

# **MEETING OF THE PARLIAMENT**

Thursday 21 September 2000

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## Scottish Parliament

*Thursday 21 September 2000*

[THE PRESIDING OFFICER *opened the meeting at 09:30*]

### Arbuthnott Report (NHS Resources)

**The Presiding Officer (Sir David Steel):** Good morning. Our first item of business is a statement by Susan Deacon on the Arbuthnott resource allocation. There will be questions at the end of the statement, so there should be no interventions during it.

09:30

**The Minister for Health and Community Care (Susan Deacon):** I am pleased to have the opportunity to make what I believe is a very important announcement. I realise that we are competing with a number of other important events around the country, but I am grateful for the interest that many members have shown in the issue.

My statement sets out the Executive's plans for the implementation of "Fair Shares for All", the national review of resource allocation for the national health service in Scotland, which is perhaps better known as the Arbuthnott report. On 7 September the final report was published and copies were circulated to all MSPs, so I hope that members will have had the opportunity to consider it.

The Executive is committed to working to improve the lives of the Scottish people—in short, to making a difference. At the heart of our agenda is a determination to improve health, tackle deprivation, promote social justice and improve public services. Yesterday, Jack McConnell demonstrated how the Executive's resources as a whole were being used to achieve those aims. Today, I will set out how we will put record health spending to work to deliver on them.

We have embarked on a major programme of NHS modernisation, which is based on investment and reform. A crucial part of our programme for the NHS is to ensure that resources go where they are most needed.

The Conservative Governments of the 1980s and 1990s refused to acknowledge the link between poverty and ill health. Their legacy to the NHS and the health of the Scottish people was a widening of the gap between the rich and the poor and increasing inequalities in health. Since 1997,

the Labour Government and now the Labour-Liberal Democrat devolved Administration have started to turn that position around. We recognise the link between poverty and ill health and are acting on that recognition. We have abolished the Tory internal market in the NHS. We are putting the NHS together again and building a new partnership with staff and patients. Furthermore, we are backing those commitments with record resources. We know that there is a long way to go to undo the damage of the Tory years, but we have made an important start.

We believe that all the people of Scotland should have access to high-quality modern health services, that access should be equitable and that services should meet local needs. We recognise that poor living conditions, deprivation and living remotely all have an impact on the design, delivery and cost of health care provision. We are determined to ensure that resources are allocated fairly to meet those needs. That is why we want a fairer and better way of distributing the NHS's huge budget in line with need and why the Arbuthnott report is so important.

The formula that is used to allocate NHS resources across Scotland's 15 health boards—the Scottish health authority revenue equalisation formula, or SHARE formula—has been in place since 1977. As that formula is based primarily on population and death rates, it takes only limited account of needs that are reflected in deprivation and remoteness. When he was health minister in the UK Government, Sam Galbraith recognised that the formula needed to be revised. In December 1997 he set up the review group that was chaired by Professor Sir John Arbuthnott.

The first report of that group was published in July 1999. It was widely recognised as innovative and groundbreaking. Extensive consultation and discussion took place following the publication of the first report and I am grateful to all those who contributed to that consultation process—especially the Health and Community Care Committee.

The expert group considered carefully the points that were raised during the consultation and revised its work accordingly. Two weeks ago, Sir John Arbuthnott's final report was published. I was delighted by the positive response that it received. His committee's recommendations are an enormous improvement on the SHARE formula. It is a tribute to the hard and thorough work of Sir John and his team that the report has been so widely praised both in and outwith Scotland. I would like to record my appreciation to the group for its work and I am sure that other members will join me in doing so.

I have on many occasions indicated to the chamber, to the Health and Community Care

Committee and more widely my desire to proceed with early implementation of a revised funding formula. Today I am pleased to be able to set out how and when we will do that.

The Arbuthnott recommendations cover three major groups of activity in the NHS in Scotland. Hospital and community services and general practitioner prescribing currently make up the bulk of the budgets that are allocated to health boards each year. The report recommends that the shares of the resources that go to different health boards must change to reflect better the health boards' relative needs. In particular, a larger share of resources needs to go to areas such as greater Glasgow that suffer from high levels of deprivation, and areas such as the Highlands that must meet additional costs because of their remoteness.

My aim is to implement the recommendations as quickly as is practicable. At the same time, I will fulfil the commitment that I gave last year—and which I have repeated—that every health board will continue to receive real-terms growth in its budget every year for the lifetime of this Administration. It is my aim that all health boards reach their Arbuthnott share within five or six years.

I am pleased to announce that £12 million extra will be allocated to health boards in this financial year to kick-start the process of implementation. Some £6 million of that money will be distributed to every health board in line with its fair share according to the Arbuthnott report. The other £6 million will be distributed to the health boards that the Arbuthnott report says need a larger share than they have.

Furthermore—as Jack McConnell announced yesterday—next year £400 million more cash will be available for health spending in Scotland than was available this year. As a result, I can also announce that in the general hospital and community health and prescribing allocations for next year, every health board will receive at least a 5.5 per cent cash increase—more than twice the rate of inflation. On average, health boards will receive 6.5 per cent more. Health boards that, based on the Arbuthnott review, need a larger share will get significantly more. For example, Greater Glasgow Health Board will receive 7.7 per cent, which will give it a hospital and community health and prescribing budget of £846 million. Those increases are in addition to the £12 million extra for this year that I have just announced. Details of the allocations to each health board are being issued today and a copy will be placed in the Scottish Parliament information centre.

Let me make it clear that health boards will decide the details of how to spend the money—that is their job. However, in doing so, they will rightly be expected to deliver on local and national

priorities such as tackling waiting, reducing health inequalities and improving the experience of being a patient.

As I set out to Parliament in July's debate on NHS modernisation, we are developing a national strategic framework for the NHS in Scotland that will reflect the people's priorities and will ensure that record NHS investment is translated into record improvements for patients. Our Scottish health plan will be published in November and will include revised arrangements for governance and performance management in the NHS in Scotland. That will mean that the NHS will know what is expected of it and that it will be held to account for its actions and decisions, not only on inputs but—crucially—on results.

