



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Wednesday 9 December 2015

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Scottish Parliament

Wednesday 9 December 2015

[The Deputy Presiding Officer opened the meeting at 14:00]

Portfolio Question Time

Finance, Constitution and Economy

The Deputy Presiding Officer (John Scott):

Good afternoon, everyone. The first item of business today is portfolio questions. In order to get in as many people as possible, I would be grateful for short and succinct questions and, indeed, answers to match.

Capital Budgets

1. Siobhan McMahon (Central Scotland) (Lab): To ask the Scottish Government what impact the autumn statement and comprehensive spending review will have on its capital budgets. (S4O-04904)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): The autumn statement announcement confirmed that we face significant further austerity over the coming years. When the Conservative Party formed the coalition United Kingdom Government in 2010-11, the Scottish Government's conventional capital budget was £3.293 billion. By 2019-20, the capital budget in Scotland will be £3.187 billion. Accounting for inflation, the capital budget will be £600 million less than it was in 2010-11.

Siobhan McMahon: The Scottish Government has indicated that it plans to make energy efficiency a national infrastructure priority, but it is not clear what that will mean in practice. Will the cabinet secretary outline whether there are plans to increase capital spending, as a result of Barnett consequential, to make energy efficiency a national infrastructure priority? That would help to reduce climate change emissions and stop people suffering the ill-health effects of cold, poor-quality housing.

John Swinney: Ms McMahon makes a good and strong point about the multiple positive benefits of investment in energy efficiency measures, which tackle fuel poverty, improve individuals' health and wellbeing and, as a consequence, make an economic contribution. I fundamentally accept and agree with the analysis that she has expressed.

The Government is making choices about the composition of our capital budget and I will

announce that to the Parliament next Wednesday. We will also set out our thinking on the national infrastructure plan, which is the means by which we gather together the Government's investment and infrastructure priorities over a longer period to ensure that we have a strong pipeline of investment activity over a number of years.

Budget (West Scotland)

2. Neil Bibby (West Scotland) (Lab): To ask the Scottish Government what impact its budget will have on the economy of the West Scotland region. (S4O-04905)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): The Scottish Government will continue to support the west of Scotland through a wide range of programmes and public expenditure. One example is that, on 26 November, I informed the Parliament that investment through the hub programme in the Inverclyde care home, Our Lady and St Patrick's high school and Barrhead high school could proceed. Those programmes will make an enormous difference in their communities, not just through the jobs that their construction will bring but through the health and education benefits that they will bring to local people.

The Government will publish its future spending plans on 16 December.

Neil Bibby: According to the Office for National Statistics, since 2009, there has been a reduction of 62,000 public sector jobs in Scotland, many of them in the West Scotland region, and there are now estimates that around 30,000 public sector jobs could be lost in Scotland by 2020. Unison Scotland has rightly said that we cannot keep salami slicing public sector jobs and Audit Scotland has highlighted the serious impact that that is having.

Will Mr Swinney agree to Unison's reasonable request and work with it to set up a task force to look at the future of public sector employment in Scotland and support the public sector workers who face losing their jobs?

John Swinney: The first point that I make to Mr Bibby is that I strongly believe—and I am proud to say that I am in a Government that takes the same view—that investment in public services and in the work of public servants is wise investment for the wellbeing of our country, so I very much regret that we have lost public sector employment during the past five years. However, I am sure that Mr Bibby will understand and accept that the Government has to live within its means and we have had to wrestle with the challenges of the austerity agenda from the United Kingdom Government.

The valuable point that Mr Bibby makes was certainly made by the trade unions that I met this morning at the biannual meeting of the Scottish Trades Union Congress and trade unions with the First Minister and me. Many of the aspirations that Mr Bibby set out were expressed by the trade unions, which are willing to work to ensure that we create the strongest possible platform for public sector employment and public services within Scotland, and I very much welcome that approach.

I say to Mr Bibby that the Government has taken an approach since 2008, or perhaps 2009, whereby we have had a guarantee of no compulsory redundancies within the public sector. It has been an important feature of the relationship that we have had with the public sector workforce that we have worked with them to find the most effective way of wrestling with the financial challenges that we face.

Alex Rowley (Cowdenbeath) (Lab): One of the areas where local authorities are under massive pressure is that of health and social care, referring in particular to the growing pressures on social care budgets. [*Interruption.*] The Deputy First Minister has protected the national health service. Does he recognise that social care should be funded as part of that protection?

The Deputy Presiding Officer: That was not specifically about the west of Scotland, but you may answer, Deputy First Minister.

John Swinney: I am certain that there is health and social care in the west of Scotland, if I can help Mr Rowley in that respect. I will manage his telephone calls in the future, too, if that would be helpful.

Mr Rowley makes a substantive point. When citizens require the support of our public services, we have to ensure that they are supported in the most appropriate circumstances and surroundings, and that they are given the most appropriate type of care. As we know, there are individuals who are cared for in a care setting that is not appropriate to their needs. That may well be an acute hospital, which they do not need to be in. We have to be careful to focus on the needs of the individual citizens of Scotland to ensure that they are supported and cared for in exactly the right circumstances.

I am sure that some of these issues will be the subject of this afternoon's debate, which will be interesting to observe. That approach and that distinction—whether in the west of Scotland or anywhere else in Scotland—are important points for Mr Rowley to highlight.

The Deputy Presiding Officer: Yes—it is helpful if members stick to the question asked, please.

Renewable Heat Incentive

3. Joan McAlpine (South Scotland) (SNP): To ask the Scottish Government what discussions it has had with the United Kingdom Government on its plans to reduce the renewable heat incentive by 40 per cent. (S4O-04906)

The Minister for Business, Energy and Tourism (Fergus Ewing): I have been engaged in extensive communications with the UK Government over a prolonged period, calling for it to continue the renewable heat incentive and give confidence to householders, businesses and the wider heat market.

There has been no detailed discussion about the £700 million efficiency in the budget over the period to 2021, which I presume the member's figure of 40 per cent refers to, nor about the detail of changes to the RHI, regardless of the fact that I have consistently requested that.

Joan McAlpine: What are the knock-on effects of the UK policy change on the Scottish Government's investment in energy efficiency schemes such as the home energy Scotland renewables loan scheme and other measures aimed at tackling fuel poverty?

Fergus Ewing: The announcement that was made by the Chancellor of the Exchequer cannot aid investment, because it lacks what is required. A parliamentary statement should be characterised by clarity. Instead, Mr Osborne's statement, in so far as it related to the RHI, was characterised by opacity. It is as though, instead of devising a parliamentary statement, he was making up a crossword clue whose purpose was to guide people away from the actual answer and meaning. We are therefore pressing the UK Government for clarity.

I am pleased that, as far as the RHI scheme is concerned, the amendments will not take effect until 2017 and that more than £45 million has been paid to accredited installations in Scotland since the introduction of the RHI in November 2011.

Sarah Boyack (Lothian) (Lab): I thank the minister for that useful answer. In the opportunity that exists between now and 2017, what new schemes might be brought forward? There is general agreement that renewable heat is the missing link in our energy and heat, not just in terms of green energy but also in terms of green jobs and apprenticeships.

Fergus Ewing: Sarah Boyack raises a very good point. Just yesterday I had the privilege of opening a brand-new waste-to-energy scheme providing heat at the Borders College campus in Galashiels. That is an excellent scheme, where the costs are clear and guaranteed. We also have a low-carbon infrastructure transition scheme, with

investment of £76 million or thereby, and we have made further investments.

I will give some specific examples in response to the question. We are seeking to incentivise geothermal solutions, one potentially in Aberdeen, serving the proposed new conference centre there. We are also looking at water-source heat pumps. Although we are seeking to bring forward all those schemes, we do not have the legal competence or responsibility for energy and therefore we are seeking to use the limited budgets that we have to best effect for demonstrator projects. Nonetheless, we are taking forward schemes that I hope will receive the approval of Ms Boyack and members across the chamber.

Aberdeen City Region Deal

4. Alison McInnes (North East Scotland)

(LD): To ask the Scottish Government what action it has taken to support the Aberdeen city region deal bid since it received the statement of intent. (S4O-04907)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): Aberdeen City Council and Aberdeenshire Council submitted the statement of intent to both the Scottish and United Kingdom Governments on 4 September. Since then, Scottish Government officials have been working closely with both councils and the UK Government to provide support as the councils develop their proposals.

The Scottish Government cities team has met regularly with representatives from both councils. Officials from a number of policy areas, including housing, innovation, digital connectivity and Transport Scotland, have provided support and have been involved in detailed discussions around the proposals. The Scottish Government continues to work closely with both councils as the proposals evolve.

Alison McInnes: The Chancellor of the Exchequer referenced the negotiations on the city region deal in his autumn statement and spending review, which was welcome. He then went on to make a decision regarding carbon capture and storage funding, which in effect sabotaged one of the north-east's key projects.

Given the economic importance of the north-east to Scotland's economy, will the finance secretary back the city region deal in his budget statement next week and, unlike the UK Government decision, will he make sure that his budget decisions complement and support the various strands of the city region deal rather than undermine them?

John Swinney: I certainly agree with Alison McInnes's point on the importance of taking complementary decisions. I am in complete agreement with her about the disappointing Peterhead decision. It is a regrettable decision on a technology that could have created—and could still create—a global opportunity for Scotland. However, that possibility has undoubtedly been interrupted by the arbitrary spending review decision.

As I have indicated to Alison McInnes, the Government is supportive and sympathetic towards the Aberdeen city region deal and we are working constructively with the two councils and with the local business community to take it forward. It is a welcome step that Sir Ian Wood has chosen to give formal leadership to the Aberdeen and Aberdeenshire business community in recent days.

The city region deal is a joint venture with the UK Government, so we will work collaboratively with the UK Government to advance the proposals to ensure that Aberdeen and Aberdeenshire continue to make a strong contribution to the Scottish economy.

Lewis Macdonald (North East Scotland)

(Lab): I welcome the cabinet secretary's words. Can he confirm when he anticipates the Scottish Government, together with the UK Government, making a decision on the city region deal proposals?

John Swinney: I cannot give Mr Macdonald a definitive answer. As I have just indicated to Alison McInnes, we are pursuing the proposals jointly with the UK Government. It is better if we take them forward in a spirit of partnership and collaboration, and that is exactly what we are trying to do. However, we will make sure that progress is timely and that any announcement is made as quickly as possible.

Budget 2016 to 2020 (Public Sector Jobs and Services)

5. Kenneth Gibson (Cunninghame North)

(SNP): To ask the Scottish Government what impact the reductions in its resource budget from 2016 to 2020 announced in the autumn statement and spending review will have on public sector jobs and services. (S4O-04908)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): The Chancellor of the Exchequer's continued programme of austerity of choice not necessity will see Scotland's fiscal resource departmental expenditure limit budget—the budget that is responsible for day-to-day spending in Scotland—decrease in real terms by almost 6 per cent over the course of the next

spending review period. The Scottish Government will continue to strive to minimise the impact of the austerity agenda on jobs, investment and services in Scotland.

Kenneth Gibson: Does the cabinet secretary agree that continued year-on-year cuts to Scotland's funding, imposing UK austerity, ultimately can only result in a serious decline in the quality of public services and the breadth of those services, as well as the loss of many important services that do not have a statutory underpinning?

John Swinney: Clearly, significant challenges arise as a consequence of the continued restraint on public expenditure, which affects the ability to invest in and to develop the public services for which we are responsible.

One of the objectives that the Scottish Government has always maintained in this climate of austerity has been to protect jobs, investment and services in Scotland. That may involve us delivering services in a different fashion to the way in which we have delivered them in the past, but that may be necessary to ensure that access to services is not damaged for members of the public—the people we are elected to serve—as a consequence of the situation.

The fiscal environment in which we operate is very constrained. It requires us to be prepared to embrace reform in our public services, but the Scottish Government will be determined to protect jobs, investment and services in Scotland throughout that journey.

Jackie Baillie (Dumbarton) (Lab): The Deputy First Minister will be aware that local government's share of the budget has dropped from 29 per cent in 2011-12 to 25 per cent in 2014-15. With departmental spending for health and, as I understand it, the police protected, what level does he envisage local government's share will be for the coming year?

John Swinney: I am not at all sure of the basis of the numbers that Jackie Baillie cited to Parliament, but I will look carefully at the points that she made. The Scottish Government has very effectively protected local government during a period of significant restraint. I think that Jackie Baillie and her colleagues agree with the Government's decisions about investing in the health service. If they do, they will find that, once the increases in expenditure have been delivered to the health service, local government's share of the remaining budget has increased.

I am not quite sure what point Jackie Baillie is trying to make if she agrees with the Government on health expenditure. She is possibly making the point that she wants me to spend the same money twice. That, of course, is the Labour Party's

familiar approach, but it is not a way to balance the books. I can spend the money only once and, over time, the Scottish Government has delivered a strong and sustainable settlement for local authorities in Scotland.

John Pentland (Motherwell and Wishaw) (Lab): The cabinet secretary said that he valued public sector workers and that their jobs would be protected. Will the Scottish Government budget recognise and compensate councils, which, under the Scottish National Party, have suffered real-terms cuts double those that the UK imposed on Scotland, as shown recently by a Scottish Parliament information centre briefing?

John Swinney: I do not have much to add to the answer that I gave to Jackie Baillie. The Labour Party's condition of wishing to spend the same money twice must be endemic across its members.

I am sure that, even if Jackie Baillie does not agree with me, Mr Pentland must agree that the Government was right to invest in the health service. I thought that the Labour Party was supportive of health investment. If it is not, that is a revelation but, assuming that it supports us on that point, I make the point that local government's share of the remaining budget has increased under the Government. That represents the strong and emphatic commitment that the Scottish Government has made to local authority spending in Scotland.

The Deputy Presiding Officer: Question 6, in the name of Jenny Marra, has not been lodged. A less than satisfactory explanation has been provided.

Non-profit-distributing Programme

7. Neil Findlay (Lothian) (Lab): To ask the Scottish Government whether its non-profit-distributing programme is regarded by the Office for National Statistics as a public sector programme. (S4O-04910)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): I explained in my statement to Parliament on 26 November 2015 that a rapid reversal of the Office for National Statistics public classification of the Aberdeen western peripheral route project under the revised Eurostat rules would not be possible. However, I have asked the Scottish Futures Trust to continue to review options for the potential amendment of the AWPR project and other NPD projects. That follows the welcome decision by the Office for National Statistics on the revised hub model and confirmation that the projects that the model delivers will be classified to the private sector.

There will be no impact on the cost or the delivery of the Aberdeen western peripheral route project or, indeed, other NPD projects that are currently in consideration.

Neil Findlay: The finance secretary and his party have regularly claimed that NPD and hub projects are different from the private finance initiative and public-private partnerships. Meanwhile, the ONS has said that they are private sector projects—an announcement that the cabinet secretary warmly welcomed. Another issue with the non-profit-distributing model is that it distributes profit. Is it not time that the cabinet secretary apologised for misleading Parliament and the electorate because NPD is just PFI with a more cuddly name?

John Swinney: There is nothing cuddly about Mr Findlay or his questions.

I am mightily confused by Mr Findlay's question. I have always made plain—I have presented information to the Office for National Statistics and I have been completely open with Parliament—the objective of securing a private sector classification for the NPD projects and the hub programme for the simple reason that it delivers additionality to the economy.

Creating additionality through our capital programme creates jobs and investment. A recent Scottish Parliament information centre briefing indicated the scale and impact of the Government's capital programme on the creation of jobs and the growth of Scotland's economy. The big difference between NPD and PFI is the concept of profit capping, which this Government introduced to ensure that the rampant PFI profiteering over which the Labour Party presided was brought to an end. The fact that the ONS has now decided that those projects are to be classified to the public sector rather refutes the accusation that Mr Findlay has levelled at me.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I do not think that I can thank the cabinet secretary for that answer, but I suppose that I must do so out of courtesy. I agree with my colleague Dr Findlay—er, Mr Findlay—

Members: Oh!

The Deputy Presiding Officer: Moving swiftly on, can we have a question, Dr Simpson?

Dr Simpson: I am sorry—it is an anticipatory reflection of Mr Findlay's intellect.

I want to ask the cabinet secretary seriously about the ONS decision. I am quite concerned about how he will construct the 20 per cent charity element. Will he give us an early indication of how that charitable input will be dealt with? It must be in the private sector, so it cannot be a Government organisation. Is the Government going to appoint

the people in it? Can we get some more detail from the cabinet secretary, or at least an indication of when he might give us more detail?

John Swinney: We were on the verge of hearing about Dr Findlay's casebook just then.

I ask Dr Findlay—sorry, Dr Simpson; I am at it as well. [*Laughter.*] Heaven forbid that Mr Findlay should ever have to attend to me in a doctor's capacity. I would put my faith in Dr Simpson before Mr Findlay on that point.

I will move on to answer the question, Presiding Officer.

The Deputy Presiding Officer: Briefly, if you would.

John Swinney: Dr Simpson raises a substantive issue. For the charitable organisation to satisfy the test that is required of it under the ONS decision, it must operate outwith the scope, intervention and direction of Government, and it must satisfy the requirements of the Office of the Scottish Charity Regulator. The process is under way to secure that classification, and I am happy to provide Parliament with an update on the governance and regulatory arrangements.

I hope that those two key principles—that the organisation must act utterly independently of Government—which I suspect means that the Government will not be able to appoint members, so we will have to work through the details of all that—and that it must satisfy OSCR's requirements—will address some of Dr Simpson's points. I will of course put more details on the public record when those are to hand.

The Deputy Presiding Officer: Question 8, in the name of Annabel Goldie, has not been lodged. Apparently, a satisfactory explanation has been provided.

Scotland Bill

9. Sandra White (Glasgow Kelvin) (SNP): To ask the Scottish Government what recent discussions it has had with the United Kingdom Government on the progress of the Scotland Bill. (S4O-04912)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): The Scottish Government has frequent contact with the United Kingdom Government on the progress of the Scotland Bill. Most recently, I met the Chief Secretary to the Treasury on Monday to continue detailed discussions on the substantive elements of the fiscal framework.

Sandra White: I understand that negotiations are on-going. Does the cabinet secretary share my concern that many people are still unclear about

what the impact will be on Scotland's finances? Can he confirm whether the Scottish Parliament will have adequate time to scrutinise the proposals before the next Scottish Parliament elections?

John Swinney: The Smith commission required the two Governments to agree to a fiscal framework, and those discussions are on-going. The Chief Secretary to the Treasury and I have now had five meetings to try to agree the details of the fiscal framework. Those discussions are on-going and I expect further sessions to be set up to agree the details of the framework.

I can assure Sandra White that the Parliament will have adequate opportunity to scrutinise the fiscal framework once it has been developed in the intergovernmental negotiations, which is what was required of us by the Smith commission. If the Parliament is to be in a position to agree a legislative consent motion on the Scotland Bill, we will have to have it in front of the Parliament by 12 February 2016. The Government has made it clear that we will propose a motion for legislative consent only if we have an acceptable fiscal framework available to put to the Parliament. Essentially, that task has to be completed by 12 February 2016, which provides the Parliament with the opportunity to scrutinise the details of the fiscal framework before any legislative consent motion is considered.

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I think that we all agree that the fiscal framework is central and that indexation of the block grant adjustment for income tax is pretty central to that. Does the Deputy First Minister acknowledge that the majority of academic experts seem to be saying that the best and most risk-free option for Scotland is indexing for changes in the tax base per head? I tend to agree with that. Does he?

John Swinney: I agree very much with the point that Mr Chisholm made. Sandra White commented that not much detail about the fiscal framework is available, but detail about the fiscal framework cannot be available until it is agreed. However, there have been a number of very substantial contributions to the debate from the Scottish Trades Union Congress, Professor Anton Muscatelli, Professor David Bell and the Institute for Fiscal Studies. I think that they have provided very good, dispassionate commentary on the issues that are at stake and on what I consider to be the crucial issue, which is the block grant adjustment for income tax. Mr Chisholm asked me whether I agreed with him that indexed deduction per capita is the best way to proceed with that, and I am very happy to confirm to Parliament that I do.

