what do we need to do to get there? Given the amount of academic research that goes on in this area, I cannot believe that no one has done the number crunching. If that has not been done, that seems to be something that we should focus on.

Dr Clark: I have a strong suspicion that there is a vast amount of information out there that, with time, money and staff, could be wrangled into something cogent. We could then decide what was needed to fill the gaps. There is the whole big data thing—everything that Glasgow Life and the councils collect as a matter of course—so there must be a lot of information out there. It is a research project.

Ivan McKee: I was hoping that you would say, “Here it is.” You do not have it, and we certainly do not have it. In our earlier session, we discussed the issue of big data. You probably have a lot of big data too. What do we need to do to get it?

Ian Hooper: Dr Clark is exactly right. The issue is not necessarily that new data needs to be collected; it is that some resource needs to be expended on collating the data that has already been collected. I am aware of various studies that have been undertaken that address that very issue. Some of them focus on particular local authority areas or regions of the UK. Work has been done in this field, but collating it into one cogent argument, as you describe, is probably what is required. That work needs to be done.

Miles Briggs mentioned the barriers to accessing the school estate. Work on that has been done, and the evidence is there. The study by sportscotland—which really was enormous—looked at those barriers; we just have to start understanding the work that we have already done and acting on it.

Kim Atkinson: I can give you three headline figures in an attempt to answer the question. We

know that, when people are active, there is a 30 per cent reduction in all causes of mortality, and—to go back to Clare Haughey’s point—a 30 per cent increase in wellbeing. The figure that we quote most frequently comes from “Let’s Make Scotland More Active: A strategy for physical activity”, which says that if we were all 1 per cent more active over a five-year period, 157 lives a year would be saved, and the economy would save £85 million. An economist worked that out—it was not us. That is the best-guess answer to your question: let’s make Scotland more active.

Ivan McKee: So a 1 per cent increase would save how much?

Kim Atkinson: It would save 157 lives a year, and the economy would save £85 million.

Ivan McKee: How much money would it cost to generate that 1 per cent increase?

Kim Atkinson: I do not think that there is a plan for how that money would be spent, but we are bringing together a lot of ideas. That goes back to Ian Hooper’s point about bringing the information together—as Dr Clark mentioned—around the plan. There are a lot of plans in place. Partnership opportunities and investment can bring those plans closer to reality.

Ivan McKee: That is interesting, but how much does it cost to generate that increase?

Kim Atkinson: My thought process is that it would not cost £85 million.

Ivan McKee: Exactly.

The Convener: I will bring in Maree Todd.

Maree Todd: I want to look at issues in the Highlands and Islands, as I am an MSP for the region. When I read the submission from High Life Highland I thought that it told a really good-news story. We have a challenging geography, a scattered population and areas of deprivation and poverty, but you have shown that you have increased participation across the board, including participation by women and elderly people. You have also told us that you have some good data to show that people who are in poverty or who come from a challenging socioeconomic background are using the High Life Highland scheme. How have you done that? How can everyone else do it, too?

Clare Haughey: That has put you on the spot.

Ian Murray: Absolutely.

A range of things are involved, one of which is having the universal stuff in place through our low-cost access scheme. As Ian Hooper said, it is also necessary to have targeted stuff in place. For example, it is necessary to have clear plans for working with teenage girls, for volunteering and for working with older people. Ian Hooper has

wrapped all of that up in the scheme that is described in his submission. We have not wrapped it all up in that way, but we have definite targeted areas. If we amalgamate all of that back into one, we can see some really encouraging trends.

Maree Todd: Your submission mentions a particular issue that I want to ask about. I talk all the time about how difficult it is for kids who grow up in the Highlands to access facilities. A few weeks ago, I mentioned the fact that lads from my village have to come down to Glasgow to use the velodrome. The situation is quite challenging at every level in sport. Your submission includes some great stuff about the use of non-sporting facilities. Will you tell us a bit about that?

Ian Murray: It is partly a case of taking the scariness out of sport. Older people and younger people find big public facilities quite scary. We have been experimenting with a range of day-care settings. That involves our folk going out to do activities in old folks' homes or day-care settings, or in libraries, which, nowadays, are about so much more than just books. We also hold community activities in village halls. Rather than expecting people to come to the big public sector buildings, we are trying to reconnect with communities.

Maree Todd: I loved the idea of videoconference dance on the islands. Lead the way!

Ian Murray: Thanks very much for the prompt. We have been experimenting with the older girls leading dance sessions. On tiny islands such as Canna, Muck and Rum, the school might have four or five youngsters, who would never get the chance to take part in such activity. We have been experimenting with video links, whereby a sixth former or a fifth year student in Mallaig, for example, leads sessions with the three or four youngsters in their little classroom. It is heartwarming to see, and it is beginning to work.

The Convener: The Scottish Sports Association gave us details on increasing participation. It might be helpful if we could see the other side of that—sports in which participation is declining. If you are aware of such information—if you have statistics on that—perhaps you could send it to the committee.

Kim Atkinson: We do not have that information at this stage—it was a big ask to get our members to pull all the data together in a week—but we will aim to get a wider picture in due course.

The Convener: Do you accumulate figures only from sports that are going in a positive direction?

Kim Atkinson: No. To allow us to get the submission in on time, we had only a week to get

our members to give us their data. There was a combination of factors. As far as the information that we provided is concerned, it was simply a case of what had come in as opposed to where we are on participation. We will try to provide a broader picture; the issue was timing with regard to our members.

The Convener: Okay. Thank you.

Over the next couple of weeks, the committee will be out and about. Some of us will head to the Phoenix community centre in Easterhouse and the Drumchapel community sports hub, while others will head to Aviemore, to see Aviemore primary school, and to Kingussie, to see the Badenoch centre and Kingussie high school in action. Following that, we will go to Spartans Community Football Academy in Edinburgh, and some of us will also visit Muirhouse, to see what is going on in that community.

We usually finish by doing a quick whizz round the table. There are a couple of issues that we have not covered and it might be worth asking people to comment on them. The committee is focusing on a number of things, one of which is the active legacy from the Commonwealth games, so perhaps each of you could say briefly whether you think that there has been such a legacy and how successful it has been.

We are also wondering whether people have been engaging with the new integration joint boards as partners. Are you involved at all in discussions and debates about that?

Finally, health inequalities is a key consideration for the committee. Are we making progress?