The Arbuthnott report recommended that we should take more time to implement its recommendations on general medical services. I accept that recommendation. It is particularly important to get that right because primary care is the key to developing services that are focused on patients and, in particular, to delivering better and more joined-up care for older people. I will announce more on that in a few weeks. I will discuss with the NHS how best to implement fully that part of the report's recommendations.

Those recommendations must also be put into effect to complement our ambitious programme of development of primary care services across Scotland, which will ensure that everyone has access to the GP and primary care services that they need. Meanwhile, I propose to start by skewing the increases of the part of the general medical services allocation that covers GPs' premises and information technology equipment to ensure that the health boards that need a larger share of that money will begin to move in the right direction.

It is vital that the new funding formula remains up to date and able to take account of additional information as it becomes available. On the other hand, it would be disruptive to make major changes to the formula too frequently. In line with the recommendation of Sir John Arbuthnott's group, I intend, therefore, to keep the formula under review and we will undertake a major updating of the data that underpin the formula every five years or so.

Finally, I will say something about the rest of the health budget. The allocations that I am announcing today are a big part of the health budget. The sum that is covered by the formula-based allocation represents more than £4.4 billion of a total cash health budget for next year of £5.8 billion. I am determined that that entire budget will be used to best effect to meet the health needs of the Scottish people. The Scottish health plan that I will publish later this year will give clear direction

on how health and health-related services will develop. It will show how we will assess and manage performance and how the unprecedented resources that we are investing will be translated into real benefits for the people of Scotland.

I believe that, by beginning today the implementation of the Arbuthnott review—by putting in place a better, fairer funding formula that is linked to need—we are laying one of the foundation stones for the NHS in Scotland in the 21<sup>st</sup> century. It is a distinctive Scottish solution that will meet distinctive Scottish needs. I am sure that Parliament will welcome it.

**The Presiding Officer:** Many members want to ask questions, but I remind everyone that we are about to embark on a health debate in which, again, many members wish to speak. Let us have short, sharp questions and exchanges this morning.

**Kay Ullrich (West of Scotland) (SNP):** I thank the minister for her statement and welcome today's announcement. At long last, after 20 years of Government inaction, we have an acknowledgement of the undoubted link between poverty and poor health. With the Arbuthnott formula, a start has been made on addressing that situation.

However, does the minister accept that it is but a small step? Will she confirm that the funding that will be redistributed amounts to only 1.2 per cent of the health service budget? Given the small amount that is involved, what impact does the minister think will be made on addressing deprivation and ill health, particularly as the gap between rich and poor continues to widen? Given that, by its nature, redistribution means that there are losers as well as winners, what systems will she put in place to ensure that there is no detrimental effect on health service delivery in areas from which funding has been diverted?

**Susan Deacon:** I am pleased that Kay Ullrich welcomes the Arbuthnott report and our decision to implement it. I am also pleased that she has joined me in acknowledging the link between poverty and ill health. I am always pleased to find areas of common ground where we can move forward together. It is a pity, however, that there was a grudging tone in some of her other comments. Nevertheless, I am pleased to answer the questions that Kay Ullrich raised.

There is no question that anybody will lose out as a consequence of the changes. As I made clear in my statement—which is backed up by the specific figures for funding next year that I announced today—every health board in Scotland is getting real-terms growth. Every health board area will experience one of the biggest increases in spend in many a long year. The Arbuthnott

review looks at shifts in shares and relative needs across the country. That can only be a good and fair thing.

Kay Ullrich makes an important point when she asks how we can ensure that the additional resources and the changes that are being made to the funding formula translate into action on the ground to meet need effectively and to tackle poverty and deprivation. Using the range of measures that the Executive is taking, we are proceeding to ensure that that happens. That is particularly so in the work that we are doing with the NHS: increasing the emphasis on addressing and reducing health inequalities; ensuring that health boards work to tackle social exclusion; and ensuring that health boards and NHS bodies work in partnership with other organisations to address particularly the needs of poorer communities.

In the health debate that follows this statement, we will hear more about some of the work that is going on throughout the country. However, I assure the chamber that, in all our work during the lifetime of this Administration—including the work that is put into the health plan that will be published in November—we will seek to ensure that we get better at addressing the needs of all Scotland. That will be not only at national level, but at local level—it will happen particularly in rural areas and in our most deprived communities. That is an important step in the right direction.

**Mary Scanlon (Highlands and Islands) (Con):** I also welcome today's statement, but it is unfortunate that the minister did not have the courtesy and good will to bring the final report before the Health and Community Care Committee. Across the parties, the committee's members have recognised the problems that are mentioned in the Arbuthnott report and have worked well together in taking the work forward.

I have two questions. First, given the pressure on health boards and trusts to reduce waiting lists and times, to prepare for winter pressures, to alleviate bed blocking, to alleviate financial deficits and to make efficiency savings, how can the minister be sure that the funds that will be reallocated will tackle poverty and deprivation?

Secondly—I refer to the table on page 55 of the final Arbuthnott report—given that the Highlands is a net beneficiary of the Arbuthnott recommendations, what impact will the 7.7 per cent reduction in the share of cash-limited and non-cash-limited general medical services have, particularly on the potential number of general practitioners?

**Susan Deacon:** As I indicated in my statement, I am pleased that the Health and Community Care Committee played a full part in the discussion on the Arbuthnott report. I invited the committee to

take part in the initial consultation exercise. The fact that the work has taken two and a bit years to develop—during which time a wide range of organisations and individuals and the Health and Community Care Committee contributed to the process—shows how much involvement and consultation there has been. The final report of the Arbuthnott review was published two weeks ago. What is being announced today is how the Executive will take that forward—that is the right and proper way to proceed.