United Kingdom Spending Review 2015 (Public Sector Finances)

10. Christina McKelvie (Hamilton, Larkhall and Stonehouse) (SNP): To ask the Scottish Government what impact the recent spending review will have on public sector finances in Scotland. (S4O-04913)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): As outlined previously, the Chancellor of the Exchequer's spending plans for the period 2016-17 to 2019-20 mean that the Scottish Government's total discretionary budget will, by 2019-20, be around 12.5 per cent, or £3.9 billion, lower in real terms than it was in 2010-11.

Christina McKelvie: Can the Deputy First Minister confirm that the Scottish Futures Trust has delivered massive improvements in value for money compared with Labour's discredited private finance initiative? Can he confirm that, in line with figures published this morning, the number of pupils in schools with poor or bad conditions is continuing to fall under the Scottish National Party Government?

John Swinney: I can confirm that point. The improvement in the school estate that was recorded in the statistics published this morning is very welcome and an endorsement of the investment programme that the Government has taken forward. While I have been the finance minister, we have faced the accusation that not a brick would be laid in the school building programme. That was the accusation that the Labour Party put to us, but of course the school estate is now significantly improved as a consequence of our programme.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): That was in the last session of Parliament.

John Swinney: Dr Simpson is shouting at me that that was in the last session, but I have a long memory and I remember all the things that we have been accused of by the Labour Party. *[Interruption.]*

The Deputy Presiding Officer: Dr Simpson, this is not an exchange.

John Swinney: We have, of course, ensured that the school estate has been significantly improved by the well-co-ordinated programme of the Scottish Futures Trust, which has delivered real value for money for the taxpayer in Scotland.

Dumfries and Galloway Council (Budget 2016-17)

11. Elaine Murray (Dumfriesshire) (Lab): To ask the Scottish Government what discussions the Cabinet Secretary for Finance, Constitution and

Economy has had with Dumfries and Galloway Council regarding its budget for 2016-17. (S4O-04914)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): I have not met Dumfries and Galloway Council specifically to discuss its budget for 2016-17, but I have had a series of meetings with the Convention of Scottish Local Authorities to negotiate the overall level of the 2016-17 local government finance settlement, which I will announce alongside the 2016-17 Scottish draft budget next Wednesday, 16 December.

Elaine Murray: Dumfries and Galloway Council had prepared a three-year budget that planned for cuts of £12.5 million in 2016-17. The council has now been advised to expect cuts of between 4 and 5 per cent, which would equate to £20 million to £25 million-worth of cuts. What services does the cabinet secretary suggest that Dumfries and Galloway Council stops providing?

John Swinney: I recommend that we all address the financial realities of the outcome of the comprehensive spending review—that is the best thing that I can suggest we all do. The Government will lay out the set of decisions that we have taken on the utilisation of public resources. We will take those decisions consistent with the values of the Government and with the commitments that I have made to Parliament in the course of my answers this afternoon. We will do that in a fashion that is designed to protect public services and to ensure that we deliver sustainable public services in our localities. To reiterate one of the points that I made in an earlier answer, that may involve change and redesign of services—that is something that we have to contemplate as a society.

Oil and Gas Exploration (Fiscal Measures)

12. Kevin Stewart (Aberdeen Central) (SNP): To ask the Scottish Government what recent discussions it has had with the United Kingdom Government regarding the introduction of fiscal measures to promote oil and gas exploration. (S4O-04915)

The Minister for Business, Energy and Tourism (Fergus Ewing): The Scottish Government recognises that exploration in the North Sea is at historically low levels and that much more needs to be done to support that activity. We have long called for substantial reform in the oil and gas fiscal regime and we have successfully argued for the introduction of an investment allowance and a reduction in the headline tax rate. We are, however, disappointed at the lack of support for exploration, and we continue to make the case for the need of further

fiscal reform. The Deputy First Minister, John Swinney, outlined those concerns to the Chancellor of the Exchequer in a letter ahead of the autumn statement, which asked him to outline his commitment to further support for the sector as well as provide a firm timetable for policy reforms. Next week, on 16 and 17 December, I will attend a meeting in London of the oil and gas MER—maximising economic recovery—UK forum to discuss the outlook for the sector, which will touch on issues that relate to exploration.

Kevin Stewart: At a time when we should be encouraging exploration to support the oil and gas industry, the UK Government has sat on its hands. Will the minister do everything possible to ensure that the chancellor gets a grip, follows Norway's example and provides exploration incentives to secure jobs in Aberdeen, the north-east and beyond?

Fergus Ewing: Kevin Stewart makes a good point. Oil & Gas UK has estimated that substantial exploration potential remains in the North Sea. Its estimate is that between 2,000 million and 6,000 million barrels of oil have yet to be discovered.

Mr Stewart refers to Norway; it was Norway's tax breaks for exploration that, in part, led to the discovery of the Johan Sverdrup field, which is described by some as the "crowning achievement" of Norway's

"successful rejuvenation of exploration in more mature areas".

It holds 2.35 billion barrels of oil reserves and is forecast to produce more oil than the whole UK sector by 2025. Its discovery was a result of Norway's progressive exploration policies.

Murdo Fraser (Mid Scotland and Fife) (Con): Last week, the Economy, Energy and Tourism Committee took evidence from the oil and gas industry. We were told by the industry that, contrary to the view of Mr Stewart, thanks to the actions of the UK Government, fiscal measures are now a long way down the list of its concerns.

There is, however, a greater concern—the on-going campaigns for disinvestment in fossil fuels that we have seen on university campuses and elsewhere. Will the minister agree with me that such campaigns are unhelpful and wrong-headed and that they risk undermining the future of what is still a very important industry to Scotland and one that supports tens of thousands of jobs?

Fergus Ewing: To address the first part of Mr Fraser's remarks, I am extremely well aware that the industry's primary focus at the moment is to achieve cost reduction without prejudicing health and safety and to achieve greater efficiency. No one is more aware of that than I am, and I shall be discussing it at a number of meetings in Aberdeen

on Monday with senior industry figures and working with them, as we always do.

Secondly, I think that any kind of political point scoring at this time, when so many people's jobs and families' livelihoods are at stake, is really not very clever and not very helpful. This Government supports the people in the oil and gas industry in Scotland. Most of us do. The Green Party does not, but its members are not here this afternoon, so we will not hear from them. I think that we can do without the gesture politics that the member refers to.

The Deputy Presiding Officer: Question 13, in the name of Liam McArthur, has not been lodged. An explanation has been provided.

Crown Estate (Fort Kinnaird)

14. Colin Beattie (Midlothian North and Musselburgh) (SNP): To ask the Scottish Government what the impact will be on its finances of not devolving the Crown Estate's share in Fort Kinnaird retail park. (S4O-04917)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): The Fort Kinnaird retail park provides a current revenue to the Crown Estate of around £4 million a year. That sum, which, under the terms of the Smith agreement, should be available to the Scottish Government to spend, will instead be available to the United Kingdom Government. In addition, the Crown Estate's share of the capital value of Fort Kinnaird retail park, which was £103 million in 2014-15, will also be under the control of the UK Government. By comparison, the total capital value of the entire Crown Estate portfolio of all other assets in Scotland was £261.5 million in 2014-15.

Colin Beattie: Fort Kinnaird is highly valued by my constituents as a shopping and entertainment centre. Will the cabinet secretary comment on how he sees the local community benefiting if Fort Kinnaird is not devolved along with the rest of the Crown Estate?

John Swinney: Mr Beattie highlights an important local issue. I am certainly concerned that there will be no direct financial benefit to the community from Fort Kinnaird if it continues to be excluded from the transfer, which, I believe, undermines the principle of devolving the management and revenue of Crown Estate economic assets in Scotland, which was a clear recommendation of the Smith commission.

Kinship Care Funding

15. Patricia Ferguson (Glasgow Maryhill and Springburn) (Lab): To ask the Scottish Government what representations the Cabinet

Secretary for Finance, Constitution and Economy has received from the Minister for Children and Young People regarding kinship care funding. (S4O-04918)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): I regularly speak to all my colleagues about matters that affect the wellbeing of the people of Scotland, particularly our most vulnerable children. We are investing £10.1 million a year to enable local authorities to pay eligible kinship carers the same allowances as they pay to foster carers to support the children in their care. That is tackling inequality and poverty head-on for some of Scotland's most vulnerable children and families.

Patricia Ferguson: I would not disagree with that policy intent. However, did the Minister for Children and Young People draw to the cabinet secretary's attention the fact that Glasgow City Council, which has 32 per cent of all kinship carers living in its area, will receive only 15 per cent of the funding allocation that is made to councils? Did she point out to him that that underfunding of kinship care by the Scottish Government will put pressure on other important services in the city?

The cabinet secretary suggested to my colleague Dr Murray that cuts to local government budgets were a result of decisions elsewhere. However, the underfunding of kinship care in Glasgow is caused by a Scottish Government decision. Will the cabinet secretary think again?

John Swinney: I acknowledge the seriousness of this issue and the concerns that Patricia Ferguson has on the matter. However, the allocations to each local authority were made using an established formula that was agreed with the Convention of Scottish Local Authorities when all 32 Scottish local authorities were still members. Therefore, this has not been solely a Scottish Government decision. I have made it clear to Parliament over the years that the funding formula that is agreed with local government is just that—it is agreed with local government—and it drives some of the decisions that need to be taken.

I hear the representations that Patricia Ferguson is making, but the situation is the product of a funding formula that has been agreed to by local government in Scotland.

Small Business Bonus Scheme

16. Richard Lyle (Central Scotland) (SNP): To ask the Scottish Government how many businesses have received support from the small business bonus scheme. (S4O-04919)

The Minister for Business, Energy and Tourism (Fergus Ewing): The latest official statistics show that an estimated 99,500 business

properties benefit from paying zero or reduced business rates as a result of the Government's small business bonus scheme, saving businesses across Scotland an estimated £174 million in 2015-16.

Richard Lyle: I welcome the news that many businesses in Scotland are benefiting from the scheme. What further action can be taken to support Scotland's thriving small businesses?

Fergus Ewing: One clear way in which all of us can help Scottish small businesses is to pledge support for the Scottish Government's assurance that the small business bonus will be maintained not just for the duration of this parliamentary session, which is nearly over, but for the duration of the next session, if we have the privilege of doing that.

If all parties could unite in confirming that the small business bonus will be a fixture free of party politics and will continue to 2021, taking it out of the realms of partisan party politics, that more than anything else would provide the assurance and long term stability that small businesses in Scotland require.

The Deputy Presiding Officer: I will allow a brief supplementary from Kenny Gibson.

Kenneth Gibson (Cunninghame North) (SNP): The minister will be aware that the Federation of Small Businesses said that, at the peak of the recession, one in six small businesses would have gone bust without the small business bonus scheme. What would have been the impact on the Scottish economy if that had happened, as Labour recommended when it voted against the small business bonus scheme?

The Deputy Presiding Officer: Please give a brief answer too, minister.

Fergus Ewing: The impact would have been disastrous.

The Deputy Presiding Officer: Many thanks for that brevity. That concludes portfolio questions. We shall now move to the next item of business.

Points of Order

14:40

James Kelly (Rutherglen) (Lab): On a point of order, Presiding Officer. During the statement by Derek Mackay, the Minister for Transport and Islands, on the Forth road bridge yesterday, in response to a question from Alex Johnstone about cancellation of planned maintenance works, Mr Mackay stated that work that would have been covered by the cancelled maintenance contract was not where the fault on the bridge occurred. However, in an interview on the BBC's "Good Morning Scotland" this morning, Mr Mackay said that work planned under the maintenance contract cancelled in 2010 would have covered the area where the fault occurred on the bridge. Clearly, those statements are contradictory, which is a serious matter.

It would appear that Mr Mackay has misled Parliament, and I therefore ask that Mr Mackay return to Parliament before close of business this evening to correct the record and to give an open and transparent explanation of the impact of the cancellation of the planned maintenance works on the Forth road bridge.

The Deputy Presiding Officer (John Scott): Clearly, Mr Mackay's statements are a matter for Mr Mackay, and only for him, so—as you will know, Mr Kelly—that is not a point of order. Nonetheless, you have made your point.

Patricia Ferguson (Glasgow Maryhill and Springburn) (Lab): On a point of order, Presiding Officer. I seek your guidance as to the remedies available to the Parliament to hold Government ministers to account for statements that they make in Parliament that are then contradicted by statements outside this place. There must be some mechanism that allows us to do that.

The Deputy Presiding Officer: I will reflect on what you have said, Ms Ferguson, and will respond to you later today.

Health and Social Care

The Deputy Presiding Officer (John Scott):

The next item is a debate on motion S4M-15098, in the name of Jenny Marra, on health.

14:43

Jenny Marra (North East Scotland) (Lab): We come to the chamber this afternoon to discuss health and social care integration. While we make our speeches and debate today, thousands of people across Scotland will be in their homes having just had a visit from a carer at lunch time to give them their lunch. Many will have been helped by a carer this morning to get out of bed, wash, shower and dress and been given their breakfast. Many of the carers will then have done the washing up, put the bin out, perhaps dealt with any family issues, made sure that their charge has what he or she needs or wants for the day, ensured that they are warm enough, that the radio or television is on the right channel and that those lucky enough to receive visitors know what is happening throughout the day, that the key is in the right place and that there is enough tea in the caddy. All the while, they are watching the clock.

The myriad of seemingly small but important challenges is one of the reasons why health and social care integration is challenging on a daily basis. Medicines are to be taken—the prescription from the general practitioner says “three times a day”—but carers cannot administer medicines; that has to be done by someone else, but who? That is an example of the day-to-day challenges that make bringing health and social care together so complex and challenging. That is the reality on the ground—a window into many homes across Scotland this afternoon.

It is the right thing to do: we know that many old people—who make up the majority of recipients of home care—desperately want to stay in their own home.

Last week, Audit Scotland published its report, “Health and social care integration”. There are some very challenging messages for the Government in its pages. In the summary at the start, it notes that

“There is evidence to suggest that IAs”—

integration authorities—

“will not be in a position to make a major impact during 2016/17.”

Our motion today sets out clearly that Labour would spend the Barnett consequential from the chancellor’s spending review on health and social care integration, channelling that money through our health boards into the integrated joint boards. It is plain for everyone to see that social care

needs more investment if it is to be successful—that is clear in Scotland, across the United Kingdom and across most of western Europe. It is plain for everyone to see that that need becomes more urgent every day, as our population ages and more people require care. The Scottish Government has estimated that the need for health and social care services will increase by between 18 and 29 per cent by 2030.

It is also plain for everyone to see that investment in the area is about prevention. Ten years ago, Campbell Christie made some strong recommendations about preventative spending that the SNP signed up to when in opposition. We have still not seen the shift that is necessary. The Scottish Government estimates that £138 million to £157 million could be saved by doing integration properly. I personally think that that is a conservative estimate.

It is now nearly a year since the Cabinet Secretary for Health, Wellbeing and Sport, Shona Robison, announced that delayed discharge would be abolished by the end of the year. I cannot criticise her for her ambition, but she will have made that statement in the full knowledge that keeping people in hospital is exponentially more expensive than caring for them at home. As she will know, some estimates put the cost of a week’s stay in hospital at nearly £4,000. The Audit Scotland report states that, in 2014-15, the national health service in Scotland used

“almost 625,000 hospital bed days for patients ready to be discharged.”

That is roughly 89,000 weeks at £4,000 per week—an eye-watering sum of money. The cabinet secretary has the right ambition: to get rid of delayed discharge, and to have in place the care infrastructure in the community to enable that to happen. However, she needs to admit that that cannot be done without that further investment—it cannot be done without that preventative spending.

John Mason (Glasgow Shettleston) (SNP):

The member presents the challenge between preventative spending and reactive spending. One answer would be to cut the hospital budget and put more into the community. Would she support such an approach?

Jenny Marra: The case that I am making today is for spending the health consequential that are coming to Scotland from the comprehensive spending review on health and social care integration. That is preventative spend, absolutely, and allocating Barnett consequential—the health funds that are coming to Scotland from the chancellor’s statement—in that way is the only, and the right, thing to do with them. There is no reference at all in the Scottish National Party

amendment to the Barnett consequentials. Will the cabinet secretary outline her plans for that substantial sum of money, or at least outline the priority areas where it will be spent?

At this point, I will address a topic that I hear regularly about from health boards, local authorities and social care providers: the thorny and complex issue of governance. The Audit Scotland report, which raises that issue, says that the Scottish Government should resolve tensions between the need for national reporting and the need for local reporting. Caroline Gardner, the Auditor General for Scotland, states:

“If these new bodies are to achieve the scale and pace of change that’s needed, there should be a clear understanding of who is accountable for delivering integrated services”.

The tension between national outcomes that integration authorities are required to meet and local autonomy is leading to confusion and problems with governance. I am sure that that is an issue on which the cabinet secretary has been working. Will she use this opportunity to update the chamber on progress?

The report identifies risks such as difficulties with agreeing budgets, complex governance arrangements and issues with workforce planning. We have been challenging the Government on workforce planning in the health service for many months. With the persistent problem of GP recruitment, it seems likely that the problem will continue. Will the cabinet secretary update us on that issue, too?

The tone of the SNP amendment does not quite chime with that of the Audit Scotland report and the many challenges that it identifies. There is no room for complacency, but the amendment suggests that that is the Government’s approach, which is of concern in and of itself. Labour will not support the SNP amendment not only for that reason, but for two other important, specific reasons.

First, the amendment says that the level of NHS funding is at a “record high”. The Scottish Government can take credit for inflation over the years if it wants to, but anyone who has read the Audit Scotland report will have learned—if they did not already know—that, under the SNP Government,

“The health budget decreased by 0.7 per cent in real terms between 2008/09 and 2014/15.”

For members’ reference, the citation for that quote is page 9 of the report. Therefore, while the SNP congratulates itself on inflation, we on the Labour benches are more concerned with real-terms spending on our NHS.

Secondly, being satisfied with “progressing the living wage” for care workers is not nearly good enough. Shona Robison’s amendment specifically says that the Government is making progress. We know—we hear the stories every day—about care workers’ jobs being viewed as the lowest rung in the employment market, with carers leaving caring jobs to take up jobs in supermarkets when they become available in order to get better wages and terms and conditions. Are we satisfied with a society in which caring roles are remunerated so badly, despite all the emotional and physical demands of the job and the value that should be placed on dignity in caring for our elderly in their own homes?

I know people—women especially—in my own community who would make marvellous carers, but who are being paid more in other jobs, such as cleaning and supermarket work, than they would be paid to look after our elderly citizens. Many would like to take on a caring role. They have told me that they would like to give back, to use the skills they gained in bringing up their families to care for people and to do that valuable job. However, our Government simply does not value the work highly enough to pay it well enough to allow them to take up those opportunities. Quite frankly, it is not good enough that the Scottish Government simply congratulates itself on making progress.

The First Minister is one of the most powerful politicians of our era. With all her power and support in the party and the country, her votes in the chamber and her rhetoric of equality and women’s rights, one would think that it would be her ambition to nail her leadership firmly to delivering a living wage for all care workers so that we can raise the value of caring roles and improve the living conditions of many women in Scotland who are on low pay. However, a year since the First Minister took power, I have still to hear her tell us specifically what she will boldly commit to do to change the face of our communities.

Labour contends that our care workers should have the SNP’s unstinting support for all the reasons that I have outlined. The SNP should commit to the living wage for care workers to raise the value of that crucial job in homes across the country, and it should commit to spending the health consequentials on social care to make that happen.

I move,

That the Parliament acknowledges the fine work being done by hard-working health and social care staff across Scotland to keep people safe and well; notes the Audit Scotland report that highlights important issues that need to be addressed for the successful integration of health and social care to be delivered; calls on the Scottish Government to allocate the majority of the health-related Barnett consequentials from the Comprehensive Spending

Review to social care, and urges it to introduce a living wage for care workers.