The witnesses can give a sentence on each of those three quick questions. Do not blabber on for ages because we have not got time. We will go around the room.

11:30

Ian Murray: You will have to remind me what the third one was.

The Convener: It was about health inequalities.

Ian Murray: I would say yes to the question about legacy. The games brought an enthusiasm for volunteering that has contributed to some of what we have been doing.

I also say yes to the question about joint boards.

Through some of the targeted work that we are doing, we are beginning to address health inequalities.

Mark Munro: Legacy does not just happen; it has to be planned, resourced and delivered. I can talk only about athletics, but there has been huge growth in the sport across all levels, from general

participation and club activity to event entries and participation in the events programme. There have been significant increases across the board. Our elite athletes have improved dramatically during the past two years and we now have five world-class athletes breaking records week in and week out. There is therefore evidence of a legacy in athletics and it has been exceptional.

Dr Clark: My focus is the host communities that live around the games areas, so my answer would be, “Up to a point.”

The Convener: Is that a high point or a low point?

Dr Clark: It is better than it was, and that is always good, is it not? What has been gained for schools locally is a good thing. It needs to be sustained and continued.

I would be surprised if there was any population change in activity among local people. However, if we are providing a better environment, we are one step on the way, and I would like to make sure that we hang on to that. At the moment, people who have long-standing illnesses are 40 per cent less likely than others to take part in any sport. There are things that we can do to engage with those people.

Dr Reid: “On Your Marks” says:

“If Scotland rises to the challenge of mass engagement and participation we will have done something no country has done before.”

We have to ask questions about Scotland and society. We have seen reports about inequality in Scotland. How do we develop “mass participation” in a society that is divided by class? One of my former lecturers from 30 years ago said to a panel in 2009 that that sort of language was far too ambitious: it was setting sportscotland up to fail and it was setting people up for disappointment. My worry is whether, given the political environment that we are in, we can talk about failure and things that do not work. Do we engage in impression management or in badging things as legacy when they are not really legacy?

Kim Atkinson: To sustain participation, we have had to increase participation. More people are taking part than were taking part before, but there are more people in the population. That is an important point.

We need to keep talking about the benefits that the 900,000 people who are already members of sports clubs get. Yes, we want more people to get those benefits but, by continuing to invest in sport and physical activity, those people continue to get those preventative benefits. More people are playing and engaging with sport—and by “engaging” I mean volunteering, coaching and getting involved in officiating and any number of

other areas. Our members report increases, as will others.

There is a lot in the branding of legacy. From an inclusion point of view, our members at Scottish Disability Sport would support a number of aspects of the legacy that have made a difference. I am conscious that we have not got to that area today but it is about an on-going commitment to legacy and recognising it as an investment, not a cost, as we have talked about previously.

On health inequalities and joint integration boards, we sit on the national strategic group for sport and physical activity and I know that there are discussions going on there with the Scottish Government and colleagues about where the opportunities are, so we are a small part of the work that is being done at a strategic level.

Ian Hooper: I will focus on the Commonwealth games and the benefit of the legacy for sport and physical activity. The event focused people’s minds, including, in some respects, the minds of members of this committee. Back in 2009, we established a sport and physical activity legacy plan, which we continue to monitor to this day—we will continue to monitor it for the next three to four years. We have seen a range of indicators—on volunteers, attendance and many of the things that Kim Atkinson mentioned—move in the right direction universally across Glasgow, which is a good thing.

More important, people have got together to think about how we maximise the sometimes inspirational impact of a milestone event such as the Commonwealth games, and how we get policy makers, agencies and researchers together to think about that and plan together. The Commonwealth games brought the research community together in Glasgow, with a forum set up for the universities. There has been a benefit in just asking people to be accountable for answering the question, “What has been the benefit of the Commonwealth games?” I think that there has been a benefit, but the event was good in itself because it focused people’s minds.

The Convener: I thank everyone for a stimulating discussion. We could have gone on for some time.

11:35

Meeting suspended.

11:40

On resuming—

Subordinate Legislation

Sale of Nicotine Vapour Products (Prescribed Documents) (Scotland) Regulations 2017 (SSI 2017/13)

The Convener: The third item on the agenda is subordinate legislation, and we have before us one instrument that is subject to negative procedure: the Sale of Nicotine Vapour Products (Prescribed Documents) (Scotland) Regulations 2017. No motion to annul the instrument has been lodged, and the Delegated Powers and Law Reform Committee has not made any comments on the instrument.

As members have no comments to make, does the committee agree to make no recommendations on the regulations?

Members *indicated agreement.*

Sale of Tobacco (Registration of Moveable Structures and Fixed Penalty Notices) (Scotland) Amendment Regulations 2017 [Draft]

The Convener: The fourth item on the agenda is an instrument that is subject to affirmative procedure. As is usual for affirmative instruments, we will take evidence on the instrument from the cabinet secretary—I am sorry; I meant the minister, and her officials, on the instrument.

The Minister for Public Health and Sport (Aileen Campbell): A promotion!

The Convener: Give it time.

Once we have asked all our questions, we will move to a formal debate on the motion on the draft Sale of Tobacco (Registration of Moveable Structures and Fixed Penalty Notices) (Scotland) Amendment Regulations 2017. I welcome the Minister for Public Health and Sport, Aileen Campbell, and her officials from the Scottish Government: Johanna Irvine is a principal legal officer; Morris Fraser is team leader on tobacco control policy in health improvement; and Elaine Mitchell is a senior policy officer on tobacco control policy in health improvement. I invite the minister to make a brief opening statement.

Aileen Campbell: Good morning and thank you for inviting me to give evidence to the committee on the draft regulations. The approval of the Scottish statutory instrument will allow the regulations to become live on 1 April.

The SSI is non-controversial and will make two minor but necessary changes to the existing

tobacco regulations. The changes will apply to retailers who sell nicotine vapour products from moveable structures rather than from shops; “moveable structures” include pop-up shops and vans. The details include the registration number, description and size of vehicles and the locations where the retailers will operate. They are designed to restrict sale to under-18s of nicotine vapour products from moveable premises.

Registration of such businesses will help trading standards officers to enforce the law, and monitoring and controlling sale of the products will deliver positive public health benefits. NVPs are relatively recent technology and not enough is known about the possible health impacts caused by their long-term use. Until such evidence is available, the Scottish Government has adopted an open but precautionary approach. We aim to limit exposure of children and adult non-smokers to NVPs while allowing the products to be made available to adults who smoke and who wish to use them as an alternative to tobacco products. The measures in the SSI will help us to achieve that aim.