Mary Scanlon talked about the pressure on health boards to reduce waiting lists and times and the pressure to prepare for winter. I do not think that what we are doing is about putting pressure on anybody. It is about ensuring that the health service does the job that it exists to do. It is about ensuring that the health service delivers on the priorities that patients have identified, such as waiting for a shorter time at every stage of their journey through the system and being sure that the health service is prepared when winter hits.

We have put our money where our mouth is by putting record investment into the national health service. At national level, we have developed and driven a wide range of measures for effective planning and co-ordination. It is now down to the NHS locally to ensure that that money is put to work for the good of people throughout Scotland. That includes the Highlands, which will reap the benefits of a fairer share of resources as a consequence of the review. There is no question that the increased resources will translate into the reductions that Mary Scanlon suggests. Decisions on local service provision will continue to be taken locally, but within the context of the record spend that is available locally.

**Mrs Margaret Smith (Edinburgh West) (LD):** I welcome the review. The debate that we will have later this morning will show clearly the need for the review and for a move away from the SHARE formula that has been in place for 20 years. I also welcome the minister's comments on the substantial real-terms growth behind the review. I echo her thanks to Sir John Arbuthnott and his review team for their substantial, detailed and complex work.

I also welcome the minister's recognition of the substantial work that was carried out by my colleagues on the Health and Community Care Committee on a complex report—I thank them for that.

I am, however, sorry to have formally to lodge a sour note on behalf of all the members of that committee. It would have been useful to the committee—as the only other members of the Scottish Parliament who are in the midst of on-going work on the Arbuthnott report—to have prior sight of the final report, rather than to have

received it on the same day as other members. We were asked to comment on the report because we have been—and are still—involved in work on it.

However, I welcome the substantial document. I am pleased that every five years there will be a major updating of the data that underpin the formula, because gaps in the data were pointed out.

**The Presiding Officer:** Can we have a question at some point?

**Mrs Smith:** What is planned for the update? How will that fit into the on-going budgeting procedure? Will there be a technical report that will show health boards and others how the shares of the budget have been arrived at?

**Susan Deacon:** I shall address Margaret Smith's comments on the Health and Community Care Committee first. Like her, I do not think that something that is as positive and generally welcomed as my announcement should have a sour note attached to it. I stress the full part that the Health and Community Care Committee played in the review—its contribution is reflected in the final report. Sir John and his group have acknowledged many of the points that the committee raised. The established procedure—that there ought to be simultaneous notification of reports—was followed and the convener of the Health and Community Care Committee was given a copy of the final report a day before other members. However, I am always willing to explore ways in which we can improve and develop the procedure. We will continue to do so.

On giving technical advice and information to health boards, I stress that a great deal of constructive discussion has taken place with health boards during the review and consultation. Several health boards want to examine the way in which the review has been carried out, to determine whether lessons can be learned about how they allocate resources to meet local needs. That work will be taken forward.

Although earlier I waved in the air the short summary of the final report, members will be aware that there is a full report that sets out in detail—both globally and health board by health board—how decisions on shares have been reached. Dialogue continues with local health boards, which will provide a further explanation of where resources are required.

I am pleased that Margaret Smith welcomed the announcement. We aim to strike a balance. We must ensure that we create stability and certainty while we enable the health service to plan effectively by making future funding arrangements known and—given that we will be using a new, innovative and groundbreaking formula—we must



continue to be willing to learn, to review and to update as necessary. The measures that I set out in my statement strike that balance effectively.

**The Presiding Officer:** I can call only a small proportion of members who want to ask questions, so I shall give priority to those who are not seeking to speak in the later debate.

**Rhoda Grant (Highlands and Islands) (Lab):** I also welcome the minister's announcement. She said that the measures that have been announced should tackle inequalities. Can she confirm that the funding should be used to expand health care services in rural communities?

**Susan Deacon:** It is significant that we have taken a major step forward nationally in recognising that the needs of rural and remote communities are different. That is reflected in the way that shares have been drawn up, so that an area such as the Highlands has a share of resources that reflects the fact that it is often more difficult, complicated and expensive to deliver health care to small rural communities throughout sparsely populated areas.

It is, of course, for local health boards and trusts to consider how to put those resources to practical use. I am pleased that nationally, we are driving forward a co-ordinated approach throughout Scotland through the remote and rural areas initiative, in which best practice is shared between remote and rural areas. We are exploring the ways in which telemedicine can be employed effectively to ensure equity and improve access to health care throughout Scotland.

I hope that the combination of additional Government investment, additional co-ordination, sharing of best practice throughout the country and—I hope—additional effort and work on the part of local health boards and trusts to meet the needs of local communities will provide demonstrable results for patients in rural Scotland.

**Ben Wallace (North-East Scotland) (Con):** On a point of order. The statement and the report are important. The report is complex and members of the Health and Community Care Committee have spent a considerable time examining it. It will, I hope, become policy very quickly. Given those facts, I ask for more time to ask questions. The debate that follows this is important, but members who have studied the report for hours in committee and know its technical details should be permitted to ask questions regardless of whether they will speak in the debate.

**The Presiding Officer:** That is at my discretion. The problem is that many members want to speak in the health debate, but if the statement runs beyond 10.00 am, some will be unable to. I am in the hands of the chamber—I may let the statement overrun a little. It will help to have shorter

questions.

**Richard Lochhead (North-East Scotland) (SNP):** In Grampian there is a perception that the poverty indicators that underpin the funding distribution formula in the Arbuthnott report discriminate against the region because it is perceived to be wealthy. However, there are as many pockets of poverty in Grampian as there are elsewhere and the demands on the NHS are just as great. Does the minister accept that the indicators discriminate against Grampian and that it will not get its fair share under the new formula?

**Susan Deacon:** I disagree with Richard Lochhead's assertion. The essence of the exercise is to put in place a fair and transparent arrangement for allocating shares of resources. Richard Lochhead used the word "perception". Allocations in the formula are based not on perceptions but on hard data, robust methodology and statistical analysis. I refer members to either the full report or the summary—they both contain analyses of how the formula and the indicators have been applied to health board areas. Members will be able to see that that has been done fairly.