14:56

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): I am very pleased to take part in today's debate, which provides a timely opportunity to reflect on our progress towards the integration of health and social care in Scotland. I welcome, by and large, the constructive tone of Jenny Marra's speech.

As has been said, last week Audit Scotland published its first report on integration. Douglas Sinclair, chair of the Accounts Commission, said:

"Integration has the potential to be a powerful instrument for change, and the Scottish Government, NHS boards and councils have done well to get management arrangements in place. However, there's a real and pressing need for Integration Authorities to take the lead now and begin strategically shifting resources towards a different, more community-based approach to healthcare."

I agree. This Government committed to legislating for integration back in 2011, because we recognised that we needed to ensure that our system of health and social care focused on the people who need it most—people with complex needs and multimorbidities, many of whom are older, for whom well-integrated care offers the best opportunities for better outcomes and better lives.

We have come a long way since 2011. By working exceptionally closely with a spectrum of stakeholders and partners, including the NHS, local government, the third and independent sectors, professional and staff bodies, and patient, carer and service user representatives, we have consulted on, legislated for and are now implementing the most significant changes to the way that the NHS operates since it was established in 1948. Those changes are just as significant for social care services and colleagues who work in local government.

As the Audit Scotland report sets out, success will depend on us continuing to work together, along with strong local leadership and commitment to improvement. The framework is in place. Health and social care partnerships are establishing their arrangements for integrated governance and are looking at improving pathways of care and bringing together different organisational cultures. Some have already gone live, and all will be up and running from April next year.

We and the partnerships are on time—that in itself is no small achievement—and we are ahead of where we need to be. At our NHS Scotland event in June this year, the King's Fund noted:

"Scotland has made most progress on integrating health and social care in the UK".

However, we are not complacent. I do not think that our amendment strikes a complacent tone; it simply recognises the positive things that have been said by not just us but others.

We recognise that much more is yet to be done. I agree that some partnerships need to show greater urgency as they delegate budgets for integration and develop their strategic commissioning plans. I have written to partnerships to reinforce the importance of showing strong leadership and making progress in the light of the Audit Scotland report. We have produced extensive statutory guidance on budgeting and commissioning, and this year we are investing £1.7 million in improved health and social care data to help partnerships to plan services more effectively.

Partnerships need to use the power of the £8 billion of health and social care resources that have been combined under integration but which were previously held separately to drive real improvements in community-based anticipatory and preventative care. Audit Scotland rightly draws attention to the need for robust indicators and measures of progress. We have legislated for outcomes and have published a first set of measures in statutory guidance, which we will, of course, keep under on-going review to ensure that they keep pace with health and social care changes. Every partnership will publish an annual report using those measures and outcomes, and that will allow us to monitor progress and offer support where it is needed.

I want every partnership to be bold and ambitious. Achieving our goals will be a challenge, and what happens in communities, within partnerships and in primary and social care settings with the involvement of pharmacists, social care teams, GPs and third sector support must be as important as what happens in hospitals. Our ambitions for health and social care integration are clearly set out; indeed, Audit Scotland has recognised the financial and practical support that this Government is providing to health and social care partnerships to implement these ambitious reforms.

When I talk about partnerships, I am really talking about our health and social care workforce. Around 350,000 people work in health and social care in Scotland across the statutory organisations and the third and independent sectors. If they are all to play their part, effective workforce planning will be key; as a result, we have legislated to require partnerships to develop an integrated approach to workforce planning, and we will support them in achieving that.

We know that we have a hard-working and dedicated workforce. For example, the recent survey of people working in social services in

Scotland, called “The View from Here”, found that 75 per cent of respondents are driven by a desire to make a difference.

Neil Findlay (Lothian) (Lab): How many of those hard-working staff earn less than the living wage?

Shona Robison: I am just coming on to the living wage, but I will say that, as the member will be aware, all those who work in the statutory sector already receive it. The Government fully supports the living wage, and Neil Findlay will recognise, as other members have—*[Interruption.]*

The Deputy Presiding Officer: Order, Dr Simpson.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I am sorry, Presiding Officer.

The Deputy Presiding Officer: Continue, cabinet secretary.

Shona Robison: The member will recognise, as will other members, the difference that the living wage can make to the lives of those who work in social care, which is why we have taken direct action to raise pay rates for the parts of the public sector that are under our direct responsibility. In doing so, we have set an example that we would, of course, encourage all employers to follow by committing to pay the living wage. In fact, this year alone, we have provided £12.5 million as part of a £25 million tripartite arrangement with local authorities and care providers to improve the quality of care in the care sector by jointly investing in improving fair work practices for care workers, including making progress towards the living wage.

Dr Simpson: Of course, that investment is very welcome but, with integration, those care workers will now move substantially under the new integration joint boards. Will they be counted as part of the statutory workforce and therefore be subject to the same very welcome measures that the Government has already put in place for the rest of the health service?

Shona Robison: IJBs will be required to commission services from the third and independent sectors, whose voices will be heard around that table. We have also put in place statutory guidance that requires all public bodies to consider including a question on fair work practices in the procurement process. That is a very strong lever for the IJBs; the guidance makes it clear that the Scottish Government sees the payment of the living wage as a significant indicator of an employer's commitment to fair work practices. It is one of the clearest ways in which an employer can demonstrate that it takes a positive approach to its workforce. Some local authorities are already doing that, and I encourage all

partnerships to do the same through the new integrated arrangements.

That said, our work does not stop there, and I am committed to making even further progress on fair work practices by working with the Convention of Scottish Local Authorities, Scottish Care, the Coalition of Care and Support Providers in Scotland and others. To ensure that we reach a common understanding of the scale of the challenge, I am happy to put the information that we have on costings for delivering the living wage into the Scottish Parliament information centre, if that would be helpful. We need that common understanding, and by putting that information into SPICe, I think that we will all be able to look at the challenge that we need to face.

I want to talk about my visit to Oakbridge care home in Glasgow this week. There, I saw first hand very progressive work on integration and intermediate care in particular. What struck me most on the visit was the absolute commitment of all the staff and the strong leadership that was shown by the new health and social care partnership in Glasgow to improve people's quality of life. I was told that staff felt motivated and empowered by the work that they were doing and that there was a strong belief that they were involved in something that was worth while: improving outcomes for older people.

Through the work that staff have done, the 106 delayed discharges of over three days' duration that were recorded in Glasgow last November were reduced to 25 in October this year. That is a reduction of 76 per cent. In fact, staff were able to name the people who were delayed in the system in Glasgow because the number was so small. That is a great achievement, and we want other partnerships to deliver such achievements.

More than half of all partnerships now have their delayed discharges of over three days into single figures, of course. Five partnerships account for 60 per cent of the rest of the delays. I assure members that we are working very hard with those five partnerships to ensure that we get delayed—

Jenny Marra: Will the cabinet secretary take an intervention?

Shona Robison: I am conscious of the time and will have to move on. I want to address the forthcoming budget.

It is worth remembering that the Government has passed on every penny of health resource consequentials since 2010-11. Page 9 of the Audit Scotland report that Jenny Marra referred to makes it very clear that there has been a real-terms increase in resource spending on health. The figure that Jenny Marra quoted includes capital.

Jenny Marra shakes her head, but I do not know why as page 9 of the Audit Scotland report makes it very clear that health resource spending has increased in real terms. Capital spending is a different matter. We know that capital spending has been a challenge because of the 25 per cent decrease from the Westminster Government to the Scottish Government. However, as per our commitment, resource spending has increased in real terms, and Audit Scotland has confirmed that.

Obviously, I cannot say much about the forthcoming budget, other than that I am sure that Parliament can be reassured that the direction of travel that I have laid out will be continued in the decisions that we make in it.

I am very happy to move amendment S4M-15098.3, to leave out from “notes” to end and insert:

“recognises that NHS staffing and funding are at record high levels; supports efforts locally and nationally to successfully implement health and care integration; shares Audit Scotland’s analysis that good progress has been made toward integration and that it has widespread support; welcomes the recognition that the Scottish Government has provided significant investment to improve integrated care, and endorses working with COSLA and the care sector in progressing the living wage, noting that additional funding has been provided toward its achievement and associated fair work measures.”

15:07

Nanette Milne (North East Scotland) (Con):

Throughout the country, front-line staff in healthcare and social care are working flat out to satisfy the needs of the people who are in their care. I am not quite as familiar with the social care sector, but I am sure that the staff in it are no different from those in the NHS, and in all the years that I have known the NHS, the vast majority of staff—at all levels and in all settings—have worked with commitment to ensure the best possible outcomes for their patients.

However, we know that many of those people are working under increasing pressure as the demands of an ageing population stretch resources to their limit. Many are nearing retirement age, while others are retiring early because of the pressures, and recruitment is not always easy. We see that in the large numbers of consultant vacancies, particularly in some specialties; in the difficulty in attracting new trainees into general practice and keeping them in primary care once they are qualified; in the real difficulty in recruiting home carers; and in the continuing use of agency and bank staff to cover an increasing level of nursing staff vacancies.

Health boards are doing their best to plug the gaps. My NHS board—NHS Grampian—has made wide-ranging and strenuous efforts to solve the

problem. That has resulted in a number of consultant vacancies being filled, and an innovative scheme is in place to recruit and retrain nurses who have left the profession but are showing interest in returning to work in the NHS. However, overall, we know that demand for NHS services is outstripping available resources and that the system is unsustainable as it is.

It is generally accepted and has been made clear by the Auditor General for Scotland that the NHS will not be able to continue to provide services in the way that it does now and that it needs to develop a more strategic approach to support long-term change and the move to community care, which we all agree is required. Key to that is the achievement of the Scottish Government’s 2020 vision, which we are all signed up to, and top of that is integrated health and social care. The vision includes an ambition to keep people at home or in a community setting for as long as possible, and to get them back home as soon as appropriate, should hospital care be required.

All that requires long-term planning, which Audit Scotland has found is lacking. It says that that is putting the plans for an integrated health and social care system at risk. That is concerning, given that all 31 integration authorities are expected to be operational by the statutory deadline of 1 April next year.

As we approach that deadline, Audit Scotland’s recent report flags up a number of concerns, including workforce uncertainties, a lack of evidence of progression towards an integrated system and the need to involve the voluntary and private sectors in consultation. Integration authorities need strategic priorities for use in developing a workforce strategy that shows how they will redesign health and care services, and they need a risk management strategy to show that they are properly prioritising their work and their resources. Those concerns and others are about pretty fundamental issues in developing a system that must be up and running by April.

Two issues at locality level worry me greatly. The first is the suggestion that integration joint boards might be too large. That sets alarm bells ringing that we could see a repeat of the failed community health partnerships, which soon lost the support and interest of local GPs, largely because their size made it

“difficult to reach agreement, make decisions and ensure services improve.”

Those are exactly the words that Audit Scotland used in its report in referring to its fear that IJBs might be too big.

When we were discussing legislation, I emphasised heavily the importance of GP

involvement at locality level. GPs should be lead players at that level, because they are at the centre of community provision for patients, and I do not see how the new system will work if they walk away. Given that localities are key to the success of integration, I hope that the joint boards will monitor the situation carefully, focus on how localities will lead the integration process and deal with any emerging problems promptly. I have heard anecdotally that some GPs might already be feeling disenfranchised, which I would not like to be the case.

My other concern is about the cultural change that is required if integration is to be effective. Audit Scotland thinks that joint boards might struggle to change how local services are provided. It says that, once difficult decisions are made, there are still complex relationships to be negotiated by the health boards and councils, and it is unsure whether IJBs will be able to exert the necessary independence and authority to change fundamentally the way in which local services are provided. Those relationships will be key to the success or failure of the new system.

It is no surprise that health boards and councils have been finding it very difficult to agree budgets for the new integration authorities. I do not have the latest figures but, as of October, only six integration authorities had informed the Government of their agreed budgets.

Undoubtedly there will be funding issues as the new system beds in, and there will be uncertainties until the Scottish Government's financial plans are approved. That is why we have lodged an amendment that suggests a use of the consequentials following from the chancellor's autumn statement and the UK Government's proposed increases in health spending over the next five years. Jackson Carlaw will deal with that in his closing speech.

I will refer to a couple of briefings that we received before the debate. The first, from the Royal College of Nursing, says that

"The success of integration is dependent upon having, and supporting, a multidisciplinary workforce that can deliver the right care in the right place at the right time whilst recognising the unique contribution of different professions"

and stresses that integration needs to be fully resourced. The RCN also emphasises that health and social care workforce planning can no longer be done in isolation.

The second briefing, from Marie Curie, points out that palliative care is integrated health and social care and should be a priority for joint boards. It indicates that investment in palliative care has the potential to reduce acute care costs as well as to give people the care that they want

while living with their terminal condition and at the end of life.

I still have high hopes for the integration of health and social care, but there is a great deal to be done before it becomes effective across Scotland. I commend all those who are working extremely hard to meet the April deadline for integration and I hope that their efforts will be successful.

I move amendment S4M-15098.2, to leave out from "calls on" to end and insert:

"notes that additional funding will arise in consequentials to health funding in Scotland following the Chancellor's Autumn Statement; acknowledges that significant additional funding arises from consequentials following proposed increases in health spending by the UK Government between now and 2020, and calls on the Scottish Government to ensure that the immediate additional funds are used, in part, to ensure a successful integration of health and social care, as well as working to establish, achieve and deliver a sustainable strategic plan that secures the future of Scotland's NHS."

15:14

Jim Hume (South Scotland) (LD): I am glad that we have the opportunity to debate the integration of health and social care and I thank Labour for bringing the subject to the chamber. We want support to be given at the right time and in the right place. However, Audit Scotland's report "Health and social care integration" could not be much clearer. It states:

"there are significant risks which need to be addressed if integration is to fundamentally change the delivery of health and care services."

Integration will place assets that are worth about £8 billion—or nearly two thirds of the entire health and social care spend—into the management of the integration authorities, so it is one of the biggest projects that the Scottish Government has co-ordinated. I appreciate that the task is not easy, and no one who is involved in it can afford to cut corners on it.

I welcome the Scottish Government's investment of £500 million as well as the support and guidance on early integration plans. However, Audit Scotland gives a sobering account of the real state of the integration plans. As Nanette Milne noted, some integration authorities have not yet agreed budgets. As of October, just six of the 31 integration authorities had done that. As a result, strategic plans have been affected, there is uncertainty about long-term funding and there are significant challenges in recruiting and retaining crucial staff such as GPs and care staff.

Those findings are not really new to us. Such problems existed before the Public Bodies (Joint Working) (Scotland) Act 2014 yet, rather than address them at their core and ensure that they

were not transferred into its flagship policy, the SNP Government let the problems grow to reach a point at which we are facing a danger to the NHS. We do not want to shift problems from the NHS into the integration process.

One of the main benefits of integration is that money will be saved. The widely welcomed integration principles called for a community-based, preventative approach to health whereby patients are treated in their community, closer to home, and there are more local resources. That would allow hospital stays and delayed discharges to be decreased. All those things would be welcome.

However, Labour wants to spend £200 million of the £400 million of health consequential on social care. The Audit Scotland report makes no mention of the need for more money to be spent in that area. NHS spending is £12 billion. If we assumed inflation at 1 per cent, that would mean £120 million to account for pay rises, which would leave only £80 million of the consequential for mental health services, GPs, accident and emergency services and everything else.

Neil Findlay: Is Mr Hume saying that we should not pay social care staff more? Is that what he meant when he said that we should not put any more money into this?

Jim Hume: No—I did not say that. Mr Findlay has been clear, and I will be clear. Labour is walking away from mental health services, from the GP crisis, from health inequalities and from the problems in A and E.

In this case, the Scottish Government has a duty—as recommended by Audit Scotland—to work with the integration authorities and help them to develop performance monitoring to clearly demonstrate their impact.

Jenny Marra: We were clear in our press statement this week that Labour would spend the mental health consequential, which we estimate at £59 million, on mental health, and the rest would be allocated to health and social care integration.

Jim Hume: I do not read press releases from Labour, but I read its motion for the debate, which makes no mention of mental health.

Public monitoring and reporting of the integration authorities' progress must be supported. There is no clarity about what they should measure changes and their success against. They need more information and an assurance that they will be able to report into a network of clear outcomes.

Any investment in social care must meet the needs that we have and those that we anticipate having. Our population is changing and the

demographics are shifting. More people are living longer lives, but I repeat my call that we must also ensure that they live healthier lives. It is essential to create a consistent, sustainable and person-centred model of care. If we are to treat people in a holistic way, we cannot separate their physical needs from their mental needs.

Marie Curie is urging the Government to improve the provision of care to people with terminal illnesses. Anyone who is nearing the end of their life must have as much psychological support as they have physical help, so a combination of healthcare and social care is necessary. We have not only the ability but the duty to put resources in place for every person who requires care and support.

As we know, care does not start or end with physical support. It is time that the facts were faced through investing in our mental health services—investing in psychological support for people and delivering personalised, all-round care.

By committing at least £200 million of the £400 million of health cash consequential from the spending review solely to social care, we would risk leaving mental health in the same situation as it is in now, where some young people travel hundreds of miles for treatment, while others have to wait for up to a year to see a specialist. Staff are under pressure to deal with increasing demand, while there is a non-increasing supply.

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): Will the member give way?

Jim Hume: I am sorry, but I am finishing—I have only a few seconds left.

People in the most deprived areas have five times more risk of having poorer mental health than those in the least deprived areas have. Integration of services must mean that people who have higher chances of reaching a mental health crisis will have those chances reduced and a crisis point averted. A big component of that solution is prevention.

I am sceptical of Labour's calls for more spending at a time when integration authorities need more information. I am wary that, by leaving mental health behind, we would let down thousands of people who could benefit from more mental health support in their community.

I move amendment S4M-15098.1, to leave out from "calls on" to "introduce" and insert:

"believes that committing at least £200 million of the £400 million of health cash consequential from the Spending Review solely to social care puts at risk the ability of the Parliament to agree a step-change in mental health provision in Scotland; notes that the recent Audit Scotland report on the integration of social care did not recommend specific additional financial resources but did make clear

that resources should be moved to a preventative approach; notes that one in four people in Scotland will have a mental ill-health issue at some time in their life and that this includes staff working in health and social care; calls for a Scottish Budget Bill for 2016-17 that takes a step-change to improve mental health services, as well as meeting other priorities in the NHS, such as ensuring that there are sufficient staff, the provision of GP services and dealing with health inequalities in Glasgow, and supports".

15:21

Mark McDonald (Aberdeen Donside) (SNP):

From the outset I have been very supportive of the integration agenda. Having served on the social care, wellbeing and safety committee of Aberdeen City Council prior to becoming a member of the Parliament, I saw for myself some of the challenges that were faced in the delivery of social care.

While I was a member of Aberdeen City Council, we managed to get the delayed discharge figure down to zero. Unfortunately, since we left the administration, that figure has slowly crept back up to a higher level. One of the reasons why that has occurred is the difficulty of ensuring that appropriate care packages are put in place for individuals coming out of an acute setting. I have seen that in a number of constituency cases, with individuals often being taken from an acute setting and placed into a care home setting, rather than being allowed to return home, as the care package that would allow them to return home cannot be put in place. That has persisted even with the decision by Aberdeen City Council—a decision that I did not agree with—to outsource its social care to an arm's-length organisation, Bon Accord Care, rather than having it delivered on an in-house basis.

The reason why I supported health and social care integration was to do with tackling and removing the silo mentality from health and from social care, as well as the gaps that can arise and into which individuals find themselves falling. I felt that we should pursue the opportunity to create a more joined-up approach. I still think that integration will benefit all our constituents when the work of the integration joint boards takes effect.

There are other areas that we need to consider tackling, beyond the silos that exist in health and in social care. I refer to the silos in areas such as primary and acute services, within the health service. Those still need to be addressed. Those services need to be brought much closer together in terms of the way in which they work. That would help with some of the issues that were raised earlier about individuals finding themselves in an acute setting, which is obviously more expensive compared with being dealt with through the primary care sector.

