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Trouble with change is it's tricky and expensive

What will local authorities do without public services to manage, asks **Dave Watson**



themes as you flick through the new significant structural change to our public services. It promises reviews of the

structure of health boards and councils; new regional education bodies with more finance going directly to schools; and even proposals to allow community councils to run some services with 1% of council budgets devoted to community budgeting. Structural change is notori-

ously difficult and expensive and wise governments want to focus on outcomes. While fewer health boards might work for acute services, it won't for primary care. Health is already subject to the new integrated joint boards with social care, and these need time and greater financial clarity before taking on greater responsibility.

And if education and social work are going elsewhere, leisure and housing has already largely gone arms length, what will local authorities be left to do? Wither on the vine or merge - giving communities a less say in how their services are delivered.

I have used this column many times to document how public services are being sayaged by austerity economics. and in Scotland, how this has largely been dumped on local government services. From 2013-14 to this year the Scottish Government budget rose 3.2% in real terms; while local government allocations fell by 1.9%. This year is disparity is even greater – 0.8% cut for the Scottish Government and a 4.5% cut for local government. Since the crash, a staggering 87% of the public sector job losses in Scotland have been in local government.

We also have demographic change that is increasing demand on local government services, particularly social care. Poor economic performance is also increasing demand as is the need for public services to respond to climate change. Not to mention the UK government grabbing £125m in additional NI contributions from Scottish councils

The financial pressures are likely to get worse. There is about another £1.5bn of revenue cuts to come for Scotland in the current UK spend-

ne of the obvious ing plans and very little use of devolved powers to mitigate those cuts

> The real shame is that the preventative work so lauded in the Christie Commission report of 5 years ago, which omised to transform Scotland is being abandoned. The Christie Commission

> explained how deep seated inequalities underpinned much of Scotland's long term problems. It called for services to be designed from the bottom up with greater user involvement. The report argued for preventative spending and a focus on outcomes. It also called for more integrated working, breaking down the silos and even going as far as looking at the 'one public sector worker' concept.

In my experience, the longer ministers of any party are in office, the stronger the temptation is to direct services from the centre, reinforced by the civil service culture.

I suggest some principles that we might consider in the

Austerity may be the defining feature of public service delivery in Scotland, but we shouldn't let austerity define the sort of Scotland that we want and we certainly should notrollover and accept auster-

Public services play an important role in tackling inequality by mitigating the gross income inequality in the UK. We should recognise the value of proportionate universalism while targeting resources on preventative spending.

While centralisation is not the answer, that doesn't mean that in a small country there isn't a case for national frameworks. These could set out common standards, data sets and proportionate scrutiny. In particular, Unison has long argued the case for a national workforce framework that would include common staff governance standards, training and start to break down the silos and make it easier for staff to move between services.

 Dave Watson is the head of policy and public affairs at Uni-



Preserving life is key to abortion debate



iven that abortion laws have now been devolved to the Scottish parliament with the Scotland Act 2016, it would seem that a brief overview of the history of abortion in Scotland would prove quite useful and maybe even enlightening. This is especially the case since the bill that led to the 1967 Abortion Act which legalised abortion in England, Scotland and Wales (but not Northern Ireland) was brought to the UK parliament by a Scottish MP, David Steel.

So what was the practice in Scotland up until 1967 and how did it compare to other parts of the UK? It might be easy to presume that, historically, England and Scotland had similar abortion laws, but this was not the case.

Until 1967, abortion in England, Wales and Northern Ireland (but not Scotland) was illegal under the Offences Against the Person Act of 1861 which stated that "whosoever, with intent to procure the miscarriage of any woman, whether she be or be not with child, shall unlawfully administer to her or cause to be taken by her any poison or other noxious thing, or shall unlawfully use any instrument or other means whatsoever with the like intent, shall be guilty of felony".

In 1929, because questions remained about whether the law protected the child during birth, the Infant Life (Preservation) Act of 1929 was enacted but only for England and Wales (and not for Scotland and Northern Ireland). This prohibited the destruction of any child capable of being born alive, which at the time meant after about 28 weeks.