Next year Grampian will have a 5.5 per cent budget increase in cash terms, which equates to some £21 million. Grampian Health Board and every other health board will benefit from today's announcement.

**Maureen Macmillan (Highlands and Islands) (Lab):** I thank the minister for her statement. There is a perception in the more remote rural areas that those areas are threatened with loss of services, but I welcome the minister's commitment on that matter. What monitoring will be put in place to ensure that the funding is used to expand services in communities and what criteria will be used in that monitoring?

**Susan Deacon:** As I indicated in the statement, the methods of monitoring and performance management of the NHS in Scotland are under review. There is widespread recognition in the Executive and the NHS that there must be greater clarification of roles and responsibilities throughout the service and of local accountability and how the service will be measured against that. As I said, we intend to make explicit in the Scottish health plan in November the revised arrangements for performance management. That will be the mechanism by which we will ensure that the right balance is struck between national co-ordination, direction and investment and local determination of local needs.

**Robert Brown (Glasgow) (LD):** I welcome the additional resources that will be brought to deprived areas by the Arbuthnott recommendations. Does the minister accept that

access to high-quality, modern health services requires a new, centrally located south Glasgow hospital to replace the Victorian buildings of the Southern General hospital? Will she guarantee that Greater Glasgow Health Board will be given sufficient resources to fund such a hospital without detriment to other services, not least because of the background of historic underfunding of Glasgow—especially south Glasgow?

**Susan Deacon:** I am sure that Robert Brown will join me in welcoming the fact that the GGHB will receive £60.6 million more next year than it will this year. It will be for the GGHB, in the course of its current review of acute services, to consider how best to put those resources to work and how best to ensure that the services provided for the people of Glasgow are genuinely modern and accessible.

I do not want to prejudge the outcome of the current deliberations in Glasgow, which I know that many members, including Robert Brown, have contributed to at a local level. However, if we are to have a health service that meets the needs of the people of Scotland—not only now, but in the future—we must be willing to review and to change. We have to accept that it is not only about investment and money; it is ultimately about quality. It is about ensuring that the highest-quality services are in place and about embracing effectively new technology and modern medicine. We have to provide the right balance between specialised facilities and local access. Those are the issues that the GGHB is grappling with—I wish it well.

**Margaret Jamieson (Kilmarnock and Loudoun) (Lab):** I welcome the minister's statement. What assurances can she give that the principles in the Arbuthnott report will be applied in health board areas such as Ayrshire and Arran? East Ayrshire, for example, has been identified as having high levels of poor health for many years.

**Susan Deacon:** Again, I am pleased to point out an increase: Ayrshire and Arran will receive a 7.5 per cent increase in its budget next year. Margaret Jamieson has touched on a point that other members have mentioned. Communities and the needs and health of those communities vary greatly in every health board area. We must get the national allocation and the national strategic direction of the NHS right, but I agree that it is important that we translate that into results on the ground. In the priorities and planning guidance to the NHS in Scotland, increasing emphasis has been placed over the past couple of years on reducing health inequalities and on tackling social exclusion. I assure members that we will continue to do that and that that will be reflected in the Scottish health plan that will be published in November. I hope that we will, as a consequence,

continue to address needs wherever they arise in Scotland.

**Ben Wallace:** I welcome the minister's statement and acknowledge the noble aims of the report. However, the report is good only as long as the equations and statistics that go into it are correct and produce the right results. I have some specific questions for the minister.

**The Presiding Officer:** Do not ask many, please—just one or two.

**Ben Wallace:** The minister talked about performance-related pay for management in health boards, which is a good idea. However—and this question was asked a number of times in the Health and Community Care Committee—does not the minister recognise that the equation that has been used does nothing to reward good practice or best value? The result will be that, in the long term, some health boards may have a disincentive to continue some of their good practice. Does she recognise that general practitioners in rural areas such as Grampian undertake a bigger role in their communities than their urban colleagues? As a result, the equation that is used will have a more severe effect on services in rural areas than the report might have originally intended.

**Richard Lochhead:** This is a speech.

**Ben Wallace:** I did not hear who said that, but this is not a speech.

Will the minister assist members on a technical point? The Arbuthnott report is complicated, so will the minister publish tables that can be compared with the ones in the original short guide, page 17 of which talks about the changes in resources for each health board? That would allow us to see clearly how the Health and Community Care Committee's input affected the final report.

**Susan Deacon:** Ben Wallace has raised a number of questions that it will be impossible for me to do justice to in the time available. I am, however, pleased that he regards my intentions as "noble"—that is the first time that I have been described in that way in the chamber and, possibly, the last.

A number of the questions that Ben Wallace asks are addressed in the full report. If we study the report carefully and look back over the first report as well as the report of the Health and Community Care Committee, it is clear where points have been taken on board. For example, the Health and Community Care Committee rightly and powerfully made the point that there needed to be greater simplification and transparency in the formula so that it could be seen to be fair and be understood more readily. That is a difficult balance to strike, because the report employs a fairly

complex statistical methodology. However, the final report has met that challenge much more effectively than did the first report.

It is important to recognise what the Arbuthnott review is and is not. It is a significant and groundbreaking move towards fairer funding allocation for the NHS in Scotland. It does not—and should not—address the wider aspects of how resources are used, how the service is performance-managed, how to get best value and how to reward better performance. Those elements are dealt with using other tools, including some that I have mentioned today and some to which Ben Wallace referred. It is important to consider Arbuthnott in the round.

As I indicated briefly in my statement, alongside the Arbuthnott review, I am determined to ensure that we continue to work with the medical profession and the NHS to ensure that everyone in Scotland has access to GP services and other primary care services. Sadly, in parts of Scotland—in some rural areas and some of our most deprived communities—that is still not the case. In some areas we are developing salaried service to fill those gaps. I want to explore how we can continue to do that effectively in the years ahead.