We must ensure that, even within the primary sector, all the different professions work together in a much more rounded and holistic manner. As we will be discussing in the debate on primary care redesign that has been scheduled for next week, we must ensure that, when an individual presents in a primary care setting, they do so to the most appropriate profession at that time. That would relieve workload pressures and would create a system that allows people to be seen and dealt with in the most appropriate setting.

I have a huge amount of respect for, and place great value in, the work that is done by carers, not least as my mother worked as a carer. She was employed as a carer and, latterly, she was also an unpaid carer. I entirely recognise and understand—

Jenny Marra: Will the member take an intervention?

Mark McDonald: I want to develop this point first. I entirely recognise the strain that is often placed on individuals in that environment.

With regard to the call for care workers to be paid the living wage, the cabinet secretary pointed out that those who are paid through the public sector already receive the living wage. However, beyond that, the ability to effect a living wage for those who are employed outwith the public sector environment would have been immeasurably increased had the opportunity been given through the Scotland Bill—as the Scottish Trades Union Congress called for—for powers over employment legislation and employment rights to come to this Parliament.

The other thing that would help—and something that we should perhaps be encouraging the integration joint boards to look at more closely—is a move away from unit cost purchasing when it comes to social care services. Instead, they should look more widely at an outcomes-based approach rather than at a simple unit cost-based approach. That might allow for greater flexibility around the pay and conditions that are afforded to care workers.

I realise that I said to Jenny Marra that I would take an intervention from her. She is indicating that she no longer wishes to come in.

It is clear that the care sector is facing difficulties in certain areas. In my area of Aberdeen, there is a real difficulty around recruitment and retention. That difficulty was highlighted to me when I held a care sector jobs fair in my constituency that was aimed at promoting opportunities within the care sector.

I know from feedback that I have had from organisations that individuals were able to secure positions as a result of that jobs fair. However,

compared with a previous jobs fair that I hosted, which was much more wide ranging, there was a noticeable drop in footfall because individuals do not necessarily see the care sector as an area that they wish to work in. Part of that will undoubtedly be because of the pay element, but part of it is also down to a perception of what the role entails.

To help tackle some of those issues, we need to ensure that we present a much more positive image of the work that is done in the care sector and have more people speaking up for the valuable role that is performed by those who work in the care sector. That would be helpful in attracting more people into that role.

One thing that seems quite clear this afternoon is that a conflicting message is coming from opposition parties on where the health consequential should be allocated. I have no understanding or knowledge of where the health consequential will go—that is above my pay grade. What I do know is that the cabinet secretary and the Deputy First Minister will be entirely focused on making sure that the health consequentials are spent in a way that benefits the people of Scotland. For me, that is the most important element in all this.

15:27

Rhoda Grant (Highlands and Islands) (Lab):

Our motion rightly starts by paying tribute to health and social care staff, who often work way above their contracted hours to make sure that those in their care are well looked after.

Within the social care sector, people are often paid only the minimum wage, are on zero-hours contracts and are expected to deliver high-quality care in fifteen minutes or less. On top of that, many carers are not paid for the hours that they spend travelling between clients.

I spoke to someone recently whose wife worked as a home carer and that was the situation that she was in. She was out at work for nine hours a day but was paid for only five of them. The rest of the hours were unpaid travelling time between clients. Although that travel was seen as a commute for pay purposes, she was still required by her employer to insure her car for business usage, despite not being paid while driving it. That meant that she had to pay much more expensive insurance premiums.

We need to value all health and social care staff. That means paying them a living wage and making sure that their contracted hours allow them to plan ahead to meet their own financial commitments.

Payment for time that is spent travelling is essential. In the Highlands and Islands, we can

have care workers travelling twenty or thirty miles between clients as part of their normal day and it is unacceptable that that travel time might not be paid.

We need to give carers a career structure. Care is often described as the new retail but, frankly, retail provides a better career structure and better pay.

We often see social care workers building up expertise on the job looking after complex cases. They need to be properly trained. I was speaking to a couple of carers who had had a caring career for a number of years. They told me that it was only on joining their current employer that they were given any training at all. They told me that if they had received that training at the start of their careers, it would have made a huge difference to them and to the clients that they were looking after.

Others have developed expertise in specific areas. One growing area is home care for people with dementia. With the right knowledge of the condition, a carer can organise the home to be safe while allowing the client to live independently for many more years. Perhaps Jim Hume will acknowledge that mental health care can happen in the community with the right workforce and skills.

When I meet such dedicated people, I cannot but be impressed by their compassion and their love for their career. They get great job satisfaction from working with people, seeing their work lead to health improvement and maintaining their clients' independence. However, too often, they are moved between clients, which means that they cannot build relationships with the people they care for or grow a knowledge of their conditions. That is difficult for the client and the carer.

The integration of health and community care has been devised to remove some of the pressure from acute health services and enhance community care. We are all signed up to that concept, but there are real concerns. As other members stated, Audit Scotland highlighted some of those concerns in its recent report. It points to funding as an issue. That was raised time and again during the passage of the 2014 act. The policy is right but the transition needs to be funded. We also heard from Audit Scotland that the staffing profile is wrong and is structured to fit past priorities rather than the situation in which we now find ourselves. Putting that right needs investment as well as workforce planning.

Audit Scotland's warning about funding is timely as we consider the Carers (Scotland) Bill. The bill is widely welcomed but the funding is woeful. It will not meet existing demand, far less the demand

that the bill will create. Many unpaid carers are close to collapse and need more support, but that costs money.

Bob Doris (Glasgow) (SNP): Rhoda Grant identifies something that Barnett consequentialists in health and social care integration could be spent on. It would be a worthy cause, but the Labour motion says that the money should all be spent on one thing, not the cause that she brings to the chamber. At some point, the Labour Party has to make a decision, not ask for money for everything and spend money on nothing.

Rhoda Grant: I am slightly confused by that intervention. I believe that unpaid carers provide social care in the home. If Bob Doris does not recognise that, I fear for the Government.

Bob Doris: Will Rhoda Grant give way? She is misleading Parliament.

Rhoda Grant: No, I do not have time. Unpaid carers save us £10.8 billion a year, so I do not recognise the point that Bob Doris was trying to drive at. The least that we can do is support them and enable them to continue their caring role while having the freedom to live their lives. They also need training and information and to be treated as partners in the care team. Nor should we expect them to do anything that we would not allow paid staff to do because we think that it is dangerous.

One initiative that was taken to put control in the hands of social care clients and their unpaid carers is self-directed support. It was meant to empower people, but sometimes it does the opposite. Constituents tell me that they are offered fund holding only for the provision of their care. They need to find people with the skills to manage their conditions. They have no cover for sickness or, indeed, emergencies and might not have the skills to employ people. Often, the people who are employed as personal assistants do not have the skills for the job. We need to examine the situation to ensure that self-directed support is used for the purpose for which it is designed.

We need to recognise the importance of social care and the workforce that delivers it. Investment and training in social care will remove pressure from our hospitals, which are much more expensive to run. That will allow the hospitals to concentrate on those who need acute physical and mental care. People who are supported in their communities will enjoy more independence and will not be at risk of the disabling effect of hospital.

15:34

John Mason (Glasgow Shettleston) (SNP): I am also glad to take part in the debate on health and social care integration. We are all committed

to the aims of integration—less duplication, a more joined-up approach, the better use of human and financial resources, a more preventative approach and the third sector being full partners, to name but a few.

An attempt at integration was made some years ago in Glasgow, which at that time had community health and care partnerships. I was a councillor and a member of the east CHCP, and I felt that there were opportunities that had not existed before. For example, elected councillors were involved in health discussions, which was a new thing for me, and priorities could be set for the east end of Glasgow that might be different from those in other parts of the city. From memory, children's dental care and breastfeeding were two of the priorities for our part of Glasgow.

Johann Lamont (Glasgow Pollok) (Lab): Does the member share my concern about the recent report that exposed the fact that communities in deprived areas get poorer services and that GPs in those areas are under pressure? Will he join me in asking the Cabinet Secretary for Health, Wellbeing and Sport to look at the formula, which disproportionately affects communities such as those that he and I represent in Glasgow?

John Mason: I have also been doing a lot of work and speaking to the deep end practices, and I would certainly like to see more resources going into GP practices and other community care at a local level in the neediest areas.

There are challenges—as I highlighted when I intervened on Jenny Marra earlier—with regard to whether we can move resources out of hospitals and into communities, but that is something that we should at least consider.

As I said, integration did not work out in Glasgow, apparently because of clashes of personality or style among some of those in senior positions. It seems to be better that all of that is now on a statutory basis. However, I still have some concerns about Glasgow. The fact that NHS Greater Glasgow and Clyde and Glasgow City Council are very large organisations makes the danger of huge bureaucracies all the greater. We shall see whether the joint board for health and social care will simply mean the creation of a third bureaucracy.

Dr Simpson: Will the member take an intervention?

John Mason: I had better make some progress, if the member does not mind.

Glasgow City Council's executive committee is due to consider a report on integration tomorrow. I was a bit uneasy at reading, under the heading "Procurement", that

"The Integration Joint Board will in future commission the Council to deliver social care services and the Health Board to deliver health services."

The tone of that language suggests to me that the two silos are likely to carry on under the integrated board, with the veneer of integration but not the reality. On the other hand, I know that the staff on the ground often work well together, and any problems are more likely to arise at management level.

Another issue in Glasgow has been that the council has tended to be very much against devolving power down from the city chambers to communities or at least to sectors of the city. The council wants more power in George square, but it does not want to pass it downwards.

I wonder whether Jenny Marra can assure us that, while Glasgow is Labour led, we will see more decentralisation and not the continuation of that centralist approach.

The Audit Scotland report touches on a number of those issues. It recommends that integration authorities should

"develop financial plans that clearly show how IAs will use resources such as money and staff to provide more community-based and preventative services. This includes: developing financial plans for each locality, showing how resources will be matched to local priorities".

The report goes on to highlight the need to

"shift resources, including the workforce, towards a more preventative and community-based approach".

The use of the phrase "each locality" suggests something much further down than a Glasgow-wide level. The term "shift resources" suggests that money will need to be spent in a different way from how it has been spent in the past. We shall see.

Neil Findlay: Does Mr Mason think that the Government that he supports is a model of how to devolve power down from the centre? Is it a good example?

John Mason: When I was a councillor in Glasgow, one of the big problems that we faced was ring fencing. I seem to remember that that happened under the Labour Administration, and I am very glad to say that it no longer occurs. I would like to see more devolution to local government, but Glasgow City Council is far too centralist and we need a much more devolved approach in Glasgow.

Am I okay for time, Presiding Officer?

The Deputy Presiding Officer (Elaine Smith): Yes, Mr Mason—I can give you just over six minutes.

John Mason: Thank you.

I am glad to see that the living wage is mentioned in the motion. However, I must stress once again that a voluntary living wage is always second best in comparison with a statutory minimum wage that sets out the compulsory living wage level.

Clearly, the budget is the time to allocate expenditure, rather than in this debate. The reality is that we need to choose priorities and I am sure that we will come back to that in the budget debates. On that point, I commend the Lib Dems for realising in their amendment that there have to be priorities and that we must choose between competing needs. Obviously, Jim Hume's amendment focuses on mental health—I support that, although it must be considered in the round—and I found this wording refreshing:

"committing ... solely to social care puts at risk the ability of the Parliament to agree a step-change",

because it acknowledges that we have to make choices and that we cannot do absolutely everything, although another party here sometimes seems to suggest otherwise.

Speaking personally, I wonder whether we need to disinvest first in order to put more resources elsewhere. For example, should we be cutting hospital budgets to put more into GP practices and community solutions? That would not be easy and it would require acceptance and willingness across parties to take that approach and re-emphasise preventative spend.

The Deputy Presiding Officer: Mr Mason, if you could close now, I would be grateful.

John Mason: There is no point agreeing on preventative spend in committee, then, if it actually happens, attacking it in the chamber.

15:40

Jackie Baillie (Dumbarton) (Lab): I always welcome the opportunity to debate the NHS in the chamber—never more so than at this time of year, when the challenges that face the service are at their most acute, due to winter pressures. Many staff tell me that they now have winter pressures all year round.

I want to turn first to the staff. I say to the doctors, nurses, paramedics and allied health professionals—the whole NHS family in primary and secondary care—that I think that the Scottish Parliament owes you our gratitude for all that you do to take care of us all year round. I also thank the staff who work in social care. I know from constituents who care for loved ones what a vital lifeline service our social care staff provide in helping and enabling people to stay in their own homes. With the demographic changes that we face, and with an ever-increasing elderly

population, that service, too, is now under extreme pressure.

Public sector staff are constantly being asked to do ever more with fewer and fewer resources. It is on that basis that I am genuinely disappointed with the SNP amendment. It is self-congratulatory and fails to recognise the very real challenges that our health and social care systems are facing. It is all very well to engage in assertion and rhetoric, and to offer warm words about the staff. That is easy to do—much harder is giving them the resources to do that job. However, that is absolutely the territory that the Labour Party will occupy. We need to get beyond the warm words and the rhetoric and instead to take practical action that will make a difference in communities such as mine and communities across Scotland.

The SNP's track record is not really very good: let us just look at some of the facts. Local government, with its partners in the voluntary and private sectors, is responsible for providing the overwhelming bulk of social care, alongside primary care in health. However, local government's share of the Scottish budget has been cut from 29 per cent in 2011-12 to 25 per cent in 2014-15, and I suspect that it will fall further—I hope not, though—in the forthcoming budget. What level of cut will be inflicted on local government this coming year? The SNP Government has cut NHS spending in real terms. Audit Scotland, the Government's very own auditor, has said that the health budget decreased by 0.7 per cent, which amounts to hundreds of millions of pounds.

Shona Robison: As Jackie Baillie will know well, page 10 of the same Audit Scotland report shows that the real-terms resource increase was 2.2 per cent. She has asked for more money for local government and more money for the NHS. Is there not a sense that she is undermining her own argument today if she says that everything is a priority? Can she clarify what she thinks more money should be spent on?

Jackie Baillie: I do not regard "everything" as a priority. I make it very clear that I think that the money should go into social care because that is where the greatest challenge that we face is. I will describe that to the cabinet secretary in a minute.

Let me point out to the cabinet secretary, who is fond of occasionally engaging in use of smoke and mirrors, one example of a line in her budget. There is £50 million for nursing and midwifery education that is counted in the health budget line, but is immediately transferred to be spent in education. There are other, similar lines that are shown in health but are spent in other areas, but the budget line remains in health to give an inflated level of expenditure. That is not transparency and honesty in accounting for spending.

Let me remind the cabinet secretary that in the period from 2007 to 2010, a Labour United Kingdom Government raised spending in the NHS by much more than inflation. The SNP Government failed to pass that on in full to the NHS in Scotland.

Shona Robison: Will Jackie Baillie give way?

Jackie Baillie: I will give way if the cabinet secretary can answer this question. Why do we see month-on-month overspends growing steadily in health boards across the country? Structural deficits, where savings arising from non-recurring spending are building up, are creating a black hole in NHS finances. Explain that, cabinet secretary.

Shona Robison: As I said earlier, there has been a real-terms resource increase in every single year from 2008-09 to 2014-15, as has been confirmed by Audit Scotland.

Jackie Baillie has just called for more money to be spent on nursing in a debate on a motion that calls for more money to be spent on social care. She needs to be clear and consistent in her arguments. What it is that she wants the money to be spent on?

Jackie Baillie: The cabinet secretary should listen carefully. I am accusing her of not being transparent and honest in respect of budget lines that are counted under health but which are actually spent under education. That is smoke and mirrors; it is an attempt to hide—if you like—the spending that is not happening in health.

Let me go back. Local government and the NHS are both under enormous financial strain. The SNP's sticking-plaster approach is, to be frank, not sustainable. The pressure means that we do not focus on prevention but instead focus on crisis. We fund acute presentations at the front door of accident and emergency departments instead of treating people at home where they know they can be treated effectively. There has been no shift in the pattern of spending. We all say that we want spending in primary care and in communities in order to prevent hospital admissions, but we do not do it.

Labour would spend the consequentials from the UK Government arising from its decisions on health, which amount to about £400 million. We would set aside the mental health funding allocation, which we believe is in the order of £59 million. We urge the SNP Government to allocate the rest to social care. Let me tell members why.

Needs in our communities could rise by almost 30 per cent. Elderly age groups will increase hugely: the 75 years and older age group will increase by a staggering 82 per cent in the next 25 years. We have 820 centenarians: that is fantastic, but in 20 years we will have 7,600. That is where

the public policy pressure is, and we need to do something about it.

I believe that we need to fund prevention work. We need to fund social care staff and give them a living wage, because doing so raises quality and standards and values them appropriately. This is the SNP Government's opportunity to make a difference. If it does not seize it, shame on it.

15:48

Gil Paterson (Clydebank and Milngavie) (SNP): I start by commending the work of the health and social care staff in my constituency and across Scotland. Only last week I met the chief executive of the Golden Jubilee national hospital to discuss the expansion of services there, which is a true testament and recognition of the work by the medical and support staff at the Golden Jubilee.

Presiding Officer, I welcome the Audit Scotland report that is highlighted by the motion. It recognises that the aim of integrating health and social care is to ensure that

"people receive the care they need at the right time in the right setting, with a focus on community-based and preventative care."

Audit Scotland found widespread support for the principles of integration among those on the ground who are implementing the changes.

Although the report highlights a range of positives related to integration of health and social care, it also highlights a number of issues that Audit Scotland considers should be addressed in order for integration to fundamentally change delivery of health and social care services.

I am pleased, however, that Audit Scotland recognises that the framework that was set out by the Scottish Government allows for significant local flexibility. The report further recognises that the Scottish Government is providing resources to support integration. That includes £300 million in the integrated care fund, which will be distributed among the 32 local NHS and social care partnerships that have been set up as part of the move towards integrated services. The fund will support implementation of partnerships' plans that detail how they will bring together health and local authority care services in order to implement the report fully.

The report also acknowledges that there is, due to the needs of the ageing population and increased demands on services, widespread recognition that health and social care services need to be provided in a fundamentally different way. Therefore, the Audit Scotland report recognises the need for integration of health and

social care, and the Scottish Government is taking action to support that.

The motion highlights health consequentials from the spending review. It is worth pointing out that the SNP has met its pledge to pass on every penny of health resources consequentials from the UK Government since 2010-11, and that in 2015-16 the Scottish Government invested an additional £54 million, which brings the increase in the resource budget to 5.8 per cent in real terms since 2010-11.

However, on the specific issue of integration, in June, following discussions with the British Medical Association and the Royal College of General Practitioners, £60 million of additional funding for the primary care development fund was announced to help to ensure continuing good quality care in general practice. That funding will further help to support integration of health and social care.

It is becoming a bit of a habit of the Labour Party to say that the Scottish Government and Parliament have powers beyond what is in the Scotland acts, including in respect of the living wage. I welcome that the Scottish Government encourages care providers to pay the full living wage and fully recognises the real difference that it can make to the lives of the people in Scotland.

However the Scottish Government cannot force employers to pay the living wage—employment law is reserved, and the European Commission has also confirmed that any requirement on contractors, as part of a public procurement process or public contract, to pay their employees a living wage that is set at a higher rate than the UK's national minimum wage, is unlikely to be compatible with European Union law.

Dr Simpson: Would Gil Paterson like to explain why Boris Johnson has made it a condition of all procurement contracts that are let in London that the workers have to be paid a living wage? The condition is not that the employers should pay all their workers a living wage; just that the workers who are employed as part of that contract should be. We should surely go at least that far.

Gil Paterson: That is news to me. I am entirely unaware of that. I will need to check; it does not sound right to me at all.

Through legal and financial means, the Scottish Government is doing sterling work to use the resources at its disposal to improve the health and social care sectors. It has introduced the Carers (Scotland) Bill, which will enshrine carers' rights in law for the first time. The SNP Government has invested around £114 million in programmes to support carers—more than ever before. Some £28.9 million has been provided so that health boards can give direct support to carers.