The Convener: Thank you, minister. Are there any questions?

Richard Lyle: Good morning, minister. I welcome the regulations. Given that most such products are sold in shops that are popping up everywhere—a number are also sold in normal tobacco shops—what steps are being taken to address that? Someone can buy an empty shop one week and open it as a vaping shop the next. What steps are being taken to ensure that the regulations will be implemented in all premises?

Aileen Campbell: That is part of the precautionary approach that we are taking. If the SSI is approved today, it will come into force on 1 April and will place on pop-up shops and moveable premises the onus to become registered. A pop-up shop or a van, for example, will have to be registered, and the register will lie with the Scottish Government. We expect that that will help us to oversee sale of NVPs in Scotland, and we anticipate its bringing health benefits in line with those that we achieved through the approach that we took to tobacco sales.

Richard Lyle: Thank you.

The Convener: Are there any other questions?

11:45

Miles Briggs: I have a wider question which comes more from the perspective of my constituents who are trying to quit smoking and who are using NVPs as transition products. What is the Government’s view on NVPs as transition

products for people who are trying to quit smoking and who are reducing their nicotine intake?

Aileen Campbell: We take a precautionary approach because, as I have said, we understand that people use the products as a means to stop smoking. However, the clinical evidence in that regard is limited. Yes—the products are important for that purpose, but the instrument is about making sure that NVPs are regulated, that we stop young people taking up vaping, and that we restrict non-smoking adults' exposure to vapour.

We want to balance that precautionary approach with the understanding that people use the products to come off smoking and that smoking is worse than using a vapour product.

Miles Briggs: What work is being done to look into the evidence? I know that the tobacco industry has not been able to undertake—or to fund—that research. Is the Scottish Government or are universities in Scotland undertaking that research?

Aileen Campbell: We continue to keep a watching brief. Morris Fraser might like to outline some of that more explicitly.

Morris Fraser (Scottish Government): Yes. Scotland is a world leader in research into the effects and potential effects of electronic cigarettes and nicotine vapour products more generally. We are lucky to have such well-respected experts—in particular, organisations such as Ash Scotland and, probably more important, Cancer Research UK, who keep us informed, pull together evidence from all over the world for us and continually look for new evidence of impacts on health. We are well connected with those people; in fact, the minister has a subgroup of experts who evaluate research. We have that group meet at least twice a year to keep us up to date.

The Convener: A lot of people are interested in how that research develops. There are certainly questions about the products—I am sure that a number of members' constituents have been in touch about them.

We move to agenda item 5, which is the formal debate on the affirmative SSI on which we have just taken evidence. Members should not put questions to the minister during the formal debate and officials may not speak in the debate.

Motion moved,

That the Health and Sport Committee recommends that the Sale of Tobacco (Registration of Moveable Structures and Fixed Penalty Notices) (Scotland) Amendment Regulations 2017 [draft] be approved.—[*Aileen Campbell*]

The Convener: As no members wish to contribute, I invite the minister to sum up, if she wishes to.

Aileen Campbell: I simply welcome the committee's interest in the topic. I will continue to keep you abreast of any developing research as it comes to light.

Motion agreed to.

The Convener: I suspend the meeting for a changeover of witnesses.

11:47

Meeting suspended.

11:48

On resuming—

National Health Service (Scotland) Act 1978 (Independent Clinic) Amendment Order 2017 [draft]

The Convener: Agenda item 6 is another affirmative instrument—the draft National Health Service (Scotland) Act 1978 (Independent Clinic) Amendment Order 2017.

I welcome Aileen Campbell, the Minister for Public Health and Sport and, from the Scottish Government, Dr Sara Davies, who is a public health consultant, and Ailsa Garland, who is a principal legal officer.

I invite the minister to make an opening statement.

Aileen Campbell: Thank you for providing me with the opportunity to give evidence on the instrument, which will exempt clinics that are provided by health boards, special health boards and the Common Services Agency from the definition of “independent” clinic in the National Health Service (Scotland) Act 1978.

The committee will be aware that independent clinics were brought within the regulation of Healthcare Improvement Scotland through a series of Scottish statutory instruments that came into force on 1 April last year. At that time, the definition of independent clinic in the National Health Service (Scotland) Act 1978 was amended and a number of exceptions to the definition were set out. The instrument that is before the committee will simply add to those exceptions to cover clinics that are provided by health boards, special health boards and the Common Services Agency, which is the legal name of NSS Scotland. That means that those clinics will not be required to be registered with Health Improvement Scotland.

Clinics that are covered by the SSI include blood donation clinics that are not sited in a hospital, or NHS 24 clinics that are, similarly, not sited in a hospital and which would be operated by

health professional groups that are regulated by the legislation.

I highlight to the committee that the intention of the SSI is simply to ensure that the NHS services are clearly removed from the legislation. I am happy to take any questions that the committee may have.

The Convener: There are no questions, so we move to agenda item 7, which is the formal debate on the affirmative SSI on which we have just taken evidence. Members should not put questions to the minister during the formal debate and officials may not speak in the debate.

Motion moved,

That the Health and Sport Committee recommends that the National Health Service (Scotland) Act 1978 (Independent Clinic) Amendment Order 2017 [draft] be approved.—[*Aileen Campbell*]

Motion agreed to.

The Convener: I suspend the meeting to allow a changeover of witnesses.

11:50

Meeting suspended.

11:52

On resuming—

Child Protection in Sport

The Convener: Agenda item 8 is an evidence session on child protection in sport. I welcome to the meeting the Minister for Public Health and Sport, Aileen Campbell; the Minister for Childcare and Early Years Mark McDonald; Gerard Hart, who is the director of protection services and policy at Disclosure Scotland; and John Lunn, who is the head of pathways at sportscotland.

Before we move to questions, I remind members and witnesses that, under the standing orders rule on cases being sub judice, no mention should be made during this evidence session of any live or on-going cases or to any issues that might prejudice those cases.

I invite the Minister for Childcare and Early Years to make an opening statement.

The Minister for Childcare and Early Years (Mark McDonald): Thank you for inviting Aileen Campbell and me to the meeting to contribute to the committee's consideration of child protection in sport. As the convener said, Gerry Hart from Disclosure Scotland and John Lunn from sportscotland have joined us.