**Mr John McAllion (Dundee East) (Lab):** I, too, welcome the minister's noble statement. Does she agree that such a statement would not have been made had Scotland remained under the heel of a Tory Government in Westminster?

Now we have clear evidence of the massive impact of the misuse of drugs on disadvantaged communities. Hospital admissions for drug misuse in those areas are many times higher than they are in better-off areas. Did the Arbuthnott group take such evidence into consideration in reaching its conclusions? If not, is there any way that such evidence could be factored in before the five-year review to which the minister referred?

**Susan Deacon:** The short answer to John McAllion's question is yes, that was considered in the course of the Arbuthnott review. The Scottish Advisory Committee on Drug Misuse is considering how that work can be progressed more effectively.

I draw members' attention to part of the financial statement that was made by Jack McConnell, which indicated a substantial additional investment across the Executive into drugs treatment and rehabilitation. The NHS will play its full part in that. In stark contrast to previous Conservative Governments, we are tackling the root causes of ill health—notably poverty and deprivation—not only through health policy, but in all our work. Our measures to tackle drug misuse, which is most prevalent in our deprived communities, are a

central plank of that work.

**Mr Duncan Hamilton (Highlands and Islands) (SNP):** I want to pick up on two answers that the minister did not give. On the question of winners and losers in the reallocation, is she aware that although she expressed displeasure at Kay Ullrich's use of that phrase, it was Donald Dewar who used the term at First Minister's questions? Perhaps the minister should take that up with him.

The minister did not answer Kay Ullrich's substantive question. Will the minister confirm that the reallocation amounts to only 1.2 per cent of the overall health allocation? If not, will the minister tell us the exact figure?

We need to hear more from the minister on what she wants to do at local level—her answers to Margaret Jamieson and Mary Scanlon were not full enough. It is not good enough to say that that is a matter for health boards and that the Executive washes its hands of all responsibility. If we are to see effective change, I want to hear from the minister what mechanisms for monitoring are in place and what the Executive will do to ensure that those changes are pushed through.

**Susan Deacon:** I have addressed Duncan Hamilton's last point in some detail this morning. I have set out clearly the work that has been done and the work that is in train to review and revise the performance management, accountability and governance framework within which the NHS in Scotland operates. If Duncan Hamilton has any doubt about that, I ask him to read the *Official Report* of my statement and answers to questions today, and that of my comments in the NHS modernisation debate on 6 July. He might also care to read my responses to many questions that have been put during the past year. I repeat that the Scottish health plan that will be published in November is the point at which matters will be set out in full. A great deal of work has gone on, and is going on, in that area.

I am concerned, and not for the first time, that Duncan Hamilton focuses on semantics, but not on the substance of what is being done. It is a fact that no health board area will lose as a result of the combined effects of the implementation of a fairer funding formula and record additional growth in the NHS. In the interests of time, I will say no more on that, but simply refer members to the numbers in the report and those in the allocations that I have set out today and in Jack McConnell's statement yesterday—they speak for themselves.

**The Presiding Officer:** I apologise to those whom I have not called, but Patricia Ferguson and I looked carefully this morning at the large number of members who want to speak in the debate and we agreed that we should not allow the statement to run on too long. I have already done that.

## Public Health

**The Presiding Officer (Sir David Steel):** We move to the debate on public health on motion S1M-1196, in the name of Susan Deacon, and the two amendments to that motion. I invite those who wish to speak in the debate to press their request-to-speak buttons now.

10:11

**The Minister for Health and Community Care (Susan Deacon):** There is a clear connection between this debate and the previous discussion, and I hope that we will build on some of the points that were raised in that discussion during this debate.

I have said before, and I make no apology for repeating it, that there is no greater challenge and no greater opportunity in a devolved Scotland than to improve the health of the nation. That was the subject of the first debate of the first session of this first Scottish Parliament. It is fitting that, a year on, we consider our progress.

A year ago, we pledged to make a difference. Now we can see action to deliver on that promise. Today, I call for partnership and resolve to build on that effort to improve the health of Scotland.

Last May, Labour and the Liberal Democrats pledged in our partnership agreement that promoting better health would be a key priority for this Executive. We endorsed the policy framework in the white paper "Towards a Healthier Scotland", together with the Scottish national diet action plan and the tobacco and drugs strategies. I am pleased that this Parliament endorsed that approach last year and called upon the Executive to work in partnership to improve health in Scotland.

We have worked tirelessly since then to do just that, and I will set out today just some of the work that has been done. But I do not want this debate just to be about what Government is doing. I want us all to think about why health matters, about the challenges that remain and about what more we—all of us, as politicians, as Scots, as citizens inside and outside this chamber—can do to rise to these challenges.

Health matters to us as individuals, as parents and as carers. Health matters to families, to communities and to our nation as a whole, because good health and well-being—not simply the absence of disease—enables people to fulfil their potential and enhances their quality of life. It is about our children growing up strong and healthy. It is about our older people having not just longer life, but a better life. Health is a

fundamental part of our commitment to social justice, to improving people's lives and to building a healthy and competitive Scotland.

What does Scotland's health record look like? In short, there are big challenges and there are signs of progress. Let me give some of the facts. In doing that, I will quote from the chief medical officer's latest annual report, "1999: Health in Scotland". But before I do, I want to say a word in recognition of the chief medical officer himself.

As members may be aware, Professor Sir David Carter retires later this year. I am sure that all members will join me in paying tribute to him and thanking him for the enormous contribution that he has made to Scotland's health over the past four years. I am personally very grateful for the support that he has given me during my time as Minister for Health and Community Care. He will be succeeded by Dr Mac Armstrong, whose appointment was announced earlier this month. I am sure that we all wish him well, too.

The report mentioned in our motion—Sir David's last report—talks about progress and challenges and tells us that more than 14 years of sustained effort has reduced deaths from cancer by 15 per cent and coronary heart disease by 40 per cent. However, it also tells us that there is more to do in the fight against Scotland's big killer diseases.