The Scottish Government has also significantly increased funding for short breaks, with £13.7 million being invested through the voluntary sector short breaks fund, which will allow more than 15,000 carers and cared-for people to take a break, which gives them an opportunity to relax without feeling stress or guilt. The short breaks fund is attracting international attention, and it is one reason why the International Short Break Association will hold its biennial conference in Edinburgh in 2016. That will provide an opportunity to exchange knowledge and experience with organisations from all round the world.

The Scottish Government also funds the equal partners in care initiative. Through that, the Scottish Government has worked with the NHS and social care professionals to improve how they work with carers and young carers.

The Deputy Presiding Officer: Draw to a close, please.

Gil Paterson: Let us not forget the distinctive Scottish policy of free personal and nursing care, which benefits about 78,000 people.

I commend to Parliament the cabinet secretary's amendment.

15:55

Dennis Robertson (Aberdeenshire West) (SNP): If there is anything that we can actually agree on in the chamber this afternoon, it is that we can all congratulate the workforce of the health and social care sectors. We can also agree that there are challenges in all sectors. Nanette Milne said that her knowledge and experience lie in the NHS; to an extent, my knowledge and experience are more in the care sector, having worked in it for more than 30 years.

Some of the challenges that we have today are no different from the challenges that we had in the early 1980s, when I first started out in social work. They are about how we identify, through assessment, a person's need and how we then resource that need, so it is absolutely right that we have the agenda of integration. Back in the early 1980s, I was looking at an integrated approach to some of the work that we were doing.

Jackie Baillie talked about preventative spend. I believe that we are making real progress on some of the preventative spend areas, and I want to focus on those areas. Community optometry, for instance, prevents people having to go to acute sector ophthalmology for tests, and that is work that we should commend. We should look at what we can do to encourage allied professionals to have a greater and more proactive role in the community. That may be a shift that the cabinet

secretary could, in line with integration, look at in more depth. We could move some of our allied professionals from the acute sector into the community sector to ensure that people who require appropriate occupational therapy or physiotherapy are getting what they need, perhaps in their home, rather than having to go to an acute hospital or community hospital.

I was interested in what Jenny Marra said at the start of her speech. It reminded me of my early days in social work, when I was visiting people who were adjusting to old age or sensory impairment. At that time, they were thinking, "I can no longer do X, Y or Z", but with an enabling approach it is amazing how much people can do to adjust, if they are given the right encouragement and support from people who have the skills and knowledge—that is the important thing—to provide that enablement, so that they can stay safely in their own homes for longer. If we are encouraging people to stay in the community, we must ensure that the right approach is taken to ensure that they are safe in that environment.

We need to look at new technology that was not around in my early days in social work but is now, because that new technology can enable people to stay at home. There are so many things that we can do now. In the health service, digital technology is being used to prevent patients from having to go on long journeys. That is commendable for people on the islands, as we can see from some of the progress that has taken place in Orkney and Shetland in using telecommunications to talk with consultants in Aberdeen.

I commend the work of Aberdeen royal infirmary and of Malcolm Wright at NHS Grampian. As Nanette Milne said, staffing levels for consultants and in nursing have increased to a record high in NHS Grampian, where there has been a co-ordinated approach. My colleague Mark McDonald referred to people working in silos; there was a silo mentality in NHS Grampian, but a lot of that is being dismantled and an integrated approach is now being taken to work in the acute and primary sectors there, which is to be commended.

I think that NHS Grampian works with three councils: Aberdeen City Council, Aberdeenshire Council and Moray Council. That is sometimes the problem—but is it a problem or is it just a challenge? The challenge provides the opportunity, and the opportunity is for the councils and the health board to work together to look at the best possible outcomes. It is outcomes that we are looking at for the patients and people living in the community.

Recently the Health and Sport Committee was looking at palliative care. It was encouraging to

learn that we have so many people with such skills and knowledge in the community. However, sometimes they are not being directed to the most appropriate patients. Palliative care is not just about end-of-life care; it is also about ensuring that people who have long-term conditions can have the best possible quality of life in the community.

I commend Jim Hume for raising the issue of mental health. As he knows, we all have mental health—sometimes it is good and sometimes it is bad. We have seen an increase in the number of older people with dementia and Alzheimer's. We need to acknowledge that and to recognise their specific needs and the needs of their carers. Quite often, the carers are family members who have to adjust what they do and their lifestyle, whether at work or in other caring roles for children, which is difficult.

We have to realise that there are limited resources, but how do we use them best? It is not just a question of money; it is about taking the best possible approach to trying to ensure—I repeat—the best possible outcomes for our patients in the community. That is about recognising that we now need to take that challenge and that opportunity, and to say that acute cases should go to primary care, but other people should stay at home, safely, in their own community.

16:02

Dr Richard Simpson (Mid Scotland and Fife) (Lab): The background to the debate has already been set out by Labour colleagues and others, but the report of the independent care commission that was set up by Neil Findlay, whom I had the pleasure of serving under as a shadow minister, is not the only report on the subject.

Labour proposed a far more extensive and inclusive approach, with a cross-party independent commission to review health and social care in its widest sense. That was our intended equivalent of what has now been announced as a national conversation. That proposal in our manifesto in 2011 was rejected by the SNP Government on the ground that it would take too long, but four years later we are having a national conversation—interesting.

The NHS is having great difficulty in meeting its targets. The recent Audit Scotland report says that there has been a consistent failure and a trend downwards in many of the nine targets—seven have not been met since 2012. We also have admissions of difficulties, with high levels of consultant and nurse vacancies, massive pressure and shortages in other areas.

The acute services are under such pressure, partly driven by targets, that they will have great difficulty in shifting the balance of care. That is

something that we can surely all agree we want to achieve, Mr Robertson. In fact, there are many things that we can agree on, and one of them is integrated health and social care.

The main thing is to achieve prevention, which comes in a number of categories. Primary prevention is achieved by addressing issues that are outwith the field of health. For example, a majority of health inequalities are related to things outwith the health sector. As a first step, the commission on health inequalities said that it supported the Scottish public health observatory's finding that paying the living wage to everyone would achieve the greatest health outcome. That is a salutary comment for a health observatory to make. Labour has made the modest demand that we should start by at least paying a living wage to our social care workers. They are about to be part of the statutory sector to which the Government is committed to giving a living wage. We are going to have two categories of statutory workers: those inside and those outside. That cannot be right.

The evidence from places such as East Renfrewshire Council is that the consequences of bringing in a living wage for care workers are improved recruitment and retention, a reduction in sickness rates and progression into higher standards and sectors. The workers see it as a job with a worthwhile career path, rather than a temporary occupation while they wait to get a better job.

The Scottish Government's commitment through the cabinet secretary today is a good first step. It is not a complete commitment, and I understand the difficulties, but the agreement to put the full costs into the Scottish Parliament information centre is helpful. I think that we estimated that it would cost about £60 million, so the £25 million to which the cabinet secretary referred will not do the job. Nevertheless, it is a practical step in a direction on which we are all agreed. However, we must move quickly if we are to achieve that shift in the balance of care. Of course, I am talking about a real living wage, Mr Carlaw—not Osborne's Tory living wage, which is in fact a new minimum wage.

Audit Scotland predicted in 2011 or 2012 that if we failed to shift to prevention, the resulting requirement in the acute sector would be an additional 6,000 beds. We clearly could not afford to do that, so the integration of health and social care is vital. We must have new models of secondary prevention, which is the care that many members have been talking about.

The royal colleges indicate that as many as 35 per cent of hospital beds are occupied by patients who do not need to be there. I am not talking just about delayed discharges but about the many patients who should not be in hospital in the first

place. Our challenge is to achieve that with the new integrated joint boards.

I understand that, since 2008, we have had the integrated resources framework—IRF—as a method to determine the budgets on which the IJBs base their plans. I further understand from the Audit Scotland report and also answers that I have received that, through the Information Services Division, we have the health and social care data integration and intelligence project—HSCDIIP—which is an extension of the IRF dataset. Will the cabinet secretary agree to publish the HSCDIIP data? We need to see what the budgets are that make up the £8 billion to which she referred.

As the Labour commission said,

“Integration in itself will not bring about the desired shift in the balance of care. The pressures on the acute hospital sector will not be resolved without greater investment in the social care.”

That is the basis of our motion.

Dennis Robertson: Will the member take an intervention?

Dr Simpson: I do not have time. I am sorry.

The Deputy Presiding Officer: The member is in his last minute.

Dr Simpson: We need to have some quick hits. I would suggest that IJBs should be told to commission in two areas fairly rapidly. One is building on the very welcome programme started by Labour and developed much more fully by the SNP Government: falls prevention. If we could assess every frail person and give them the tools to deal with falls, we could prevent a lot of problems developing.

We will be debating primary care next week, so I do not propose to go into that subject matter—

The Deputy Presiding Officer: I have to ask you to come to a close, Dr Simpson.

Dr Simpson: I am coming to a close, Presiding Officer. We must have early front-line hits, because unless the front-line staff buy into the integration, no matter how many integrated frameworks there are, they will not deliver. We know from the English experience that we need to deliver good hits quickly on the front line. Part of that is to get the living wage for our social care staff as a matter of priority.

The Deputy Presiding Officer: I am afraid that I will have to ask our next three speakers to keep to their six minutes, please.

16:09

Richard Lyle (Central Scotland) (SNP): This SNP Government has a strong record on

supporting health and I am sure that it will continue to do everything in its power to make sure that the people of Scotland have access to the best healthcare available and that no group of people are overlooked. The First Minister has confirmed that health is a priority of her Government, which I welcome.

The integration of health and social care services is one of the most ambitious programmes of work that the Scottish Government has undertaken. As has been said, the Government will provide more than £500 million over the next three years to help partnerships. Integration will deliver sustainable health and social care services for the future that are centred around the needs of patients.

The Scottish Government is taking action to develop social care and to provide support for all who require it. Although the UK Government's spending review falls far short of the ambitions of the Scottish Government and the SNP, spending on health and social care in Scotland has increased over the years for which the SNP has been in government, and it is now around £12 billion. The fact that just over a third of our total budget is spent on health shows the Government's commitment to health.

However, I agree that we must have a desire to invest more in health. The population of Scotland is expected to rise to a record level of around 5.7 million by 2039. The average age of the population is also expected to rise, and older people are expected to live longer than ever before, which I welcome. In fact, the number of people in Scotland who are 75 or over is due to increase by 85 per cent by 2039.

As people are living longer, they are more likely to have more complex needs and to develop long-term and multiple conditions. That means that demands and pressures on health and social care services will increase. According to the Marie Curie briefing—for which I thank the organisation—an analysis by NHS Forth Valley of the impact of an ageing population on demand for hospital beds shows a projected increase in demand for bed days for those aged 65 or over from around 2,500 in 2014 to more than 4,600 by 2035. That is an increase of 84 per cent. Therefore, we must do more to provide integrated social care to meet demand.

That is why I believe that, whenever possible, we should increase investment in social care to help to ensure that people who are living with a terminal illness have the best possible quality of life. Ninety per cent of palliative care in the final year of life is delivered in the community. It can be provided in different places, including the home, a care home or a hospice. The provision of palliative care can involve many social care staff, including

home-care workers, social workers and nursing and care home staff, as well as family members and informal carers. They all play a vital part in ensuring that people can be cared for at home for as long as possible, and can die there if that is their preferred place of death.

A review by the London School of Economics and Political Science estimates that providing palliative care to those who need it could generate net savings of more than £4 million in Scotland. We could use that money to ensure that more people in Scotland are healthy and receive the best possible care.

As we adapt to an ageing population, the role of carers and care workers will become even more important, so there is an overwhelming economic, social and moral case for continuing to improve the services that are offered to all carers. The Carers (Scotland) Bill will, for the first time in Scotland, enshrine the rights of carers in law. It proposes a range of measures to improve and expand support for carers. The Government has shown its commitment to ensuring that we look after our carers and care workers and appreciate their tireless efforts. In all aspects of what they do, all carers are true heroes, and I commend all of them for the work that they do each and every day.

Health is a vital issue that cannot be caught up in the political process. It annoys many people that parties play political football with health; it certainly annoys me. People are always going to get sick, so it is our job as a Parliament to ensure that patients and providers of care receive all the help that they can get.

Drew Smith (Glasgow) (Lab): Will the member give way?

Richard Lyle: I am sorry—I have no time.

We all want to invest more in all aspects of health and to ensure that people who are living with a terminal illness have the best possible quality of life. We must not sit idly by and wait for a problem to arise; we must take the lead and make sure that the people of Scotland and the workers who care for them receive nothing less than the best healthcare and—most important of all—our support.

The Deputy Presiding Officer: Mr Doris, if you still wish to speak after Mr Chisholm, could you press your button, please?

16:14

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I do not like health to be a political football, either, but in that regard I think that it is useful to look at what Audit Scotland has to say, as it is very much above party politics. In one of its

recent reports, “NHS in Scotland 2015”, it says that

“There is limited evidence of progress towards achieving the 2020 vision”,

but it goes on to say that what it has in mind is the failure to shift significantly to

“preventative and community-based services.”

Another Audit Scotland report, “Health and social care integration”, which came out earlier this month, has been referred to quite a lot this afternoon. The cabinet secretary is right to point out in her amendment that some progress has been made, but what alarmed me about that report was what it had to say about budgets, which are key to successful integration. It said that councils and health boards were

“having great difficulty in agreeing budgets”

and that there was “a risk” of health boards and councils seeking

“to protect services that remain fully under their control”.

That set alarm bells ringing for me.

Dennis Robertson: The member has said that budgets are very important, but is having a culture change that works alongside those budgets not just as important?

Malcolm Chisholm: The two are inextricably interlinked, because I take it that the reason for the budget difficulties is that health boards and councils are trying to hang on to their own budgets.

The Audit Scotland report on health and social care integration also makes specific comments about set-aside budgets. I do not have the time to go into that issue, but I hope that the cabinet secretary will look at all such matters, because that, for me, is the main problem highlighted in the report.

Audit Scotland also highlights two other issues that are relevant to the commission for provision of quality care, whose report for the Scottish Labour Party is just hot off the press. The first is the difficulty in recruiting social care staff and, in that respect, the Audit Scotland report makes particular reference to “high living costs” in Edinburgh. Of course, the answer to that—or, at least, a significant part of it—is the living wage and the development of a well-paid, well-trained, professional workforce, as highlighted in the commission’s report.

The other interesting comment in the Audit Scotland report is that

“the arrangements for localities are relatively underdeveloped.”

The section on decentralisation in the commission's report for the Labour Party is perhaps the most radical of all its proposals, because it talks not just about locality budgeting but about building incentives into that budgeting. That report, which has been published today, contains some interesting and original ideas and I think that it will repay study by all parties, notwithstanding the fact that it was produced by a commission for the Scottish Labour Party.

How the budget is devolved is very important, but clearly the key issue in the debate is the overall budget, and Labour's proposal in that respect is for the health consequentials—or, at least, the majority of them—to go to social care. That will happen not at the expense of hospitals but, crucially, to help them, among other things.

What is happening in my home city of Edinburgh illustrates that better than anywhere else in Scotland. I do not want to look at the overall figures for delayed discharge or the bed days occupied by delayed discharges, but I have noticed that Edinburgh has far more such bed days than any other local authority in Scotland. For example, from July to September this year, Edinburgh had 24,466 bed days occupied by delayed discharge patients; on that occasion, the next on the list was Fife, with just over half that figure. From July to September last year, the number of bed days occupied by delayed discharge patients in Edinburgh was 23,965, which was way ahead of the second authority, which—interestingly—was Glasgow. The cabinet secretary was therefore perhaps right to commend Glasgow for its progress over the year.

I would argue that those figures highlight the fact that Edinburgh is a special case, and I hope that special support will be given to it. After all, there are special factors such as the difficulty of recruiting social care staff, the absence of care home beds and the cost of living.

Shona Robison: I can reassure Malcolm Chisholm that, as I understand it, considerable progress has been made in the latest discussions between the City of Edinburgh Council and NHS Lothian on a plan to significantly reduce those delayed discharges. I hope that the member will welcome that.

Malcolm Chisholm: I am glad to hear that. I had been told that the figures went down in November, and I am looking forward to hearing more about that at the meeting with the health board on Friday.

I was going to highlight a good example from Glasgow, but I do not think that I have the time to do so. I will say that, at the cross-party group on health inequalities, we had a very interesting presentation on the community connections

project in Glasgow, which seemed to be a very good example of preventative spend in the community that involved the voluntary sector. Clearly, we need more of that sort of approach, but I think that that will be difficult for Edinburgh without additional financial support.

I turn to Jim Hume's amendment. I have already pointed out that our motion talks about the "majority" of the consequentials going to social care. Jenny Marra specifically said that a considerable amount of money would go to mental health. All of that will go through the integration joint boards, of course, because mental health, particularly community mental health, is the responsibility of those joint boards. Jim Hume and others might be interested to look at Labour's radical motion on mental health in the UK Parliament today, because it is very interesting. It includes a reference to a right to psychological therapies.

Jim Hume: Will the member give way?

Malcolm Chisholm: I have no time to give way, as I am in my last minute.

I have certainly had a lot of concern about the availability of psychological therapies recently. I think that one of my constituents waited almost a year for cognitive behavioural therapy. She told me last week that, after all that, all that she was offered was an occupational therapist. She is so disgusted that she is not going to access mental health services from the NHS again.

I think that my time is up. There are very reasonable and sensible proposals in the Labour motion, and I hope that the Scottish Government will adopt them, if not this week then next week.

16:21

Bob Doris (Glasgow) (SNP): I want to spend much of my contribution addressing the matter of care workers.

In recent months, I have had direct experience of the wonderful job that care workers do for the frail and the vulnerable in their own homes and in the residential care sector. Care staff have provided a vital and compassionate service for me and my family, and I place the highest possible value on that care.

As a Glasgow MSP, I apologise for wanting to comment on the living wage in relation to West Dunbartonshire Council, as it provided the care for my family. It pays its care staff the living wage, but it also acknowledges that other services that it contracts out to other providers do not necessarily do so.

I want to put on record in Parliament a quote from the West Dunbartonshire Council Labour group's website:

"COSLA has been working with the Scottish Government and the private sector employers to come up with a funding package that would allow for an expansion of the Living Wage."

A variety of other things are said, and I picked out another one:

"In January 2015, COSLA"—

which obviously includes West Dunbartonshire Council—

"agreed in principle to a £40m investment package to address low pay in the social care sector."

A potential sum of £20 million from Scottish Government funds, as well as £10 million from employers and £10 million from local authorities, was mentioned.

I mention that because although we all use the living wage as a political football from time to time, we all agree that we want to deliver the same thing. I put on record the Scottish Government's firm belief that it cannot force employers to pay the living wage. Employment law is reserved, and the European Commission has confirmed that any requirement on contractors as part of a public procurement process or public contract to pay their employees a living wage that is set at a higher rate than the UK's national minimum wage is unlikely to be compliant with EU law.

I put that on the record to say that there is not a contest. The Scottish Government seeks to work in partnership with local authorities and the third sector to deliver the living wage, so when we have a debate about that, it is sometimes a little bit of a phoney war. Again, I put on record my firm belief that there should be a living wage for the care sector.

Jackie Baillie: The member talked about West Dunbartonshire, which is my constituency area. The local authority wants to implement the living wage and sees its benefit. Surely we should use the social care money to do that and also to do much more on prevention. I do not see us as being apart on that. I just hope that the cabinet secretary is listening to the unanimous view across the chamber—between Bob Doris and me—on what the money should be spent on.

Bob Doris: I hope that we can keep a unanimous view when I come to talk about Barnett consequential in health and social care expenditure and consistency on that. However, Ms Baillie has put her point on the record.

I want to talk about health and social care integration. The £8 billion fund is being managed jointly by the NHS and councils. There will, we hope, be better-planned services, opportunities for

service redesign and a focus on community healthcare prevention and early intervention. There will be £500 million over three years to support that process, including £300 million for an integrated care fund.