We welcome the opportunity to discuss with the committee the important issue of child protection in sport. Sport plays a pivotal role in Scottish life and makes a huge contribution to the health and wellbeing of children. We are determined to ensure that children can enjoy sport in a safe and secure environment, so I welcome the committee's focus on that.

I know that the meeting will focus on the protecting vulnerable groups scheme and how sports organisations use it, but I emphasise from the outset that it is not processes or procedures that keep children safe; it is people who do so. The PVG scheme is a system and process that helps to support organisations and people, but it is, and can be, only a support for protecting children. That said, the scheme that we have in place, which Disclosure Scotland delivers on behalf of the Scottish ministers, has played a key role in creating a system of checks and balances in which we can all have confidence.

The PVG scheme was established in February 2011 and replaced previous disclosure arrangements under the Police Act 1997 that had been in operation since April 2002. Its purpose is to provide vetting information to assist organisations in the decisions that they take about people's suitability for regulated work. There are two workforces in the PVG scheme: the workforce for regulated work with children and that for

regulated work with adults. Scheme membership covers paid work, and voluntary and unpaid work. A contract of employment does not have to be in place between the organisation and the person who is doing regulated work.

Upon application by an individual, Disclosure Scotland carries out checks to determine whether the applicant is unsuitable for scheme membership. The Protection of Vulnerable Groups (Scotland) Act 2007 allows ministers to exclude people who are unsuitable on the basis of past behaviour from working with children and/or protected adults, and detects those who become unsuitable. That is achieved through Disclosure Scotland keeping a list of individuals who are barred from doing regulated work with children and a list of those who are barred from doing regulated work with adults.

A person can apply to join the scheme if their normal duties include carrying out particular activities with children and adults. The sort of activities relating to children in sport include teaching, instructing, training or supervising children; being in sole charge of children; unsupervised contact with children under arrangements that are made by a responsible person, for example a parent or carer; and providing advice or guidance to a child or to particular children that relates to physical or emotional wellbeing, education or training. A manager whose role involves directly supervising a person carrying out such activities can also join the PVG scheme.

As members know, many sports organisations rely on volunteers to deliver their activities. Ministers have long been aware of the important contribution that volunteers make in enabling and supporting children to enjoy and participate in sport and other activities. To that end, PVG fees are waived for volunteers who undertake unpaid and voluntary work for voluntary organisations.

We are currently reviewing the PVG scheme; it is only right that we keep under review something that is so important and fundamental to our approach to child protection. The evidence that has been taken by the inquiry to date has brought to light some potential issues with regard to how the scheme operates in sporting activity, which we will no doubt discuss.

I am keen that our review explores the issues and seeks to address them, so I am pleased to inform the committee that the remit of the review is being widened to include the code of practice, to consider whether conditions of the code could be strengthened to ensure that disclosure checks by all organisations are carried out in line with the expectations of Scottish ministers.

I believe that Ms Campbell would like to put a few words on the record.

Aileen Campbell: I, too, am pleased to be before the committee this morning. The fact that both ministers who have responsibility for keeping children safe in sport are here shows how seriously we take the issue.

I start by saying “thank you” to the thousands of people who week in and week out give up their time to enable our children to enjoy sporting activities and to do so safely. The vast majority of people who are involved in coaching children in sport do so for the best of reasons, and our children benefit from their commitment.

However, we have to make sure that sport is a safe way for children to spend their time. That is why we have funded, through sportscotland, Children 1st to develop and implement the safeguarding in sport service, which provides information, support, training and advice on protecting children to sports’ governing bodies and clubs. The work includes the minimum operating requirements—MORs—to safeguard children and ensure that governing bodies take a consistent approach to child protection.

Children 1st monitors progress and compliance with the MORs. The MORs are being enhanced by a set of standards that are being piloted by ten sports and will further strengthen protection of children in sport. The Children 1st guidance document, “10 Steps to Safeguard Children in Sport”, provides invaluable resources to clubs and governing bodies across Scotland.

There is a further safety net whereby any clubs using local authority or leisure trust facilities must be compliant with their local child protection safety procedures and policies. In addition to our investment in Children 1st, through sportscotland we invest more than £3 million annually in governing bodies to support their overall administration and running costs. That support underpins work in child protection and PVG administration, as well as work in other areas such as equalities and anti-doping.

The inquiry and the recent allegations of sexual abuse in football have prompted Scottish ministers to reflect on what we do currently to keep children safe. For my part, as minister for sport, I have engaged in discussions with key stakeholders to determine whether our systems are good enough, and that dialogue will continue.

I can advise the committee that I will be hosting a round-table discussion with Mark McDonald and partners including Police Scotland, sportscotland, the National Society for the Prevention of Cruelty to Children in Scotland, Children 1st, the centre for excellence for looked after children in Scotland, Disclosure Scotland and some of the sports’

governing bodies in order to understand fully how the PVG scheme works for them and what more we might consider is needed to support them in order to protect our children. That round table will be hosted by Professor Kay Tisdall, who is a well-known academic expert in children's rights and policy.

I will be writing to all 52 sport governing bodies to ask them to reflect on their current policies and practices on child protection and to offer to work together to further develop our child protection system. I firmly believe that we already have a robust system in place, but there is always room for improvement and development. Just as Mr McDonald said at the outset, processes are only part of the picture: it is the people who use those processes appropriately and effectively, as well as their own skills, knowledge and confidence, who keep children safe in sport and other activities.

We are happy to answer any questions that members undoubtedly have.

Clare Haughey: I thank the ministers and the panel for coming today. You will be aware that two weeks ago we had a session on child protection in sport, at which we had a representative of the Scottish Youth Football Association. The issue of the 1,300 coaches who were awaiting PVG clearance, according to a BBC Scotland report of 6 February, was raised. The committee was told that the reason for that was the large turnover in coaches and the large administrative workload of processing PVG checks in an organisation with a small number of full-time staff and thousands of volunteers. We heard that the SYFA estimated that it would cost it £70,000 to administer the PVG scheme this year.

What changes does the Scottish Government believe need to be made and by whom to address the issue of the high number of coaches who have not been PVG checked by the SYFA? Has Disclosure Scotland offered that organisation any assistance in clearing the backlog?