We can welcome the fact that infant mortality in Scotland is at its lowest ever level. However, baby girls in poor neighbourhoods can expect their lives to be four years shorter on average, and baby boys six years shorter, than babies in the most affluent neighbourhoods.

It is good news that fewer adults are smoking. However, the report also tells us that almost one in five girls in primary 7 smoke—up by more than half from a decade ago. The nation's diet also shows signs of improvement. More children are eating fruit, vegetables, salads, pasta or rice every day. However, diet is still unbalanced in many areas.

Those are some of the facts from Sir David's detailed account. I commend the report to the chamber. I am pleased that we will soon be able to add to that the data from the new Scottish health survey, which is due out before the end of the year.

The facts are there, but no printed page and no speech in the debating chamber can bring the facts to life as much as our being out there in our constituencies and in Scotland's communities. I see things there—I am sure that we all do—that bring home to me the reality of what good health allows people to do. In turn, however, I also see the terrible reality of poor health: the sheer waste of human potential and the denial of opportunity.

As we have discussed already this morning, the reality is that health is linked to life circumstances. Yes, it is also about lifestyles—diet, exercise and good relationships—but poverty and ill health are linked. That link was ignored for far too long in Scotland. That is no longer the case. Tackling the root causes of ill health—poverty, poor housing and lack of economic or educational opportunity—is at the heart of all our work in government, not just in health policy. We know that to improve health, we have to tackle poverty. We know that to reduce inequalities in health, we must reduce inequalities in society.

I am pleased that the chief medical officer has said:

“We have an Executive which has firmly and decisively acknowledged the health gap between rich and poor.”

I am determined that we should continue to acknowledge and act on that gap, which is why my statement earlier this morning is important. Introducing the Arbutnott recommendations takes us a big step towards a new, fairer national health service funding formula. The way that we distribute funds will fully recognise the influence of deprivation and the needs of remote and rural areas.

**Des McNulty (Clydebank and Milngavie (Lab):** I very much agree with the minister on the need to take account of deprivation in the process of allocating health resources. However, if we are to achieve successful outcomes in the wider framework of public health, health indicators show that we need to target resources in local government and economic development across the range of government functions.

My constituency has one of the highest levels of infant mortality in Scotland. Other health indicators show poor results there as well. If we are to achieve positive health outcomes and the other social outcomes that go with tackling those problems effectively, it is not just health expenditure that needs to be considered, but various forms of expenditure.

**Susan Deacon:** I agree absolutely with Des McNulty's point. I can assure him that my colleagues throughout the Executive are considering how all the resources that we put to work across Scotland can be used to tackle deprivation effectively. Of course, I have a particular responsibility to ensure that that is done effectively within the NHS. However, the NHS's capacity to work effectively in partnership with local authorities, voluntary organisations, social inclusion partnerships and many others will determine how effective they in turn can be.

At a national level, we have demonstrated our commitment to that area. Indeed, we have given increased impetus to it by fulfilling our pledge to

create a health improvement fund. It is significant that although that fund is NHS money that is being channelled through local health boards, much of it will be targeted towards multi-agency projects and work that will be done jointly by the NHS and other bodies. An unprecedented £26 million package of investment is being funded from the entire Scottish allocation of revenues from the tax on tobacco.

On top of that package, we are investing £15 million in our major national health demonstration projects, which will provide test beds for action for the whole country. Again, those projects have been developed on a holistic, multi-agency basis and will consider how action can be taken to improve health on all fronts. I am pleased to say that the Have a Heart Paisley project, which is devoted to preventing coronary heart disease across a broad range of fronts, will be launched next week—in Paisley, as members might guess. The demonstration projects on children's health and sexual health will follow soon.

We are working on more initiatives, such as the new national physical activity task force, which will be launched early in the new year. Arrangements are also in hand for the appointment a national co-ordinator to drive forward work on improving the nation's diet.

Partnership is the key to success of all of our efforts: partnership within government; partnership between organisations such as the NHS, local authorities, schools and voluntary organisations; partnership with communities; and partnership with the Scottish people themselves.

Some important steps towards partnership were set out in the “Review of the Public Health Function in Scotland”, which was led by Sir David Carter and published in December. The document laid the groundwork for significant changes and suggested new approaches, which we are introducing, such as building health boards into public health organisations, creating managed public health networks along the lines of managed clinical networks, reviewing the role of public health nurses and establishing the public health institute.

Backed by £1 million from the health improvement fund, the new institute will bring focus and drive to the many strands of public health activity. As I said in July when we committed ourselves to establishing the institute, its task is to make Scotland an example of what can be done. Scotland will be a case study in what needs to be done no longer. I am pleased to confirm that the new director will be appointed shortly and I look forward to the institute getting down to work at an early date.

As I have said before, as well as doing more and spending more to improve health, we must

constantly strive to do better. We must act on the best evidence, make the most effective interventions, learn from others and share what we have learned.

I am pleased that Scotland has played a leading part in the joint ministerial committee on health, which brings together the devolved Administrations and the UK Government.

We are making important contacts further afield. I visited Finland earlier in the year and on Monday I met the European Community health commissioner, David Byrne, in Brussels. We had a useful and constructive discussion on how Scotland could contribute to and benefit from collaborative efforts to improve health on the European stage. This week I also met a range of non-governmental organisations and health experts from France and Finland. As well as learning from them, I was also pleased to be able to set out some of the groundbreaking work that is under way in Scotland.

These are two-way contacts and I am particularly pleased that a leading Finnish health expert, Erkki Vartianinen, will come to Scotland soon on a visiting fellowship. He will work with Scottish researchers and health boards on ways of tackling heart disease. As many members know, Finland has been highly successful in that area.

We held our first ever Healthy Scotland convention in July, which will be an annual event that brings together the full range of people who are working to improve our health. Side by side with Government, health and education professionals will sit alongside employers and trade unions, voluntary organisations and charities. They will come together to address a common goal, because that is as it must be if we are to be effective.