It is often said that, with health and social care integration, money will lose its identity. Maybe it should also lose its political identity. It is not Labour's money or the SNP's money; it is money that we spend on behalf of the people of Scotland. However we spend it, we can only spend it once.

The plea to pay all care staff a living wage is absolutely valid. I have outlined the barriers to making that compulsory and I also put on record the fact that there are genuine cross-Government discussions to deliver and support the living wage. I hope and expect that those discussions will continue in integration boards when they take forward their pay policies. When we deliver the living wage for care staff, it will not be a Labour or an SNP victory; it will be a victory for the public sector in Scotland and the contracts that it commissions.

The motion calls for Barnett consequential for health and social care and the prioritisation of the living wage for care staff. That plea is valid only if those things can be delivered in an honest, frank, consistent and budgeted way.

I will talk about two things that have cross-party support in the Health and Sport Committee that the proposals in the motion could take money away from. First, palliative care in Scotland, which we had an inquiry into, is the best in the world, but it falls short of anything that we would want to see in a humane society. Money needs to be spent on that, and other politicians will make pleas for that to happen.

Secondly, the Health and Sport Committee is looking again at access to new medicines. That has dramatically improved, but there are still medicines that are not being approved and whenever that happens, there will be cat calls from members and calls for more funding.

With regard to the Carers (Scotland) Bill, we heard calls for additional financial support for carers, and we heard the same calls regarding self-directed support and the recruitment and retention of GPs in our deprived areas. To that list, I could add money for allied health professionals, nurse specialists—again and again, more and more.

There will be an investment of £200 million for five new specialist surgical centres for frail older people to have hip replacements and cataract operations to enable them to stay in their homes. That money will be spent.

The Deputy Presiding Officer: Draw to a close, please.

Bob Doris: We all want the living wage for those in the social care sector, but when we come to this chamber, let us not spend the same money five, 10, 15 or 20 times. Care staff in Scotland will see right through that.

The Deputy Presiding Officer: You must close, please.

Bob Doris: Let us work in partnership to deliver it and have consensus on doing that.

The Deputy Presiding Officer: Thank you. We come to the winding-up speeches.

16:27

Jim Hume: I have heard what members have said about the challenges of integration. There are less than five months to go until health and social care integration goes live, and the state of the planning concerns not just me but members across the chamber. Eight billion pounds will be jointly managed by integration authorities, yet, as of October, only six of the 31 were able to provide their budgets. I do not know whether there is any update on that figure today. Much information, co-operation and co-ordination is still missing, and existing problems, such as staff shortages, persist.

There was no mention of mental health in either of the other parties' amendments or the Labour motion. I welcome John Mason's support for my amendment and I hope that he will vote for it at decision time. I also welcome Dennis Robertson's comment that mental health is a complex issue. It is a complex issue. We often talk about it as if it is just one thing, but it is far more complex than that, so I welcome those comments.

Jackie Baillie mentioned £59 million and Jenny Marra said that I should have read Labour's press release. I am quite busy at the moment, as members can imagine, so I do not get to read all of Labour's press releases, but the figures there do not quite add up. Of the £400 million, £200 million is going to social care; inflation takes up £120 million; and £59 million is going to mental health. In the Scottish Government's draft budget, there is a real-terms reduction of £11.2 million, which leaves about £9 million to tackle the problems regarding GPs and accident and emergency that Glasgow university described. Perhaps Labour members will get calculators for Christmas.

Not only those with the most severe conditions are affected. Mental health issues affect veterans, people in rural areas, NHS staff and schoolteachers. We have teenagers with eating disorders and middle-aged men and women who are suffering from depression, and those are just

two of the mental health problems that people live with. We are only beginning to tackle the stigma for some groups, and others remain largely unable to seek help.

At last night's meeting of the cross-party group on rural policy, it was highlighted that those in rural communities are less likely to refer themselves when they have mental health problems. Sickness absence rates for NHS staff are at their highest since 2008, with more than 5 per cent of staff absent from their post this year for health reasons. Mental health is part of that rising problem, as pressure and stress take their toll on overworked staff.

It is only right that we put mental health conditions on a par with other conditions. In turn, that will decrease staff absence rates, increase preventative support for patients—that is mentioned in the Audit Scotland report and our amendment—and play a significant role in decreasing inequalities across Scotland.

The Royal College of Nursing notes that demand for NHS services is outstripping the available resources, putting staff and patients under huge pressure. Just last week, we saw the vacancy rate for nurses rise, and the RCN says that it is "at unsustainable levels". The 2,400 nursing and midwifery vacancies will not help with integration. Audit Scotland points out that one of the biggest challenges for integration boards remains the recruitment and retention of GPs and care staff.

Real-terms spending on the NHS is falling. A look at GP spending shows a reduction of £11.2 million on last year. The Royal College of General Practitioners warns that 20 per cent of GPs could retire during the next session of Parliament, while the BMA found that one in three GPs in Scotland is hoping to retire in the next 5 years. The recommendation for the Government is to support integration authorities by sharing lessons that are learned from GP clusters, but that cannot be put into practice if there are not enough GPs to take that guidance forward. GPs must be at the heart of integration plans, but they are in short supply. Localities and clusters offer many benefits, but I fear that the Scottish Government is putting the cart before the horse, with limited GPs to staff the changes.

The NHS is at risk of becoming unsustainable. If we allowed more resources to be used proactively and preventatively in the community, that would ease the tensions in A and E and acute psychological services and the financial stretch that some NHS boards have been experiencing. At present, the care that is being provided is fragmented. Doctors cannot allow themselves the luxury of time to consider the wellbeing of their

patients holistically; they can only really address parts of their health.

The Mental Health Foundation notes that up to 30 per cent of GP consultations contain an element of mental health, and the integrated care network points out that

“Coordination ... is especially important for people with mental health”

issues,

“who often require support from a variety of organisations”.

Yesterday, we read that there continue to be

“considerable variations”

in healthy life expectancy

“at birth ... among different geographical and socio-economic groupings.”

I do not see how we can reduce inequalities if we leave mental health on the back burner and do not structure our services in such a way that the unconcerned unwell are also taken care of.

We have an opportunity to take health and social care to a level of fully inclusive and preventative support. Despite that, however, Audit Scotland notes that there is only limited evidence of a shift to more community-based and preventative services. There are now 61,500 people requiring more than 700,000 hours of care in Scotland, and that excludes 24/7 care. In the meantime, more than 500 people have waited for more than two weeks to be discharged because care was not available to them.

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

Jim Hume: I call today for more attention to be paid to mental health. Labour's call is not a wise one as it risks going against mental health, GPs, A and E and everything else. We must ensure that mental health services stop being Cinderella services, and the Scottish Government can start by recognising the need to increase investment in mental health.

16:34

Jackson Carlaw (West Scotland) (Con): About 15 to 20 years ago, I took my young sons, as they were at that stage, to a duck farm in Berkshire. There was a quite magnificent species down there called a Fifi duck. It had a terrific, magnificent crown on its head, and I watched it in the water. It was very proud, and it had a clear sense of where it wanted to go. As I watched it over time, however, it just went round in circles. Actually, it got nowhere at all.

I am increasingly of the view that we have a Fifi duck Administration here in Scotland. That is not to disagree about the strategic objectives or where

the Government wants to go on health. Unfortunately, this is not a disagreement about strategic objectives; it is a concern about the Government's ability to follow through and deliver on the objectives that it sets. That is where there is increasing concern and criticism in the Parliament.

Neil Findlay: I note that Mr Carlaw said that he had to go somewhere else to see the ducks. Is he one of the few Tories who does not have his own duck house?

Jackson Carlaw: I have a river that runs through the bottom of the property—although it is not mine.

I am increasingly concerned about delivery. If we are to achieve the strategic objectives, it is the follow-through, the management and the leadership in directing the process to a conclusion that is important.

It is not all bad news. I thought that the cabinet secretary set out, quite fairly, a number of ways in which progress is being made. However, she denied that there was any complacency on the part of the Government. I will read out the cabinet secretary's amendment. It proposes that the Parliament

“recognises that NHS staffing and funding are at record high levels; supports efforts locally and nationally to successfully implement health and care integration; shares Audit Scotland's analysis that good progress has been made toward integration and that it has widespread support; welcomes the Scottish Government's commitment to enhance health and care; notes Audit Scotland's recognition that the Scottish Government has provided significant investment to improve integrated care, and endorses working with the care sector in progressing the living wage, noting that additional funding has been provided toward its achievement and associated fair work measures.”

Where in that amendment is there any reflection of Audit Scotland saying that there are significant risks? Where in it is there any recognition that there are issues of any sort whatsoever? Irrespective of how the cabinet secretary would like to present it, the Government amendment evinces that complacency that we always have when it comes to being able to demonstrate the real progress that is being made on the issues.

When we heard from witnesses at the Health and Sport Committee's first evidence session on the move towards social care integration, that was apparent. There were about a dozen people round the table representing all the different parts that have to be brought together and made to work effectively if the measures are going to operate. As Nanette Milne mentioned, we spoke about the problems with the CHCPs and about how, if the process is not properly managed and led, various parties might effectively end up walking away. We recognised that there is a window of opportunity, while we create the new arrangements, to get

them right. If we do not do that—if the process freezes at some point midstream—what we have will not be what we intend to have.

I do not have time to quote from our RCN briefing extensively, but it concluded:

“Our health and care services are creaking at the seams. The need to shift care from our hospitals to the community is widely acknowledged, but on the ground there has been little or no action to make this a reality.

We must look at different ways of delivering services to ensure that people get the care and support they need. Investment in nursing and other staff to enable this to happen is key. This will ensure that the NHS is put on a sustainable footing for the future while also meeting the Government’s 2020 vision for care at home.”

We agreed that 2020 vision in 2011. We are nearly into 2016 and, in the next parliamentary session, we will obviously be considering major service change in primary care. If we are going to have confidence that we can make meaningful progress on that, we have to be convinced that we are making meaningful progress on the delivery of what is a very important change.

I will touch on some of the other things that have been said. It would be ungracious not to applaud the Liberal Democrats’ focus on mental health, but Mr Hume cannot abrogate to himself concern for mental health in the Parliament. Throughout all the years that the Parliament has sat, members on all sides of the chamber have been passionate about bringing an additional focus to mental health.

Jim Hume: Will the member take an intervention?

Jackson Carlaw: Frankly, it is a false accusation to suggest that there is a lack of interest from others. It is not enough to say that the Labour Party has abandoned mental health—that does not help the argument at all.

Jim Hume: Will the member take an intervention?

Jackson Carlaw: I will not give way. Mr Hume has spoken twice already.

Jim Hume: On a point of order—

Jackson Carlaw: For him to say that he is too busy to read the Labour motion is extraordinary.

Jim Hume: Will the member give way? Point of order, Presiding Officer.

Jackson Carlaw: This is the first Christmas in 16 years that there are no Liberal Governments in power anywhere across the United Kingdom.

Jim Hume: Point of order.

The Deputy Presiding Officer: Mr Carlaw.

Jackson Carlaw: Mr Hume has all the time in the world to—

The Deputy Presiding Officer: Mr Carlaw, Mr Hume is making a point of order. I have to ask you to take your seat.

What is your point of order, Mr Hume?

Jim Hume: Thank you for taking the point of order, Presiding Officer. Twice in the last 10 seconds, Mr Carlaw has misrepresented my words in this Parliament. [*Interruption.*] At no point did I say that other parties took no interest in mental health; I stated only that none of the amendments—or the motion—stated anything about mental health, aside from our amendment.

The Deputy Presiding Officer: Mr Hume, could you hurry up, please? If you have a point, could you please make it?

Jim Hume: The other point was that Mr Carlaw said that I did not have time to read the motion. I said that I had not had time to read Labour’s press releases.

The Deputy Presiding Officer: Mr Hume, as you know, that is not a point of order. Also, I do not appreciate points of order in the middle of speeches, as members will know. [*Interruption.*] Order, please. I did not have any choice about taking it because, as members also know, if a member makes a point of order it has to be heard.

Jackson Carlaw: I will nonetheless, Presiding Officer, help you by coming to a conclusion and leaving one or two of the other points that I was going to make for another day.

A constituent wrote to me and, in a rather Freudian slip, he said that “Nicola Surgeon” is the highest paid politician in the United Kingdom and, for that pay cheque, we need her to deliver. What we need if we are going to achieve delivery is a surgeon to cut through the complacency that exists and ensure that we move to the delivery of health and social care integration and delivery on all the other areas of health that we know we need to make progress on.

I am concerned that, although the strategic objective is there and there is agreement across the chamber on it, the delivery is weak.

16:41

Shona Robison: I have never been compared with a Fifi duck. I would not even know what one looks like. However, I think that that comparison is a bit rich coming from a lame duck opposition.

Members: Oh!

Shona Robison: I promise not to make any more duck references. However, I will say to Jackson Carlaw that he is right that we have to deliver and I can assure him that, as Cabinet Secretary for Health, Wellbeing and Sport, I am

very much focused on delivery, whether that is making sure that our A and E departments improve their performance—I have been very focused on that over the past few months and on getting the winter plans that we need—or tackling delayed discharge and making sure that integration joint boards work effectively.

I am absolutely focused on delivery because, as other members have said, it is crucial that we get integration right. A lot of time, energy and resources have been invested in what is one of the biggest reforms of our health service, so it is important that we deliver progress and that we get it right.

I will come back on as many comments as I can within the time available. As regards Jim Hume's comments on mental health, I am sure that he will recognise that we are already committed to investing an additional £100 million over the next five years to help achieve some of the improvements that he outlined, whether that be investment in child and adolescent mental health services, in access to psychological therapies or in mental health services in the primary care setting. It would be wrong to suggest that there has not already been a significant investment in mental health, but there is always more to do. I accept that, and that will work its way through as we discuss the budget.

Mark McDonald mentioned the removal of silos. He made a valid point that it is not just about the silos between health and social care but about silos within health itself. We have to make sure that primary and secondary care are working in a way that produces the required outcomes. He rightly referred to some of the particular challenges within Aberdeen city on tackling delayed discharge. Despite some of the recruitment and retention issues around capacity that are due to the market conditions there, Aberdeen is continuing to make progress in reducing delays. However, we need to see more progress.

Rhoda Grant mentioned the role of unpaid carers and the need to support them. Of course we all agree with that. That is why the Carers (Scotland) Bill, which Jamie Hepburn is taking through Parliament, is so important. The bill comes with significant resource attached—by 2021, up to £88 million of additional investment will be made in supporting the aims of the bill. It is important that we recognise that.

John Mason talked about the need to ensure that we give priority to primary care and GP services that operate in deprived areas. I am sure that we will talk more about that next week. I have said in the chamber on a number of occasions that I agree with that. As we progress with the

negotiations, we need to ensure that the funding reflects more fully the challenges in those areas.

Jackie Baillie talked about the need for investment in social care and prevention. However, it is important that there be consistency in relation to that. Here comes the rub: she does not write asking me to invest more in social care and prevention; she writes demanding that I spend more in acute services. She wants a new A and E department in her area.

We cannot have members coming to the Parliament demanding that we spend the budget in one way while demanding in their own areas that we spend the budget in a different way. The two things are not compatible. If a decision is made to invest in social care, we cannot spend the same money on building new A and E departments.

Jackie Baillie: The cabinet secretary might need to be reminded that her budget is £12 billion. We are talking today about allocating up to £400 million, less mental health consequential, on doing something that will prevent people from going to hospital. The separate demand for a new A and E department is a long-standing one from my community, and she is wrong to dismiss it—it is about how services are provided near where people are. To be frank, the cabinet secretary makes a mistake if she positions one against the other. That is simply wrong.

Shona Robison: No, Jackie Baillie is wrong in that I am not dismissing the claim. I am merely stating that we cannot—[*Interruption.*]

The Presiding Officer (Tricia Marwick): Order. Let us hear the cabinet secretary.

Shona Robison: We cannot spend the money twice and, if the money is to be prioritised for social care—[*Interruption.*]

The Presiding Officer: Order!

Shona Robison: —Jackie Baillie cannot come to the Parliament demanding that money is also spent on acute services. There are choices to be made, so Jackie Baillie has to be consistent in what she calls for. [*Interruption.*]

The Presiding Officer: Ms Baillie!

Shona Robison: There is not a money tree at the bottom of the garden for any of those things. Priorities have to be set and, if there is agreement that health and social care integration is the priority, it means that the money cannot be spent on other things. That is just a fact.

Dennis Robertson spoke about using digital technology to make improvements in health and social care. I agree with that. We have to ensure that we have to use digital technology to make the systems work more effectively.

Richard Simpson asked whether the data in the HSCDIIP would be published. The answer is yes. It is already in the public domain, but I am happy to write to him giving him the information in more detail.

Bob Doris talked about competing priorities and the need to ensure that areas such as palliative care are resourced. We have already announced that we will support the palliative care framework, and we have allocated additional resources to that.

The Presiding Officer: You need to wind up, minister.

Shona Robison: This has been a consensual debate. It has been helpful, but members need to follow through on their rhetoric. [*Interruption.*]

The Presiding Officer: Order.

Shona Robison: If decisions are made to allocate resources in a particular way, members cannot come back and demand that the same money be spent in 100 other ways. That is a fact and that is how budgets work. I hope that Labour will continue in a spirit of consensus as we take the matter forward.

16:49

Neil Findlay (Lothian) (Lab): I am wondering whether I have been in the same chamber as the cabinet secretary for the past couple of hours. She came to the conclusion that we should have substance over rhetoric with no sense of irony whatsoever. My word, the cabinet secretary needs to reflect on that.

It was a pleasure to listen to Dr Simpson's commentary today; he has a complete grasp of the issues. I forgive him for calling me Dr Findlay earlier. I know that he is stepping down at the election, and the Scottish Parliament will be poorer for the fact that he will not be here to comment on such vital matters as the integration of health and social care. We will not write his political obituary quite yet, but his contribution today was very powerful.

I will come to the challenges in the health and social care system, which Jackie Baillie set out, in a minute, but I must start by saying that high-quality social care for our elderly and vulnerable citizens is one of the most important and pressing issues affecting our society.

Jenny Marra, Nanette Milne and the cabinet secretary all mentioned the Audit Scotland report. Of course, reports can be, and are, spun by politicians in many ways. We can all do that, and we can all talk about structures and management issues. However, the reality is that, as a society, we are failing to provide decent care for our older

and most vulnerable people, and the Government is failing to deal with a crisis that is going on here and now.

Last year, the Scottish Government claimed in its discredited white paper on independence, "Scotland's Future: Your Guide to an Independent Scotland", that it would

"continue to provide ... world-leading ... social care".

I ask the cabinet secretary to reflect on that statement, because that is not the lived reality for so many people and their families; for social care staff who are trying valiantly to do the work that they love; or for councils that are bled dry of funds with yet more pressures heaped on them.

Today, more than 61,000 people receive more than 700,000 hours of part-time care a week, which equates to an average of 11.5 hours per person. On top of that, there are others in long-term residential care. There are 141,000 care workers who provide that care. Care is a big employer, and the sector is only going to grow and grow.

Those numbers prove what we already know: that social care is an area that impacts on all of us. We all know or are related to someone who is either receiving care or who works in the sector. Indeed, many of us will depend on the care sector to look after and care for us at some point in the future—for some of us possibly sooner than for others, but I will not go into that too much. We have a growing elderly population, and many people are living longer with multiple conditions. That is all happening at a time of social care integration, running alongside huge cuts to public services—a perfect storm indeed. All the time, our hospitals are backed up with people who could and should be looked after at home in familiar surroundings.

As budgets have been cut, care has been privatised and standards have fallen. Care visits of 15 minutes, which were originally designed as a management tool, have become the default allocation of care time. Contracting has driven down costs to the extent that the sector is now typified by low pay, job insecurity and poor conditions. Many staff who love their job and go well beyond the call of duty to provide care are at breaking point or have left the sector altogether. They feel undervalued, and they have little job security. They do not get paid for travel, some do not get paid for their uniform and some have to pay for their own mobile phone calls. That is the type of system that we have created. Time and time again, we hear of care staff leaving to work in supermarkets or shops, or in other types of employment—anywhere else, because they cannot live and bring up their families under such conditions.