12:00

Mark McDonald: I had a look at the evidence that was given to the committee at its previous meeting. As I said in my opening remarks, there are no fees for volunteers undertaking regulated work if they are doing so for a voluntary organisation, which would be the case in the clubs that the SYFA deals with. The cost will undoubtedly be related to administrative processes. The offer has been made to support the SYFA with any of the backlog issues that it faces; Gerry Hart can perhaps give a little more information on that. There is also an opportunity for Volunteer Scotland disclosure services to undertake some of the checks on behalf of the

SYFA, which would perhaps remove some of the administrative burden.

I will let Gerry Hart give a bit more detail on the dialogue that has taken place between Disclosure Scotland and the SYFA.

Gerard Hart (Disclosure Scotland): We conduct compliance audits of the various bodies that countersign PVG applications, and we did one of those audits with the SYFA in September, when a small backlog was detected. At that time, we offered on an informal basis support with clearing that backlog. As time moved on, it became clear that the backlog was larger than the small number that was reported in September. I wrote to the chief executive of the SYFA on a number of occasions in the period from December through to January to offer practical assistance with clearing the backlog, which by then was in the high hundreds rather than the small number that had previously been intimated to us.

The SYFA initially accepted the offer of support, but it eventually transpired that it did not wish to take up that offer or did not require the additional support to clear the backlog. The offer was not accepted by the SYFA, and that remains the position to this point.

Mark McDonald: If you think that it would be helpful, convener, I would be more than happy to provide the committee with copies of the correspondence.

The Convener: Clare, do you want to follow that up?

Clare Haughey: I am sorry, convener—I was waiting to see whether you were going to respond, because I am quite astounded by that information. In essence, the SYFA has been offered assistance to clear the backlog and has not taken up the offer. Has it given any rationale for rejecting the assistance?

Gerard Hart: No—not in any great detail. We made the offer in December. I wrote twice to make the offer and we have had informal contact with the SYFA through our compliance team. The offer was initially accepted but, in January, the information came back to us that the SYFA did not think that it was a practical way forward to have that support.

The Convener: Has it cleared the backlog?

Gerard Hart: We are still trying to ascertain the exact size of the backlog, but I believe that there is still a backlog outstanding—colleagues can correct me if that is not the case.

The Convener: Is it one or 1,000?

Gerard Hart: I think that it is a significant number.

Clare Haughey: Has there been any discussion with the SFA, which was also in attendance at that meeting, about its responsibilities to ensure compliance by the SYFA with PVG and child protection requirements?

Aileen Campbell: I understand that the SFA has been seeking to progress the issue and wants the SYFA to make progress. There are regular discussions there. However, you are right to pursue that line of questioning. We have an issue in that the SYFA has a backlog, there has been an offer of help and that offer has not been taken up.

As the Minister for Public Health and Sport, I want to ensure the smooth running of sport and that there are good opportunities for children, so that is a concern. I know that that concern is shared by the Minister for Childcare and Early Years. We want to ensure that children have the opportunities. We understand that many children are getting great opportunities as a result of the fantastic work that a number of volunteers do in each of our communities. Indeed, some of us probably have children who have experienced that good work being carried out by those fantastic volunteers.

That said, the structures that have been in place do not seem to be matching that fantastic work, and we need to ensure that the support that is being offered is taken up so that we can proceed, confident in the knowledge that the protection for children is as robust as it can be. Of course, the culture change, the support and assistance from sportscotland and all the other areas in which sporting bodies can be assisted must be in place, too, but, in this particular instance, we must ensure that the help is being taken up and that progress is being fast tracked.

Alison Johnstone: This issue took up a fair amount of the time for discussion at our previous meeting, but we also heard about various differences in practice between the sports bodies and whether coaches could volunteer in a limited capacity without completed PVG checks. Scottish Swimming, for example, highlighted the example of parents standing poolside during sessions. Clearly there was an element of supervision in that respect, but I want to understand the Scottish Government's position on the question of volunteers taking part in a limited capacity—or not, perhaps—without that safeguard in place. I understand that there is always a balance to be struck between encouraging, sustaining and maintaining volunteer numbers and child protection, which is an issue that we have to look at very seriously.

Mark McDonald: In essence, it comes down to the activity that the individuals in question are undertaking. There is a difference between supervising a child who is undertaking a sporting

activity and watching the child. In the example of a parent volunteer working alongside a coach who is supervising a session, we would expect the coach to be subject to a PVG check but not the parent volunteer; the parent would not be the supervising individual, so they would not be undertaking regulated work and therefore would not require to be subject to a check.

You highlighted differences in practice. That is why we have decided to include the codes of practice in the review. We want to create a robust code of practice that ensures that the approach being taken by all sporting governing bodies matches ministers' expectations.

Alison Johnstone: Returning to the football scenario that has already been mentioned, do you think that sportscotland funding should be contingent on adequate child protection systems being in place? Perhaps that might encourage the SYFA to take up the kind offer that has been made.

Aileen Campbell: You are correct to pursue this line of questioning, which highlights the way in which football is structured. The relationship that sportscotland has is with the governing body, and the governing body in this case is the SFA. As a result, the funding does not go directly to the SYFA.

Collaboratively, the SYFA and the SFA must ensure that the system has rigour and robustness. Indeed, that is why the SFA issued the directive and why it has set the deadline of, I think, 28 February for the coaches to get compliance and the backlog to be cleared. Of course, that raises the question of why the help that is being offered is not being taken up to ensure that the deadline of the end of the month is met.

As I said, you are right to point out the differences in approach between football and other sports in this respect. I should also point out that a balance has to be struck. The disclosure system was meant to be proportionate; it was meant to ensure that there was a balance and that volunteers who, for the best of reasons and intentions, wanted to provide opportunities were not put off. However, you are right to suggest that we must ensure that the systems in place provide adequate protection for our children, and in that respect it is worth pointing out that a huge culture change has been happening for a number of years now through the work of sportscotland, helped and aided by Children 1st, to ensure that children can enjoy sporting experiences in safe environments.

Alison Johnstone: With regard to safe environments, the Minister for Childcare and Early Years pointed out the difference between those who supervise and those who watch. I suppose that talent scouts might come under the heading of

those who watch, and they are not currently covered. Given that they might be in a very powerful position in the lives of some ambitious young people, is there an aim to look at that?

Mark McDonald: It comes down to what an individual's normal duties are. The incumbency to determine whether that individual is required to undergo a PVG check sits with the employer so, as most football scouts are employed by professional clubs, the club determines whether the scouts' normal duties require them to undertake a PVG check. From the information that the SFA has provided, it appears that scouts make most contact with parents rather than directly with children, and the SFA is of the view that that is why they are not covered by the scheme. However, it has agreed to look at the issue of scouts and other intermediaries as part of the independent review. There might be grey areas in how those individuals operate, so some clarity would be welcome.