Closer to home, the Executive is taking action too. We have restructured the health department to integrate public health and the management of the NHS in Scotland, and we are forging closer working, policy development and spending plans across the Executive to improve health together.

We are creating the structures and the networks and we must continue to build on that work at a local level. I will give an example of how that is happening on the ground. The health care professionals who work in the new local health care co-operatives are the people for whom all the statistics that I have quoted become the daily, often heartbreaking, reality.

It is understandable that we talk a great deal about what goes on in Scotland's hospitals during our debates on the health service. However, we must remember that 90 per cent of contacts with the health service begin and end in primary care settings, with general practitioners, health visitors,

midwives, pharmacists, community physiotherapists and occupational therapists, social workers and many others who work day in, day out to deliver better health and better health care in our communities.

The new LHCCs are crucial to the NHS's contribution to improved health at local level. LHCCs give us a local focus for primary health care, involving local authority services, voluntary groups and, most important, the community itself. That new way of working is enabling and empowering people to come together, not just to deliver services, but to assess and address the needs of the community itself.

We can learn lessons from such working patterns and apply them more widely. People can come together across traditional institutional boundaries to deliver services now and to play a key joint role in determining how resources should be invested in the future.

To deliver action and results on the ground we must help everyone into health, from children and young people through to adults during their working lives and as they get older. We need to help them not just in hospitals and clinics, but where they spend their lives: at home, in classrooms, in the community and in the workplace. Health starts at birth and even before. Children must get the best start in life, and I want us to reduce the numbers of low birth-weight children born in Scotland.

We are increasing support for health in the early years and will continue to do so. The health improvement fund is already being put to work, providing practical measures to make a difference. It is providing fresh fruit to infants to improve their diet, a new educational media campaign to promote better child and family health, and expanded health service support through sure start Scotland.

As children and young people develop, they need support that is shaped to meet their needs. We are investing to provide that support, through a major expansion of school breakfast clubs, starting with schools in deprived areas. We are providing more fruit and salad bars in schools, building on work in new community schools. We are introducing measures to reduce suicide among young people, particularly young men. We will also be creating a sexual health strategy and providing more support for advice services for young people, together with our national demonstration project Healthy Respect.

**Fiona McLeod (West of Scotland) (SNP):** Although the minister is describing the support that will be made available to young people at the places where they need that support, can she confirm that the number of school nurses in

Scotland is falling? School nurses provide an important point of contact with the nursing profession for young people.

**Susan Deacon:** I recognise the value of the work that school nurses do and I am pleased to confirm that a review of the public health nursing function is currently under way. That review is specifically examining the role of school nurses as well as that of health visitors and other community-based nurses, and I expect it to be completed within the next few months. It will greatly inform our work in this area and our investment and resource decisions.

The other thing that has informed our policy in this area is talking to young people themselves. I had my eyes opened wide at an event that I attended earlier this year, when I heard from young people who had conducted structured research together with health boards throughout the country. They set out what they felt they needed from the health service but were not getting at present. Much of what they asked for was real, practical and deliverable. I am pleased that part of our work will now be to develop what those young people told us. That includes improving accessible and relevant health delivery in schools.

It is important to attempt to reduce rates of teenage smoking. That is one of the health improvement fund's priorities. We are placing particular emphasis on the increasing number of girls who smoke and on young people in our poorest communities. It is important to invest in young people's health. A balanced, healthy lifestyle early in life is the key to health and well-being in later years.

We are also supporting health for adults during their working years. We are doubling investment to £2 million a year for the NHS to help people to give up smoking, focusing that help on those living on low incomes. We are developing a new role and giving new investment to the NHS to improve occupational health in the workplace. I recently met representatives of the Royal Society for the Prevention of Accidents and the Health and Safety Executive to consider how to develop that work. We are harnessing advances in cervical screening to reduce the need for stressful repeat visits. Those are all practical measures based on prevention, not just on cure.

**Mr Duncan Hamilton (Highlands and Islands) (SNP):** I want to pick up on the point that the minister was making about preventing people from smoking. What is the latest legal advice that she has on the possibility of banning advertising of cigarettes?

**Susan Deacon:** We are awaiting a ruling from the European Court of Justice on that matter, and I

will make a full statement once we have received the ruling. We remain committed to moving forward with the banning of tobacco advertising as soon as possible.

In the couple of minutes that I have remaining, I would like to run through some of the other work that is under way. That includes a major flu immunisation campaign, covering 780,000 Scots aged 65 and over, and plans to extend breast screening to older women up to the age of 70, providing that service to an additional 79,000 women.

We will say more about our support for older people in the weeks ahead. We must constantly bear it in mind that Scots are living longer and that we need to build quality into those extra years. I want that principle to underpin all that we do for older people, in the NHS and beyond.

I want also to say something about oral and dental health. That issue has been raised before in this chamber and is, rightly, a priority for the Executive. Sadly, the dental health of our children is poor. More than half of five-year-olds still have signs of dental disease. That figure is worse where deprivation is greatest. That is why in our programme for government we committed ourselves to taking steps to improve the nation's dental and oral health, particularly among children. Those steps were to include a wide-ranging consultation on fluoridation.

We are driving ahead on that commitment, ploughing resources and effort into this crucial area of public health. Through the health improvement fund, we will provide free toothpaste and toothbrushes to 100,000 Scots children by 2001. An additional £1 million has been made available this year to help provide fissure sealants for the very young. Dental and oral health is also a key element of the Starting Well national health demonstration project. Other measures include the development of co-ordinated community programmes targeted at pre-school children and parents, and the launch of an action plan for dental services in Scotland. All that, linked to our programmes on diet and lifestyle improvement, will help to galvanise our push for better oral health.

I want to maintain the momentum and to ensure that people are able to contribute to this important discussion. Water fluoridation is a sensitive issue that crops up repeatedly in our mailbags. People on both sides of the argument have strongly held views, views that are held with real conviction. That is why we committed ourselves to a widespread consultation on the topic, which we will carry out. First, however, we await the publication of the scientific review of fluoride and health by the NHS Centre for Reviews and Dissemination at York University, which will inform discussion of the issue.