Mark McDonald said that he wanted care staff to speak out positively about their jobs, and Richard Lyle said that care workers were “heroes”. Let us listen to what some of those heroes are saying. This information comes from a staff survey by Unison 18 months ago, and the situation will have got worse since that survey was published. The survey reported that the majority of workers believed that the service that they provided was not sufficient to meet the needs of the people whom they cared for, in relation to both the time that they can spend with clients and the quality of care that they can provide, with 44 per cent saying that they had very limited time for doing their work so there was a limit to how much time they could spend with their clients. One carer said:

“I have to just rush from one house to the next. It’s very, very stressful. I have told my manager but nothing is done.”

Another said:

“We are not able to deliver the care we are trained to do and want to give/should be delivering to our service users.”

Another said:

“Rush rush rush, I think they forget we are dealing with human beings, old ones at that.”

Another said:

“I’ve been a carer for 16 and a half years ... I am old school, I spend time with my clients, and therefore if I am over my time”—

so be it. The carer continued:

“These are people who rely on you”,

so the carer cannot just go “in and out” and has to have

“a couple of minutes for a wee chat”

because

“it makes their day”,

and they do not want

“rushed about in the morning or evening.”

If we speak to care staff, we find that such stories are repeated time and again.

We know that 39,000 care workers out of the 141,000 working in Scotland receive less than the living wage. That is no way to treat staff in this vital sector. All of that impacts on the care provided.

We hear all the time about people not knowing which carer or how many carers they will see in a week, or even sometimes in a day. They do not know whether the carer who starts one week will be there the next week. That is not good for the continuity or the quality of the care provided. How can we build relationships between the carer and the client in such circumstances? It simply cannot be done. One carer recently told me:

“Staff are not receiving the training they need to carry out their roles, we only get low cost basic training.”

I appeal to everyone to agree that that situation cannot go on. We cannot treat social care staff as if they were second-class or third-class citizens and then be surprised when the service that they provide is substandard, but that is what we are doing to our elderly and vulnerable friends and neighbours.

That is why we published today the report of our commission for the provision of quality care in Scotland, which was an independent commission chaired by David Kelly, the former director of West Lothian community health and care partnership. I thank Mr Kelly and the commissioners who sat on the commission and produced such a good report. The report is a challenge to us all. I am happy to provide any member with a copy of it.

In the report, the commission identifies the need to set out a new social contract of rights and responsibilities that are understood by our citizens; the need for greater devolution of budgets to local teams to develop local solutions with GPs, care staff, social workers and allied health professionals working together; and the need to elevate the status of social care to make it a valued career that people want to go into and remain in—rather than one that they want to get out of—with training and a proper structure. The commission sees the workforce as central to the future of the sector.

Of course, the biggest issue is cash. Some of this is as simple as money. We must put more cash into the care system, and Scottish Labour is committed to doing that. We recognise the vitally important work that carers do, so today we commit to a national care workers guarantee. Under that guarantee, we will ensure that 39,000 care workers gain from a living wage for all care staff, that all staff are paid for their travel, that zero-hours contracts are ended for care staff, and that the staff are well trained to do their job. All of that will improve morale and productivity; most important, it will improve the care that our mums and dads, neighbours and grandparents deserve. We need a service that is fit to address the problems and issues of the 2030s and 40s, not the 1930s and 40s. We commit today to provide extra money to the health and social care sector.

The Presiding Officer: You need to bring your remarks to a close.

Neil Findlay: I will do, Presiding Officer.

It will be telling today if the Government uses its majority to vote down additional funding for the army of care staff who do so much good work.

Point of Order

information to the *Official Report* and for publicising that correction.

16:59

The Presiding Officer (Tricia Marwick): Before I move to the next item of business, I understand that Derek Mackay would like to say something in relation to the point of order raised earlier today by James Kelly on the statements that the minister made on the Forth road bridge.

The Minister for Transport and Islands (Derek Mackay): Presiding Officer, I would like to respond to the earlier point of order from Labour. Let me be clear: the fault in the specific piece of bridge truss that we are repairing now was not broken in 2010. The fault that we are currently repairing occurred in the last few weeks. The specific part that we are currently working on was not identified as in need of repair in 2010. In 2010 the works proposed were for a far greater area. A decision was taken by the Forth Estuary Transport Authority that it was not necessary to replace the entire area, which would have involved a lengthy and unnecessary closure of the bridge. Instead, a less-disruptive set of works was put together, which was under way. MSPs have all been invited to a technical briefing.

My priority is to get the bridge fixed and to get people moving across the Forth road bridge again. That is what I and this Government will remain focused on.

The Presiding Officer: There is a point of order from James Kelly.

James Kelly (Rutherglen) (Lab): Thank you, Presiding Officer. I have listened to the minister's response and I have studied carefully the statements that he made yesterday and on "Good Morning Scotland" this morning, and the points remain. His statements were contradictory and therefore I seek—[*Interruption.*]

The Presiding Officer: Order.

James Kelly: I see your guidance, Presiding Officer, as to what powers are available to MSPs when a minister has misled Parliament.

The Presiding Officer: Mr Kelly, I think that you should be very careful before you suggest that a minister has misled Parliament.

On your specific points, if a member thinks that a minister may have given misleading information to the Parliament, he or she may raise that with the Scottish Government under the Scottish ministerial code.

In addition, if a member realises that he or she has given incorrect information in a contribution in the chamber, there is a procedure for adding

Business Motions

17:02

The Presiding Officer: The next item of business is consideration of business motion S4M-15101, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees the following programme of business—

Tuesday 15 December 2015

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Scottish Government Debate: Redesigning Primary Care for Scotland's Communities

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 16 December 2015

1.15 pm Members' Business

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions
Fair Work, Skills and Training;
Social Justice, Communities and
Pensioners' Rights

followed by Ministerial Statement: Draft Budget 2016-17

followed by Stage 1 Debate: Land Reform (Scotland) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

6.00 pm Decision Time

Thursday 17 December 2015

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

12.30 pm Members' Business

2.30 pm Parliamentary Bureau Motions

2.30 pm Stage 3 Proceedings: Smoking Prohibition (Children in Motor Vehicles) (Scotland) Bill

followed by Stage 3 Proceedings: Interests of Members of the Scottish Parliament (Amendment) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

4.30 pm Decision Time

Tuesday 5 January 2016

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 6 January 2016

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions
Justice and the Law Officers;
Rural Affairs, Food and Environment

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 7 January 2016

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

12.30 pm Members' Business

2.30 pm Parliamentary Bureau Motions

2.30 pm Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time—[Joe FitzPatrick.]

Motion agreed to.

The Presiding Officer: The next item of business is consideration of business motion S4M-15102, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a stage 2 timetable for the Community Justice (Scotland) Bill.

Motion moved,

That the Parliament agrees that consideration of the Community Justice (Scotland) Bill at stage 2 be completed by 29 January 2016.—[Joe FitzPatrick.]

Motion agreed to.

The Presiding Officer: The next item of business is consideration of business motion S4M-15103, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a stage 2 timetable for the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill.

Motion moved,

That the Parliament agrees that consideration of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill at stage 2 be completed by 5 February 2016.—[*Joe FitzPatrick.*]

Motion agreed to.

Parliamentary Bureau Motions

17:04

The Presiding Officer: The next item of business is consideration of two Parliamentary Bureau motions. I ask Joe FitzPatrick to move motions S4M-15045 and S4M-15104, on approval of Scottish statutory instruments.

Motions moved,

That the Parliament agrees that the Scottish Parliament (Elections etc.) Order 2015 [draft] be approved.

That the Parliament agrees that the Budget (Scotland) Act 2015 Amendment Regulations 2015 [draft] be approved.—[*Joe FitzPatrick.*]

The Presiding Officer: The questions on the motions will be put at decision time.

Decision Time

17:04

The Presiding Officer (Tricia Marwick): There are six questions to be put as a result of today's business. I remind members that, in relation to the debate on health, if the amendment in the name of Shona Robison is agreed to, the amendments in the name of Jackson Carlaw and Jim Hume fall.

The first question is, that amendment S4M-15098.3, in the name of Shona Robison, which seeks to amend motion S4M-15098, in the name of Jenny Marra, on health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Johnstone, Alison (Lothian) (Green)
 Keir, Colin (Edinburgh Western) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (SNP)

McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wilson, John (Central Scotland) (Ind)
 Yousaf, Humza (Glasgow) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Gavin (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Davidson, Ruth (Glasgow) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Findlay, Neil (Lothian) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Goldie, Annabel (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hilton, Cara (Dunfermline) (Lab)
 Hume, Jim (South Scotland) (LD)
 Johnstone, Alex (North East Scotland) (Con)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McInnes, Alison (North East Scotland) (LD)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Rowley, Alex (Cowdenbeath) (Lab)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)

Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)

The Presiding Officer: The result of the division is: For 63, Against 54, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The amendments in the name of Jackson Carlaw and Jim Hume fall.

The next question is, that motion S4M-15098, in the name of Jenny Marra, on health, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Johnstone, Alison (Lothian) (Green)
 Keir, Colin (Edinburgh Western) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)

Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wilson, John (Central Scotland) (Ind)
 Yousaf, Humza (Glasgow) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Gavin (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Davidson, Ruth (Glasgow) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Findlay, Neil (Lothian) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Goldie, Annabel (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hilton, Cara (Dunfermline) (Lab)
 Hume, Jim (South Scotland) (LD)
 Johnstone, Alex (North East Scotland) (Con)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McInnes, Alison (North East Scotland) (LD)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Rowley, Alex (Cowdenbeath) (Lab)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)

The Presiding Officer: The result of the division is: For 63, Against 54, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament acknowledges the fine work being done by hard-working health and social care staff across Scotland to keep people safe and well; recognises that NHS staffing and funding are at record high levels; supports efforts locally and nationally to successfully implement health and care integration; shares Audit Scotland's analysis that good progress has been made toward integration and that it has widespread support; welcomes the recognition that the Scottish Government has provided significant investment to improve integrated care, and endorses working with COSLA and the care sector in progressing the living wage, noting that additional funding has been provided toward its achievement and associated fair work measures.

The Presiding Officer: The next question is, that motion S4M-15045, in the name of Joe FitzPatrick, on approval of a Scottish statutory instrument, be agreed to.

Motion agreed to,

That the Parliament agrees that the Scottish Parliament (Elections etc.) Order 2015 [draft] be approved.

The Presiding Officer: The final question is, that motion S4M-15104, in the name of Joe FitzPatrick, on approval of a Scottish statutory instrument, be agreed to.

Motion agreed to,

That the Parliament agrees that the Budget (Scotland) Act 2015 Amendment Regulations 2015 [draft] be approved.

National Strategy for Survivors of Childhood Abuse

The Deputy Presiding Officer (John Scott):

The final item of business is a members' business debate on motion S4M-14517, in the name of Johann Lamont, on the national strategy for survivors of childhood abuse. The debate will be concluded without any question being put.

Motion debated,

That the Parliament welcomes that it is 10 years since the launch in September 2005 of the National Strategy for Survivors of Childhood Abuse; believes that the Cross Party Group on Adult Survivors of Childhood Sexual Abuse was instrumental in establishing the strategy, which it considers a groundbreaking initiative that has benefited all survivors; congratulates everyone involved with survivor services in Pollok, across Glasgow and throughout Scotland on what it sees as the difference that they make to people's lives; recognises that survivors' groups, including the cross-party group, Open Secret in Falkirk and others, have concerns about the future of the strategy; understands that the overwhelming majority of childhood sexual abuse takes place within the immediate family or the community; believes that the intent of the national strategy is to be of benefit to all survivors and to provide a platform for other initiatives, including the Historical Child Abuse Inquiry Scotland and the National Confidential Forum, and notes the view that survivor-led services are crucial for supporting victims and that any confusion in the delivery of this service impacts adversely on survivors.

17:08

Johann Lamont (Glasgow Pollok) (Lab): It is a privilege to open the debate, and I thank all the members who supported the motion and those who are here to listen to the debate tonight.

I also welcome to the gallery members of the cross-party group on adult survivors of child sexual abuse, and I thank them, Barnardo's Scotland, the National Society for the Prevention of Cruelty to Children and Children 1st for the briefings that they have provided. I particularly thank Margaret Mitchell, who is the convener of the group, for the work that she has done over a significant period of time to keep its work going.

It is difficult to do justice to all the issues that are highlighted in the motion in the time that I have, so I urge members to attend the meeting directly after this debate to hear more about the concerns and challenges that the cross-party group has identified. This is an opportunity to recognise the importance of the cross-party group on adult survivors of child sexual abuse and its role in the creation of a national strategy for supporting survivors, and the establishment of SurvivorScotland. Today, the 10th anniversary of the strategy gives us the opportunity to thank all those who were involved at the time, particularly survivors and those who worked with them, including my friend, the former MSP Marilyn

Livingstone, whose work as part of the group at that time was pivotal in ensuring that this important issue was being addressed.

In marking the anniversary, we also have the opportunity to address the concerns that are voiced by survivors, by the people who attend the group and by those who work with survivors, about the current effectiveness and the level and strategic direction of support and whether they match up to the ambitions of 10 years ago.

We have come a long way in dealing with a difficult issue. As a young woman in the 1970s, at the age my daughter is at now, I had little awareness of the nature of the suffering of child sexual abuse, of its prevalence, or of abuse within institutions—churches, schools and boarding schools—where adults in positions of trust chose to betray that trust, and within the homes of children by their own families.

The celebrities of my youth are men who now find that their crimes against children have been exposed. We are more aware now of that crime and there is more acknowledgement of it, but the test for us is whether there is more understanding of what we need to do to address it.

As a young secondary school teacher in the late 1970s and into the 1980s, my training did not refer to child sexual abuse. No guidance was given to me as a young woman about how to be aware of the possibility of abuse being suffered by children in my class. No information was given about how or why to raise concerns, and there was no information about how to treat children who were victims. As a young political activist, I was only beginning to learn and understand from the brave men and women who began to insist that their abuse should be acknowledged, that its devastating impact should be understood and, critically, that there should be understanding and recognition that that abuse was as much a matter for political debate and action as anything else is. That political change and the recognition that Government action at every level was required have developed over time.

There is more talk about the subject now and there is more acceptance of the fact that grave injustice continues, but we have to understand that we need to do more. The test is whether we continue to focus on needs. Survivors need more than acknowledgement: they need to be sure that we will address the consequences for them throughout their lives. Ten years ago, the strategy outlined the need to raise awareness, the need for increased awareness of the long-term consequences for physical and mental health, the importance of survivor support services in enhancing the health and wellbeing of survivors, and the need to develop training and skills for front-line workers.

It was also recognised that it was important to tackle and identify the level of abuse. Critically, we need to ensure that survivors are not just supported to address the medical consequences for them, but that there is an understanding of the wide and diverse range of needs that they have and the importance of those needs being addressed. We need more education, prevention and protection, and we need understanding of the importance of support services. The strategy also needs to be clear that it should offer justice and a clear recognition that child sexual abuse is a crime and that justice for survivors must be pursued.

The cross-party group is clear that all survivors should have support, and that abuse of power by the people who betrayed the trust that was placed in them in care homes, churches, boarding schools and other institutional settings should be placed firmly in the context of child abuse: 80 per cent of child sexual abuse happens within the home and within communities. The one thing that is consistent in child sexual abuse is not the setting but the brutalising powerlessness of the child and the impact on that child throughout his or her life. Those are not competing needs; they all deserve justice.

Many members from all around the chamber supported the establishment of the inquiry into historical child sexual abuse in institutional settings. The minister will be aware of the concerns of groups including white flowers Alba about the narrowness of the inquiry's remit in excluding consideration of survivors who still suffer today but whose abuse happened too long ago to be investigated, and which may in some circumstances exclude the experience of one survivor but include that of another, even when the perpetrator is the same person, because the setting was different. I urge the minister to listen carefully to those concerns and to reflect on how we may address them in the remit.

I also urge the minister to resist narrowing the Government's focus in respect of how it supports survivors. There are genuine concerns among people who are at the very heart of the issue about the direction of SurvivorScotland in defining the criteria for funding. This cannot just be about medical recovery; it must be on the journey through life that survivors are supported. Ten years ago, it was clear that it is not just about accessing health services—it is also about support services that have been developed in the voluntary sector that draw on the lived experiences of the people who know best what such abuse means. I ask the minister directly to confirm that he will examine the approach that is now manifesting itself as funding a medical model rather than the deeper and richer support that was identified.

In conclusion and in summary, I urge the Scottish Government to recognise the pervasive nature of child sexual abuse in our society, and the traumatising impacts that it has—and not just on a person's health. I further urge the Scottish Government to review the remit of the historical abuse inquiry to ensure that it gives comfort to those who are looking to it for justice. I ask the Government to look again, to resist the model that is developing through SurvivorScotland, and to ensure that a rich development of resources is available.

Finally, I urge the minister, in reflecting on the past 10 years, now to instruct the development of a refreshed and renewed national strategy. If he does that, and recognises that the time has come to address the matter again, he will find that the cross-party group, all those who support survivors, survivors themselves, and the people in this chamber are ready to help to ensure that the strategy is fit for purpose.

17:16

Michael Russell (Argyll and Bute) (SNP): I congratulate Johann Lamont and the cross-party group not only on securing this debate, but on the work that they have done over the past decade. The group has been exceptional in its actions. I have no doubt whatsoever that the support, action and even the inquiry must learn from the work that the group has done with survivors, to ensure that they are survivor-centred, survivor-led and available to all. Those are basic principles that we cannot deny.

The reason for those things being survivor-led, survivor-centred and available to all is that there must be an outcome that allows survivors to move on from that definition, and not just to be defined by having survived, but by their wish to live and flourish after that experience. I am sure that the minister will reflect upon that, because it is the outcome that will be important.

The establishment of both the inquiry and the support fund has been a tense and difficult process—the cross-party group knows that better than most. The people involved have often had the most awful experiences, which have—fully understandably—destroyed their trust in Government, authority and fellow human beings. Therefore, it will not always go smoothly.

As Johann Lamont said, it is a political issue: politics has entered into it, and the slowness of the political process in recognising the injustices and acting on them is something that we should all be ashamed of. When we recognise such things, we have to find a way forward. The way forward is through goodwill, determination, courage and constant listening.

Last year in this chamber, on 11 November 2014, when I was still a cabinet secretary, I announced not only the Government's acceptance of the outcomes of the insight process, but the establishment of the fund. That was confirmed in May 2015 by my successor at a total of £13.5 million over five years. However, that was a mechanistic thing. Of more importance to me was the experience that I had in coming to understand over a period of time and progressively, as Johann Lamont has said, the awful responsibility of society—the way in which society has to confront honestly what has taken place, and help those who have survived such experiences to move forward.

The most important part for me was the insight process. In April 2015, the Scottish Human Rights Commission, which was responsible for that process, made a submission to the Scottish Government about the inquiry. It made two crucial points that we should bear in mind tonight. First, it called on the Scottish Government to ensure that the PANEL principles—participation, accountability, non-discrimination and equality, empowerment and legality—are observed whenever the issue is considered. Every single thing that the Scottish Government does in the area should be underpinned by those principles.

Secondly, it asked the Government to ensure that work continues more widely for all survivors while the inquiry takes place, and not to delay the process of helping those people because the focus is elsewhere.

This has been a long, slow process. The national strategy and the cross-party group have paved the way for insight and the fund, which led to the inquiry, the action on the time bar and how much is in the fund. As I say, it is a process—it is not event-driven. The process is to provide justice, to restore trust and to create a future for those who have been affected, and moreover to ensure that it can never ever happen again. The debate will help that process, but nothing will overcome the injustice that was done. As politicians, working together with survivors and charities, we should, with every fibre of our being, do our best and do it together.