Aileen Campbell: There is worth in us continuing the dialogue with the SFA on those issues. As you know, the review has been set up to cover historical abuse and there has been no timescale set on that. It is appropriate for us to explore that with the SFA alongside the review process. If there are loopholes, we will explore the mechanisms that the Government can use to close them.

Alex Cole-Hamilton: I am astonished at the revelation that the SYFA turned down the offer of help to get through the backlog, not least because it received the directive in October and the offer was made a month later in the knowledge that the SYFA had to make good on the checks by February. I am particularly astonished that the SYFA turned down the offer, given that it told us that it was trying to process about 800 checks a month and that that was done largely by a volunteer network.

I am concerned that the directive was issued by the SFA only in October. The legislation has been implemented for more than a decade, yet there still seems to be significant confusion in some, although not all, governing bodies; we are aware of some sports that have a zero-tolerance approach to having coaches on the pitch or in the area without the checks. What confidence do ministers have that the governing bodies of all sports in Scotland are aware of their duty to ensure compliance under the 2007 act? How can that be improved on in the forthcoming review?

Mark McDonald: I do not think that there is a question about the governing bodies' awareness of their responsibilities. However, there appears to be—certainly in relation to the SYFA—a question about the processes that they follow and the systems that they have in place. That is why we

extended the offer to the SYFA to help to clear the backlog of applications, which exists at the SYFA end rather than at the Government's end. There is no backlog of applications being cleared once they are submitted to Disclosure Scotland. We will be able to take that forward as part of the round-table meeting that the Minister for Public Health and Sport and I will host. That will give us an opportunity to get a better understanding of the issues that the governing bodies consider to exist and to think about how best those issues can be tackled as part of the review of the scheme that we are taking forward.

Alex Cole-Hamilton: Do you have the power—if need be—to make the offer a compulsion and, for example, to bring organisations into special measures in order to give them assistance?

Gerard Hart: We have a code of conduct that organisations that countersign disclosures must sign up to and it is specified in statute. We have the power to adapt the code of conduct and we will urgently look to ensure that it covers not only the process efficiency of organisations in following the right steps to get a disclosure, but whether the scheme is used in a reputable way. For example, we must ensure that large backlogs are not a part of the deal so, if an organisation signs up to be a countersigning organisation, there is a way in which we can intervene to address concerns about a backlog that builds up. We will do the work of looking at the code of conduct immediately.

12:15

Aileen Campbell: Compliance with the minimum operating requirements is monitored quarterly and sportscotland has a great deal of work to do with the governing bodies on compliance. There is also the pilot with 10 clubs that will enhance the process. Although PVG is one element of that, a host of things has happened in sporting governing bodies and sports clubs in the past decade or so to ensure that sporting arenas and environments are safe for children. Compliance with MORs is certainly monitored by sportscotland.

The Convener: Youth football must be one of the biggest areas for disclosure.

Aileen Campbell: Within sport, yes.

The Convener: So a small organisation has a small number of staff who are processing huge volumes of forms on a voluntary basis. I cannot help but think that the SYFA is being hung out to dry by the SFA. When the SFA representative gave evidence to the committee, he said that it was the SYFA's fault and hung the volunteers out to dry. Obviously, I question the organisation's competence to cope with the volume of work, but the overseeing body to which it is affiliated must

take some responsibility for ensuring that the scheme works better. Do you have confidence in the SFA's role?

Aileen Campbell: Again, you point out the way in which the SYFA chooses to approach the PVG scheme. That is not the same for other sporting organisations, because they are the ones that do all the countersigning.

The Convener: None of those organisations faces the same volume as the SYFA.

Aileen Campbell: I understand that none of the other governing bodies chooses to approach the situation in that way. There are things that could be done to help. We should also bear in mind the fact that investment goes into Volunteer Scotland to help voluntary organisations.

The Convener: My question was whether you think that the role that the SFA has played in this means that one of its affiliates has been hung out to dry.

Aileen Campbell: As the governing body, the SFA has a role in ensuring that children who want to play football are able to participate safely in a safe environment. PVG checks are one element of providing that comfort of safety. The evidence that the committee took before the February recess and has taken today shows that there are relationships that we need to explore, and that we need to show a bit more rigour and robustness around how things are checked and how quickly things can be expedited. Drawing all that together, we need to ensure that there is clear leadership and that the problem will be sorted quickly to give the Government, the committee and sportscotland the comfort that we all need to make sure that we are progressing as we would all expect.

The Convener: Mr Lunn, would you care to comment? You have been very quiet.

John Lunn (sportscotland): The SFA is the recognised governing body and the SYFA is one of the member associations of that body. The MORs that we have in place and our relationship are directly with that body.

One of the components of that is how that body administers and manages its PVG schemes, among other things, in terms of the MORs. The situation has highlighted the fact that how the SYFA chooses to administer its PVG is probably different and it has presented—

The Convener: What does that mean? What is the SYFA doing that is so different?

John Lunn: Everything comes through the SYFA. Not all clubs have to come through the governing body to get their PVG done. They can do it through local authorities or the leisure trusts. In some cases, large clubs can set themselves up

to act as the intermediary; we have some clubs that do that. The governing body also provides that service.

One of the MORs is the mechanism that allows the governing body to administer and manage the PVG, if the club chooses to do so. The SYFA has taken that responsibility on itself, so that all the PVGs, the requests and the paperwork come through that body centrally. It does not need to be set up like that.

The Convener: Presumably you have asked the SYFA why that is.

John Lunn: We have not asked yet, because when the SYFA gave evidence at the previous session, that was the first time that we had become aware that that was how it was applying the process. As Gerard Hart said, a backlog was identified last year, but we became aware only recently that the backlog was of the extent that it is.

Colin Smyth: I am seriously concerned that it appears that we are being told about a massive failure of process. The response seems to be that it is bad that the organisation has failed to deliver. I am not hearing exactly what is being done—by either the Scottish Government or Disclosure Scotland—to enforce changes to make sure that it starts to comply.

How often does Disclosure Scotland carry out compliance checks and how effective are they? In the case that we are talking about, you indicated that the figures seemed to change every time that you checked with it.