But, as indicated, these earlier laws did not cover Scotland where abortion was viewed before 1967 as a common law offence without strictly defined limits. In practice, it was characterised in terms of professional autonomy of doctors. If abortion was undertaken, it was performed when these physicians believed they were acting in good faith and, for the most part, when there was a serious risk to the life of the mother. It was rare for charges to be brought, because of the shared interest of all involved in preventing this from hap-Most criminal prosecutions that

were brought were against those who were not qualified doctors and/ or those who performed the procedures for financial gain. There were only twenty such cases in Scotland in the five years leading up to the 1967 Act. Although figures on backstreet abortions vary largely across different sources, the practice was something all involved wanted to prevent

Two key figures in two Scottish cities are also helpful in illuminating the medical, political and social context in which the 1967 Act was brought into being. Their contrasting value systems representing, in an appropriate way, the two sides of the question. These are Aberdeen-based gynaecologist Professor Sir Dugald Baird (1899 - 1986) and Professor of Midwifery at Glasgow University, Ian Donald (1910 – 1987), who was also a practising Protestant.

In this period, both cities were in the grips of widespread unemployment and poverty as well as inadequate housing. However, despite their economically similar contexts, on the

issue of abortion they differed great ly. Donald was based in Glasgow, the city in Scotland with the strongest anti-abortion sentiment. This was also the conviction of many of the leading obstetricians in the city at the time. Aberdeen, on the other hand, appeared to be a far more liberal environment. The disparity between the

two cities was significant. Donald

claimed in 1966 that in Glasgow an

abortion was carried out in just one

in every 3,750 pregnancies, while in Aberdeen it was 1 in every 50. Donald was the inventor of the mod-



ern ultrasound, and used his technology as a means to educate women on the development of their foetus and to try and encourage them not to choose an abortion. Baird, on the other hand, became increasingly vocal on abortion. He presented it as part of the 'fifth freedom': in other words, 'the freedom from the tyranny of excessive fertility'. He became influential to MP David Steel and was

central to the founding of the Abortion Legislation Reform Association, while Donald took part in establishing the Society for the Prevention of the Unborn Child.

Eventually, the Abortion Act 1967 became law enabling a liberalisation of abortions to take place across the UK, including Scotland. However, the legal and ethical questions have rolled on since then, and it would seem they will continue to do so.

While conversations around abortion often dissolve into the vitriolic, the desire to preserve life and to alleviate human suffering was evident in the convictions of many who contributed to the history of this question. Hopefully these noble aims will remain central to the discourse.

• Emily Murtagh is a research associate with the Scottish Council on Human Bioethics



Blueprint for he Marketing Society is the leading global network for marketing customers at the centre of everything

Finding new and better

ways to respond leads to

growth, says **Graeme Atha**

Easyjet and Nina Bibby from O2. We believe good, bold marketing inspires organisations to put their customers at the centre of their activities. Leading marketers know what customers want, often before they know it and find new and better ways

to respond effectively. This leads to sustainable growth and ensures the organisation stays

marketing professionals. It

promotes the strategic value of mar-

organisations and business.

keting as central to the success of

Recently we launched a Manifes-

to for Marketing Leadership as a

blueprint for our industry following

input from a wide range of market-

ing leaders including discussions in

Edinburgh led by Peter Duffy, from

focussed on what matters most to customers, motivates colleagues to care and builds a strong reputation for marketing

Our manifesto is based on doing three things brilliantly. ■Future-creating a shared vision on how to succeed

■Engage-inspiring the organisation to be customer led

■ Deliver – creating value for cus-

A shared vision will have a guiding purpose and set a stretching goal. This starts with why your organisa-

tion and brand exists and provides a guiding star for current and future colleagues, partners and suppliers with a bold vision of what success

You need to choose where and how to compete.

Clarify which customer needs you will meet in line with your purpose and assess your organisations most important and competitive capabilities. This will be in line with implications of future trends and will determine where you will compete and how you will win.

The ultimate goal is sustainable growth creating lasting success financially, socially and environmentally.

Leading marketers inspire their organisations to be customer led bringing their needs to life for the senior team and ensuring value creating decisions are met building long term relationships and sustaining board

-level interest. Marketers need to be commercially fluent speaking the language of finance and investment. They need to understand margins making a strong business case adjusting plans reflecting any financial constraints.

Engagement means finding creative ways to get the whole organisation involved. This will inspire care about customers and a belief in the brand by listening, learning and

Organisations should create value for customers and earn value from customers

Marketers anticipate what customers'value and find new ways to create it seeking insights that lead to continuous improvement and significant

innovation. They encourage their organisations to be bold and act before competitors by seeing unmet customer needs

Effective marketing shapes the customer experience and inspires people across the organisation to create value at every touchpoint

Creating difference where it matters and bringing the brand promise to life.

• Graeme Atha is a director of The Marketing Society @graemeatha @MarketingSocSco



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