17:21

Graeme Pearson (South Scotland) (Lab): Thank you very much for giving me the opportunity to speak in tonight's debate, Presiding Officer. I congratulate Johann Lamont on securing the debate and acknowledge Margaret Mitchell's convenership of the cross-party group on the adult survivors of childhood sexual abuse. The CPG and its supporters, who are here in the chamber, have for 10 years been extremely successful in maintaining a spotlight on the pressing issues and

demanding the need to implement an effective strategy and policies that support the survivors, the victims and their nearest and dearest.

I also acknowledge Mike Russell's courage last year in recognising the need to change, thereby creating the context in which the Government could change its approach to the issue and, finally, see the need for a public inquiry.

The sexual abuse of any human being is repugnant. The circumstances of children suffering such abuse are particularly harrowing. No one comes to the issue voluntarily, whether it is those who seek the help of politicians or, indeed, the politicians who are drawn into the debate as they try to find a way of supporting survivors and victims.

It is not often that Mike Russell and I would agree, but I have to say that I have agreed with everything that he has said, so there is no need for me to repeat the words that he has uttered.

I am grateful for the many briefings that I received before the debate. I note that progress has been made in developing a Government strategy over the past 10 years. However, much has yet to be done, and there are concerns across the sector among survivors and victims about a commitment to funding the services and support to which Mike Russell referred. Survivors, victims and families need support now. They need medical, psychological and, on occasion, financial support.

We also need to decide on policy changes in the months and years ahead. We also need to demonstrate a true commitment to those changes, because survivors have too often been made promises only to be let down. White flowers Alba has briefed repeatedly on the shortcomings that it has identified. I know that members of the group are in the Parliament today. INCAS—In Care Abuse Survivors—has contributed, too.

The court service notes the substantial increases in cases being handled and the number of accused being prosecuted for sexual abuse. Many such cases are historical. That success sees a fresh demand for Government support as more survivors come forward. Indeed, we know that, with the growth of the internet, the extent of that need is in the thousands—we are not merely talking about a few people here and there.

The abuse of children has not yet been answered in a way that survivors and victims would wish it to be. I implore the minister to give a commitment to show a positive response to the needs of survivors and the demands that they make, which they make in good faith. They do not ask for much, and to listen to them and engage with them is all the more important at this time in our development.

I am grateful for that opportunity, Presiding Officer.

The Deputy Presiding Officer: Thank you very much, Mr Pearson.

17:25

Margaret Mitchell (Central Scotland) (Con): I thank Johann Lamont for using her Labour members' business time to bring this important motion for debate to the chamber.

The cross-party group on adult survivors of childhood sexual abuse came into being following one of the first ever petitions to be lodged with the Scottish Parliament's Public Petitions Committee, and I pay tribute to the first convener of the CPG, Marilyn Livingstone, and the members and co-conveners of the CPG for all that they have done to support survivors, to raise awareness of childhood sexual abuse and to focus on preventative measures for almost 16 years.

The national strategy for survivors of childhood abuse was the culmination of years of hard work and persistence, primarily on the part of the CPG, together with the successive former health ministers Malcolm Chisholm and Andy Kerr and, later, Nicola Sturgeon. The national strategy was a groundbreaking initiative that represented a pioneering approach in the United Kingdom and further afield that put in place a national plan for preventing abuse from happening in the first place and for increasing support for survivors of childhood abuse. Its aim was to address the situation that the strategy document sets out whereby

"Too many survivors report a 'revolving door' experience being moved from service to service without having their needs satisfactorily addressed."

That explains why the strategy took a trailblazing survivor-led approach.

The achievements of the SurvivorScotland strategy as it celebrates its 10-year anniversary are not inconsiderable. They include the pooling of information online for easy access to resources and research; the highlighting of the needs of both female and male survivors; and the provision of funding services and projects to support survivors and to carry out preventative work.

However, 10 years on, despite the success that the strategy has had during that time, there are now serious concerns regarding its future. For example, survivors of abuse often look for support services in their area, and in particular for services that offer trauma counselling, but there is still a lack of specialist trauma services available. Given the shift of emphasis towards a medical model for determining our understanding of the needs of survivors, that lack of provision is clearly worrying.

In addition to that, the Scottish Government's proposed changes to the way in which survivors will access support services has caused yet more concern. More specifically, survivors and support services are dismayed that moving to a broker model that further emphasises healthcare rather than a holistic approach that includes social welfare could be a significant risk to survivors' wellbeing.

At a time when child sexual abuse cases are hitting the headlines across the UK, when the Prime Minister has prioritised childhood sexual abuse as a national threat on a par with serious organised crime and when a Scottish public inquiry into historical child sexual abuse is under way, there has been a worrying silence about the future of the national strategy. The CPG has therefore warned that, with the public inquiry and the focus on institutional abuse, the fact that the vast majority of child sexual abuse takes place within a family setting and in communities has been largely absent from the national conversation.

There are clearly many opportunities for a renewed strategy to further the progress that has been made in the past 10 years in supporting the courageous survivors who make the brave decision to disclose the abuse that they have experienced. Consequently, the uncertainty surrounding the future of the strategy and the changes to the provision of support services needs to be recognised and addressed as a matter of urgency. I hope that the minister can give some much-needed and deserved reassurance on that point.

17:29

Jim Hume (South Scotland) (LD): I, too, congratulate Johann Lamont on securing this debate and the CPG on all the work that it has done, and I also very much support Margaret Mitchell's comments.

Childhood sexual abuse is a sobering reminder that our main priority should be to do our best to put in place protections for people from the earliest point possible in their lives—which, unfortunately, means protecting people from other people. Children are probably the most sensitive and vulnerable to abuse—physical, emotional and sexual—as they are unable to defend themselves and are, too often, trapped in their own homes. Our duty and responsibility is to ensure that the measures that we put in place prevent abuse from happening. However, when these things happen, our systems must be ready and able to respond appropriately by always keeping the survivors in mind.

In Selkirk in my area, Children 1st has done commendable work on keeping children safe, helping them respond to their traumas and creating a slightly safer place for them. The organisation also works with survivors of childhood sexual abuse, but the fact that they have to travel many miles across the region to access the services in Selkirk—indeed, some have to travel for two hours—raises the question whether we are providing enough of a service across the country.

We need to build services, perhaps hire staff and establish organisations that can support people, but what is essential is the need for time and a focus on the individual or survivor. Any experience of childhood abuse will have long-term effects on the person in question, and in order for them to be able to come forward and talk about their experiences, they must have a good and trusting relationship with the person—the counsellor—to whom they are revealing their experiences. I am sure that we will all appreciate that such experiences are not taken lightly by anyone, even less by those who have lived through them, and giving people the time to trust that they have all the support that they need is a responsibility not just for the Scottish Government but for all of us. We need to support that approach. The nature of such experiences means that many of these painful memories are buried deep and hidden away and, in order to access them, the person must be able to trust their counsellor or consultant as a result of long-term consultations and meetings that take a very long time.

Of course, one of the biggest obstacles to a healing process for a survivor is the act of disclosure itself. It is not easy for someone to disclose these things and we have to recognise that, as more people come forward, many of them will need a safer environment to allow them to disclose what happened to them in the far past. Perhaps if general practitioners were able to ask a standard question during their standard meetings with patients, that might in itself make disclosure easier for survivors.

The Scottish Government's new service model for in-care survivors, which will become effective next April, seeks to put in place national health service-led services using psychologists. Open Secret notes that the new service will not have any counsellors working for it and will not provide therapy, but the current limited resources for psychological provision throughout the NHS mean not only that the number of psychologists is limited but that there are even fewer who are able to give abuse survivors the kind of time and dedication that they need. We need consultants who are able to work with childhood abuse survivors in a long-term relationship.

The Government must provide time and adequate provision for survivors of childhood abuse. Children grow up to become adults, and such painful memories can damage people throughout their lives. It is our responsibility through the services that the state can provide to ensure that any person anywhere in Scotland can, at any stage in their lives, come forward and know that they will be heard and helped.

17:34

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I thank Johann Lamont for introducing a very important subject and pay tribute to her work in the cross-party group on adult survivors of childhood sexual abuse and, indeed, to Margaret Mitchell's work. I hope that the Government will pay very close attention to their speeches, because they encapsulated many of the current concerns of survivors groups. They certainly know far more about the matter than I do, although I was involved in the early days—Margaret Mitchell referred to that. In particular, I set up the short-life working group on the care needs of people who survived childhood sexual abuse. That group's report still repays reading now—I read it prior to the debate—because it gives the broad view that we all want to see. Although that fed into the strategy, I think that the cross-party group was the main influence on the development of the strategy all those years ago. We should certainly celebrate the work that it does now and has done. That leads us back, of course, to Marilyn Livingstone, who was the first convener of the group. We should remember her today, too.

Survivors groups have always been crucial to the strategy, not just in respect of mutual support, but in spreading information and understanding to professionals, service providers and the wider public. It is therefore very important that those groups are supported financially in the first instance. The motion mentions Open Secret, but we know of other groups, such as the Kingdom Abuse Survivors Project. Those groups must be supported and involved in the continuing implementation of the strategy, and they should be in leadership roles, as they have been in the past. I hope that they will be in those roles in the future, if they are not adequately in those positions currently.

It is clear that one of the fundamental demands is justice. We are dealing with a crime, not an illness. It is also clear that survivors need the chance to confront their experiences with loving support around them. All that is part of the holistic approach to which members have already referred.

The motion refers to the concerns of survivors groups. Johann Lamont and Margaret Mitchell

have referred to those concerns. I commend to the minister Sarah Nelson's article in *The Herald* today, because she has been very closely involved with work in the area for many years. I first came across her through her report "Beyond Trauma: Mental Health Care Needs of Women Who Survived Childhood Sexual Abuse", which made a very big impression on me in 2001 or some time around then. She pointed out how psychiatric services routinely do not face up to and understand the mental health implications of what some people have endured. I recommend that article.

Of course, we all welcome the focus on historical abuse in institutional settings and the inquiry that is chaired by Susan O'Brien although, as Johann Lamont reminded us, there are concerns about the narrowness of its remit. As Sarah Nelson and members have reminded us, 80 per cent of survivors were abused in the family or the community, so we need a holistic partnership approach to address their needs, too. The strategy also has to focus on prevention, staff training and the wider agendas that have been referred to. There are concerns about a narrowing of the strategy's focus. Sarah Nelson described that in her article as a focus on individuals on a "medical model". It is clear that we need a holistic approach that involves groups as well as individuals. The Government should pay attention to that article and to the speeches by Johann Lamont and Margaret Mitchell.

Sarah Nelson raised the interesting question of where the issue is located in the Scottish Government. I have recently found it confusing whether responsibility is located in education and young people or health. Justice no doubt also has a role. There are issues there. Sarah Nelson made the interesting suggestion that it should be located in the equality division.

Those are just things to reflect on. They are not the most important part of the debate, but they are part of what should be considered.

In conclusion, it is clear that the historical child abuse inquiry is very important, but the Government must also ensure that its policy and funding pay attention to the needs of the 80 per cent of survivors who were abused in the family or the community. Crucially, let us involve those people in the implementation of the strategy, as was always intended from the start.

17:39

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): As members have said, it is clear that the majority of childhood sexual abuse takes place within the family or within the community. As we know, it is not a case

of stranger danger but something that is done by someone who is known to the child. Regrettably, it is still happening today.

As Malcolm Chisholm said, we do not know where the issue lands. It lands across many portfolios. In the chamber now we have a minister for health and a former cabinet secretary for education. Although I am a back bencher, I am a member of a Justice Committee, as is Margaret Mitchell. I congratulate her on her work as the convener of the cross-party group on adult survivors of childhood sexual abuse, which I know that she brings to the Justice Committee.

I will focus on some things that we have done in legislation. We have talked about justice, and the issue is not just about supporting people. It is about getting justice, a day in court and, I hope, successful prosecutions. Currently we have the Victims and Witnesses (Scotland) Act 2014. From the point at which someone comes into a police station to not just the point at which they give evidence in court or the point at which the accused person is successfully prosecuted and sentenced, but after that, when the person is imprisoned, then released—whether temporarily or on bail or because they have finished their sentence—the 2014 act tries to support the victim, put them at the heart of the judicial process and ensure that they are treated respectfully and sensitively in such cases. The various agencies have moved a long way in that direction, in relation to police training, legal training, the judiciary and beyond. The Parliament brought forward that change.

This week, the Parliament brought into force an EU directive that further strengthens support for witnesses and victims. We did that through a statutory instrument from the Government. That support should be given and has long been missing from the judicial system. Sometimes the victim, who is often the prime witness in a case, was almost a bystander. They were not told what was happening, not engaged with and not supported. That situation has now passed, and I hope that we continue along that path.

I felt that it was important to talk about that part of what we want to be a resolution of sorts for victims of childhood sexual abuse and other abuse.

Margaret Mitchell's Apologies (Scotland) Bill does not deal with remedies in the sense of criminal or civil actions, but at least it will allow apologies to be made. As members know, the committee is very sympathetic to it. The minister has moved, and the propulsion for that has come from Margaret Mitchell's experience in chairing the cross-party group on adult survivors of childhood sexual abuse.

It is important to say that we should not put the issue in a silo. The issue crosses health, education, justice and social justice. It is important to put on record that I do not see it in a silo and that other members do not see it in a silo. We see it as something that is relevant to many of our workings within committees.

17:43

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): I thank Johann Lamont for bringing forward this sensitive but important subject for debate.

I thank members for their thoughtful contributions, and I thank members who have been involved in the work of the cross-party group on adult survivors of childhood sexual abuse. Johann Lamont and Margaret Mitchell are pre-eminent among them, and of course others have been involved over the years. As Michael Russell and the motion set out, the group played a prominent role in developing the national strategy for survivors of childhood abuse, which has been instrumental in raising awareness and improving knowledge of abuse.

I had been due to meet the office bearers of the cross-party group, but I regret that the meeting had to be rearranged—I cannot quite remember what events caused that. I will be happy to meet any member of the cross-party group—indeed, any member of this Parliament—to discuss any issues regarding our approach to childhood sexual abuse, should they request that.

Since 2007, £1.5 million has been invested in the in-care survivors service Scotland and £9 million has been invested in third and voluntary sector organisations that provide a wide range of local services to support all survivors of abuse across Scotland. However, since the survivors strategy was launched 10 years ago, we have learned more about the complex health and wider social needs of survivors, and we know that services must be more responsive to their individual needs. One size does not fit all. We also have more evidence on what services and interventions work well, enabling survivors to thrive and recover in all aspects of their lives.

Our recently published strategic outcomes framework sets out our vision. It builds on the legacy of the 2005 strategy and prioritises our actions to meet survivors' needs. The priorities, which I am sure we all support, include preventing child abuse, enabling and educating Scotland's public service workforce to be trauma informed, and continuously improving the wide range of local support services that provide vital support to survivors every day.

A recently published report by the National Society for the Prevention of Cruelty to Children reveals that one child in eight will report abuse, but we already know the shocking statistic that one child in four is a victim of abuse. Preventing abuse is, therefore, a priority for this Government.

Achieving that will require professionals across all sectors to work together to identify our most vulnerable children and protect them from abuse and the devastating impact that it has regardless of where it has taken place. A national training framework led by NHS Education for Scotland will support that work, ensuring that there is a strategic and consistent standard of training for all those who need it across all the sectors that provide vital support to survivors.

Protecting children from abuse is a duty that is shared among us all as a society. The Cabinet Secretary for Education and Lifelong Learning has made clear that she is committed to improvement in child protection, and she will make a statement to the Parliament early in the new year.

The recent launch of the e-learning resource that was developed in partnership with Roshni, the Scottish Government and NHS Greater Glasgow and Clyde is an example of how organisations are working in partnership to share their expertise and knowledge on this important issue. It is a free online resource that will raise awareness and help to build the skills and knowledge that our workforce needs to support survivors.

I am grateful to the service providers throughout Scotland in the statutory, voluntary and third sectors. The Moira Anderson Foundation in Airdrie, Rape Crisis, which works right across Scotland, and the specialist trauma centres in Lothian and Glasgow are just a few of the organisations that provide a valuable range of services to survivors of childhood abuse regardless of where or how long ago it took place.

Jim Hume: It is fantastic to hear that news about what is going on, but does the minister recognise not only the need for survivors to be able to disclose easily but the need for long-term relationships with counsellors?

Jamie Hepburn: Mr Hume raised that point in his speech. I am just coming to the subject, so I will address his point in a moment.

The services that I mentioned are vital in helping survivors to access the range of support that they so desperately need. That is why, in the past few days, 20 organisations have been notified that they have been successful in securing funding of almost £1 million for innovative partnership projects. I will be happy to provide details to any member who wants them. I hope that the funding for that range of organisations demonstrates that

our approach is not entirely health based or a so-called medical model.

That brings me to the point that Mr Hume made. There is a role for our national health service. He rightly identified some of the challenges that we face in mental health services, and I recognise that we have those challenges. In responding to them, we have invested an additional £100 million over the coming five years into mental health services. We have seen more people being treated through the services that we provide, but I recognise that we have to do more. That £100 million will bring forward a range of services that will offer improvements, including in the area that Mr Hume touched on a moment ago.

We must not forget that, without the dedication and bravery of survivors who have spoken out about their experiences and campaigned relentlessly to have their voices heard, the progress to date could not have been made. Graeme Pearson urged me to listen to the voices of survivors, and of course I assure him that we will always listen and look to respond.

In that regard, there have been some comments about the nature and scope of the inquiry. The original call for an inquiry related to in-care settings, and there was a call to extend it. We have listened to those calls, and the inquiry remit has gone beyond just institutional care to include foster care and other forms of residential care such as independent residential schools.

We would do well to remember that survivors do not always speak with one uniform voice. There are different points of view among survivors, and there are a range of views on the remit of the inquiry and on all the matters that we are discussing today. The remit aims to strike a balance, to seek truth and to address failings, and also to report according to a timescale that is meaningful and acceptable to survivors. Going forward, decisions will be for the chair of the inquiry to make.

I see that I am coming up against the time, so I will move to the final area that I wish to touch on, which is where we go in relation to our funding to support survivors. Over the past year there has been extensive engagement with survivors and the organisations that support them. That has allowed the Scottish Government to take stock of how far we have come and has given us the opportunity to hear survivors' views about the things that matter to them. In May we announced investment of £13.5 million over five years to expand and enhance the current model of support for survivors of in-care childhood abuse.

Mike Russell was absolutely right to mention the need to focus on outcomes for survivors. That is our approach. The support fund is designed

around the personal aspirations and outcomes that survivors wish to see. The fund will enhance and expand the current range of services to give survivors access to the information, resources and support that are important to them in meeting their individual psychological, physical, social, education, employment and housing needs. That list does not represent a medical model of support—it is not an entirely health-based model; it is a model that recognises that the needs of individual survivors will be different and specific to them as individuals.

Margaret Mitchell: Will the minister take an intervention?

Jamie Hepburn: If I have time, Presiding Officer.

The Deputy Presiding Officer: Yes.

Margaret Mitchell: I recognise that the minister is coming to the end of his speech, but I wonder whether he would address specifically the strategy and its future funding.

Jamie Hepburn: I would be happy to discuss that further with the cross-party group. We have made a significant commitment in terms of our support to survivors, and I have just set out a significant increase in funding. I can commit to meeting Ms Mitchell to discuss that further—I would be very happy to do that. That could be a way of moving forward.

The Government's vision is that survivors should have equal access to integrated care, support and treatment resources and services to reduce the impact of the inequalities and disadvantage that they have experienced as a result of abuse. That is why we will continue to develop and invest in the capacity and capability of current services. We will support new approaches for integrating individual needs-based and outcome-focused support and care, which enables survivors to achieve their own personal outcome goals. Survivors have told us that that is what they want; that is what we will seek to deliver.

The Deputy Presiding Officer: Many thanks, minister, and many thanks to you all for taking part in this important debate.

Meeting closed at 17:53.

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