Gerard Hart: There is a rolling programme of compliance checks with bodies. In the past 12 months, we have done 33 compliance checks on bodies that are associated with youth sport. As I said, we did the SYFA check in September 2016. If I recall correctly, the number reported by the organisation at that compliance check was 186, which is substantially fewer than the number that later emerged as the actual figure. A figure of nearly 1,500 was given in the media at one point.

We obviously share the concerns about that number of outstanding checks, for safeguarding reasons. First, our compliance team approached the SYFA informally and offered practical support with clearing and countersigning those checks. When that was not accepted, I then wrote to the organisation and formally offered that further support. As I have said before, that has not been taken up by the SYFA—ostensibly for reasons of practicality. I do not know any more detail about why it has not availed itself of the offer; it has not shared that with us.

We have no statutory powers to compel anyone to use the PVG scheme; it is a non-mandatory

scheme. However, that is why the code of conduct response is perhaps the most appropriate one. If an organisation is going to sign up to use the PVG scheme—as we hope and expect that all responsible organisations offering youth sport would seek to do—part of the deal needs to be that it uses the scheme correctly and in a reputable manner. We can make changes to the code of conduct that would tighten the reins, as it were, on that aspect and ensure that we can manage backlogs much more purposefully. However, there are no statutory powers whatsoever for the Government to compel the SYFA to do the checks at any particular rate or in any number.

Mark McDonald: I share Colin Smyth's concerns. Since, following the previous evidence session, the refusal of the SYFA to take up the offer of support was brought to light, I have this morning written to Mr Little, first asking him to meet Aileen Campbell and me ahead of the round table that we will host, and also strongly urging him to take up the offer of support from Volunteer Scotland disclosure services and Disclosure Scotland, to help his organisation to clear its backlog. It is strong encouragement that I have given him in that letter, so I hope that he will avail himself of that opportunity.

Colin Smyth: For clarification, the first point is that Disclosure Scotland said, in effect, that you had detected only 100-odd cases, so it was actually the media that revealed the 1,000 or so—

Mark McDonald: It was not detected—

Colin Smyth: Based on the information—

Mark McDonald: The figure was what the SYFA advised was its backlog.

Colin Smyth: Absolutely—but the revelation that there were more than 1,000 cases did not come from whatever process is followed for the compliance check, but through the media. What I am not clear about is what power the Government has to ensure that checks are carried out. We currently have across Scotland hundreds of coaches working with young people without checks having been carried out. It is not clear to me what the Government is able to do, or is currently doing, actually to enforce action to tackle the backlog.

Mark McDonald: That takes us back to Gerard Hart's point that the scheme is not mandatory, so there are limitations on what we can do to enforce it.

I share the committee's concern about the scheme, but I do not want members to get the impression that the only thing that offers protection to young people in sport is the PVG check. There is a much wider culture in respect of how things

operate at local club level, which is part of the wider child protection agenda. Although the PVG checks are important and we want to ensure that they are undertaken, there are other safeguarding practices out there that help to ensure that children are being kept safe while they participate in sport.

Colin Smyth: The committee has heard, from a number of people, evidence about differing practices. However, it is clear that the PVG process has not been successful in delivering what all of us want, and I am not sure how we can ensure that it does that. Surely we accept that a football coach who works with young people should be PVG checked: whatever we say about whether the check should be mandatory, surely we accept that as a basic principle. What is the Government doing to ensure that the checks are being carried out in what is, in effect, our nation's biggest sport?

Mark McDonald: As I said, we have repeatedly offered to support the SYFA in clearing the backlog of PVG checks, and a number of PVG checks have been completed each month. In January, 418 checks were completed. I am not sure how much of the backlog has been cleared as a consequence of those checks or the checks that have taken place up to today but, as Gerry Hart said, the evidence suggests to us that there is still a backlog. That is why I have written to the SYFA to encourage it to take up the opportunity of help.

The wider review of the code of practice and operation of the scheme will give us an opportunity to probe the exact issue that Colin Smyth is referencing, which is not only about how we ensure that PVG checks are being carried out timeously and that a backlog is not created, but about the expectations that we ought to have of coaches who are working directly with children but who have not yet been subject to a PVG check.

Aileen Campbell: Linked to the point that Mark McDonald made about this being not just about PVG checks, the minimum operating requirements for sports clubs that work with children have been in place for a number of years, and set out the broader context in which we should be creating a safe place in which children can enjoy sport. Compliance with those requirements is monitored regularly by sportscotland, and work is being done with Children 1st to develop and enhance that.

Nevertheless, the PVG scheme gives us all a bit more confidence because we can see explicitly which coaches have had a PVG check. In relation to football, that confidence is not being given to us, which is why Disclosure Scotland, Volunteer Scotland and the Scottish Government have offered proactively to seek reassurance directly from the SYFA that it will make fast progress on

that. The directive gives the SYFA until the end of this month to ensure that all its coaches have had PVG checks.

Miles Briggs: I cannot be the only member who is concerned by the fact that this is the first time that the committee has been told about the offer of funding, although ministers have been aware of the work that we have been undertaking, and by the fact that we have not had an opportunity to question all the bodies that are involved until now.

Aileen Campbell: Which offer of funding is that?

Miles Briggs: It is the offer of funding to clear the backlog of PVG checks.

Aileen Campbell: Disclosure Scotland made an offer of practical support at the point at which the backlog came to light.

Miles Briggs: That offer was made in December.

Aileen Campbell: It was made in December.

Miles Briggs: We have been undertaking our inquiry over the past few weeks, and that information would have been incredibly useful. I am sure that other members of the committee would agree with that.

Specifically, has such support been offered in the past—

Aileen Campbell: Volunteer Scotland has also—

The Convener: Just a minute, minister. You will get your turn.

Miles Briggs: In the past, has support for clearing such a backlog been offered but not taken up?

Aileen Campbell: I am sorry; I did not mean to interrupt. Volunteer Scotland is funded to help voluntary organisations. That is not a new thing; it has been funded for a number of years to help volunteers to cope with the pressures that are put on them and to ensure that they are compliant with PVG checks.

Gerard Hart: We give Volunteer Scotland an annual payment, which allows it to act as the umbrella body for a range of sports clubs and other voluntary organisations throughout Scotland, and to work with those who get free checks to ensure that that is done much more efficiently. A significant funding package goes from the Scottish Government to Volunteer Scotland for that purpose, and Volunteer Scotland offers practical assistance to organisations to help them use the scheme effectively.

To answer the question, I am not aware that there has been previous incident involving the

SYFA. However, when I became aware of the backlog, it seemed to me to be very important to offer practical—not necessarily financial—assistance with clearing the backlog, because we were aware that the SYFA was struggling to clear it by itself.

12:30

Miles Briggs: When specifically did you become aware of that? Was it in October?

Gerard Hart: I became acutely aware of the issue in December.

Miles Briggs: Was that from the BBC investigation?

Gerard Hart: No. One of the compliance managers in Disclosure Scotland approached me with concerns about the issue and explained it to me. I directed the actions that took place thereafter. I was also aware of the BBC reports; the information was coming to me through a twin approach at that time.

Donald Cameron: I accept what the minister said about the question being wider than simply PVG and that there are issues of culture, not least because there is a range of conduct, from the very worst types of abuse through to bullying. However, given the centrality of PVG to the current system, do you think that it should be mandatory?

Mark McDonald: I do not want to pre-empt the review that we are about to undertake, and we have not fully defined the terms of reference for that review, but I expect that to be one of the questions that the review will consider when we look at the PVG scheme. I do not want to say any such thing here on the record before we have undertaken the review. It is important that we take a range of evidence in the review and then come to a firm conclusion based on that evidence. However, from what has been revealed during the course of the committee's inquiry, I think that it is a question to which ministers need to give consideration.

Donald Cameron: I have a different question on PVG. Is Government—

The Convener: I am sorry, Donald. I will let Alex Cole-Hamilton in with a supplementary.

Alex Cole-Hamilton: Thank you, convener. That point speaks to the confusion that exists in all sectors where PVG applies. PVG checks are not mandatory, but it is an offence to employ or to engage in a regulated childcare position a person who is on the barred list. The only way that a person can indemnify themselves against that offence is by getting a PVG check.

Gerard Hart: No—that is not entirely accurate. It is not an offence to employ somebody if you do

not know that they are barred; that is, if you have not been told that they are barred by the Government.

Parliament originally intended for there to be a discussion of exactly such an offence, so we held a public consultation in 2016 on whether that offence should be brought in. The outcome was that people thought that the safeguarding that the existing scheme provided was adequate; they did not think that such an offence would add any advantage to the current situation.

It is an offence to employ somebody who is barred, if one has been told that they are barred. It is also an offence for an individual who is barred to seek or to do regulatory work with children or protected adults, under any circumstances.

Alex Cole-Hamilton: To distil that down, in effect, our approach to child protection at the moment is “Don’t ask, don’t tell”.

Gerard Hart: There are more than 1 million scheme members in Scotland, covering a large proportion of regulated work in almost every setting. I think that the current evidence is that the scheme is very well taken up and used by employers and voluntary organisations across the country.

Donald Cameron: Within the PVG scheme, the phrase “regulated work” is central. Is the Government giving consideration to that definition and to whether—along the lines of what Alison Johnstone was asking—it should be widened?

Mark McDonald: We will give that active consideration; it will form part of the work that the review undertakes. As Alison Johnstone highlighted, questions exist around, for example, intermediary football scouts. There is potential for confusion about whether clubs feels that individuals who are offering support in a voluntary capacity at local level need to be PVG checked. At the end of the day, I do not think that there is any harm whatever in somebody who might not be performing regulated work being PVG checked, because it provides an additional safeguard. However, perhaps we need to make the lines clearer for organisations, so that they can feel comfort with the approaches that they are taking.

Aileen Campbell: To go back to Alex Cole-Hamilton’s point, the minimum operating requirements include making sure that recruitment and selection of people who work with children and young people include access to PVG checks. The minimum operating requirements are monitored by sportscotland. A range of support is on offer directly from sportscotland in community hubs and through local authorities. I want to counterbalance the suggestion that there is a “Don’t ask, don’t tell” approach: I do not think that that is the culture that the committee would

experience in the sporting organisations that currently comply with the minimum operating requirements, which are regularly checked by sportscotland.

John Lunn will expand on that.

John Lunn: As I said to the committee the last time we gave evidence, the minimum operating requirements are checked by Children 1st. We get an annual formal review, and we get a quarterly status report. We work proactively with Children 1st and the governing bodies when there is any deviation from those requirements or when a governing body is not fully compliant.

The move to the standards that are currently being piloted is a positive step, as the minister has said. It has been an evolving picture. I take on board the fact that new best practice is always emerging, that changes occur and that the culture is constantly shifting. We are trying to learn and develop as we go.

It is important to say that the standards are being piloted by clubs, which will take us way beyond the current level of compliance. We want to embed the core elements of the minimum operating requirements in clubs, which will provide much greater rigour. As the minister has said, there are a number of organisations that can undertake PVG checks on behalf of clubs; it is not the case that there is a lack of resource or capacity—they are definitely already there. The move towards the standards, along with the taking on board of recent developments in an effort to make progress, is a positive step.

The Convener: What is the timescale for the review?

Mark McDonald: I think that we are looking to conclude the review by 2019.

Gerard Hart: In legislative terms—

Mark McDonald: We will have the review: if legislation is required on the back of that, we anticipate that that would be passed by 2019. We are probably looking at 12 months or thereabouts for the review.

Gerard Hart: The review has commenced, in effect. The current phase is that the terms of reference are being finalised—the ministers will clear those at the end of February.

The Convener: So the review has not commenced.

Gerard Hart: I am sorry—when I said that the review has commenced, I meant that we have had two conferences to engage with stakeholders on the review themes, and a number of workshops have already taken place with a range of stakeholders. The terms of reference will emerge at the end of February, and the substantial work to

take forward the review will be done through the summer and into the autumn.

Mark McDonald: The work that the committee has done has been very valuable in helping to flesh out issues that we might not have been fully aware of prior to establishing the review. That will help us to crystallise some of the terms of reference. I put on record my gratitude to the committee for helping in that regard.

The Convener: I would reflect that back and say that some of what we have heard today has helped to crystallise our views on how we view the situation that has emerged. We thank the ministers very much for their evidence.

Aileen Campbell: I add that we will make sure that we keep you updated on how the round-table discussion goes. Although the PVG review is ongoing, we can explore whether the code of conduct offers an opportunity to provide additional rigour in the system. The review will not necessarily need to have been completed before we can consider that.

The Convener: Thank you very much.

12:38

Meeting continued in private until 12:53.

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