It is important that the debate on oral health is not eclipsed by the issue of water fluoridation. A cluster of approaches is needed if we are to secure lasting gains. That is why early in the new year I plan to issue a wide-ranging document on children's oral health. I hope that that will allow us to build a consensus on how best to take forward measures in this area. The document will describe what we are currently doing and seek views on further measures that might be taken. It will set out impartially options for fluoridation of the public water supply, but will also explore other options such as fluoride tablets and fluoridated drinks. I hope that the document will act as a focus for debate, that it will be widely circulated and that we will be able to have a mature and constructive debate on this important issue.

I believe that in the past year we have devoted more time, energy and resources than ever before to tackling the root causes of ill health and to improving the health of the people of Scotland. A great deal has been done, but much more remains to do. I pay tribute to the individuals and organisations that have joined with us in this drive. I ask all members to continue to work together to tackle the most important issue on which we could possibly deliver results—not just for us, not just even for our children, but for our children's children.

I move,

That the Parliament notes the challenges and progress described in the Chief Medical Officer's report 1999: Health in Scotland; welcomes the fact that the Scottish Executive is now leading and supporting the biggest ever drive to improve health and tackle health inequalities, and values the contribution of local authorities, voluntary and community organisations and others working in partnership with health professionals and the NHS to improve the health of the people of Scotland.

10:34

**Kay Ullrich (West of Scotland) (SNP):** Members will recall that, when we last debated public health just over a year ago, the SNP did not lodge an amendment to the Executive motion. I felt then, as I do now, that improving Scotland's dreadful health record was too important to be subject to knee-jerk party political posturing—the “everything that we say is right and everything that they say is wrong” approach. Today, members will have noted that we have lodged an amendment, which attempts to tone down the self-congratulatory nature of the Executive motion. I always feel that a little humility goes a long way.

I hope that the minister will view the amendment as positive and supportive; that is the spirit in which it is offered. There is no one in the chamber who does not want to see an end to Scotland bumping around at the bottom of the European health league table. To change that situation, we

must accept that no political party has all the answers to the continued poor health that is experienced by so many of Scotland's people. We must acknowledge that no political party will be able to show the electorate results in health improvement by the end of a four-year term of government. It will take at least a decade of concentrated effort before real—and, it is to be hoped, permanent—change can be effected.

When it comes to the public health agenda, the elected members of the Parliament must listen to one other. We must put aside short-term party interest and pull together for the long haul, because that is what it will be. That is the only way in which we will be able to effect positive change in Scotland's health record.

At long last, the link between poverty and ill health is being recognised; that is a great step forward. A start—small, but in the right direction—has been made today with Arbutnott. Kay Ullrich is giving the minister an E for effort. Do not worry—that mark did not come from the Scottish Qualifications Authority.

For too long, since the link between poverty and ill health was established by the Black report in 1980, no Government initiatives have taken action to effect change. When the Tories were in power, I referred to the Black report as the report that dared not speak its name. A consensual approach to public health can only be of benefit to the health of Scotland's people, but that does not mean that SNP members will sit here like nodding dogs. It is our job, as the Opposition, to scrutinise and criticise the Executive on policy and legislation. I hope that when it comes to public health, our scrutiny and criticisms will be listened to and debated openly, and that decisions will be taken not in the interests of political expediency but in the interests of the improved health and well-being of the people of Scotland.

On the motion, I will highlight some matters of concern to the SNP. The motion talks of valuing the contribution of local authorities and voluntary and community organisations in working to improve the health of the people of Scotland. The problem with that is that those very organisations have, over the past three years, borne a substantial brunt of local authority cuts.

I am sure that the minister is as frustrated as I am at the lack of joined-up thinking that results in many of the benefits of announcements, such as the one on Arbutnott, being wiped away by sweeping cuts to local authority funding. Services such as home helps, lunch clubs, day centres and respite care provision can make such a difference when it comes to tackling poverty and ill health. As a result of this year's financial settlement, local authorities across Scotland have already cut services to the tune of £144 million. Can we blame



anyone for thinking that the Executive has not yet grasped the concept of joined-up government?

**Mr Mike Rumbles (West Aberdeenshire and Kincardine) (LD):** Does Kay Ullrich recognise and welcome Jack McConnell's announcement yesterday that there will be a 10.5 per cent increase in local authority funding, over and above inflation, over the next three years?

**Kay Ullrich:** Local authorities have been cash-strapped for three years. We welcome any additional money, but it will take a long time for them to get back to the position they were in before the cuts were made.

I have lost my place now.

**Mrs Margaret Smith (Edinburgh West) (LD):** Keep going.

**Kay Ullrich:** Thank you, Margaret.

I want to give an example of how initiatives can be undermined. The Minister for Health and Community Care announced a scheme to give free toothbrushes and toothpaste to children under 12 months old living in deprived areas. Yet, in Glasgow, what do we find? My colleague, Dorothy-Grace Elder, highlighted the fact that 31 of the city's secondary schools have between them no less than 97 vending machines selling sweets and fizzy drinks. How do we square that with an Executive action plan for dental services that states that we must

"encourage . . . the consumption of low sugar food and drink products"?

Why are there 97 sugar-loaded vending machines in Glasgow schools?

**Des McNulty:** Will the member give way?

**Kay Ullrich:** No, I want to make this point.

The machines are there because they can earn about £400 to £500 a week for cash-strapped schools.

**Des McNulty:** Will the member give way?

**Kay Ullrich:** No, I will not take an intervention.

We are talking about schools, so the minister should pay attention. Incidentally, I am sure that she is tired of people asking her how many teeth babies under 12 months old have, but surely the free toothbrush and toothpaste scheme would be better if it were targeted at all children under school age.

I think the minister made reference to that, so perhaps the scheme is being extended. I will allow the minister to intervene.

**Susan Deacon:** I will take the opportunity to make a factual correction to Mrs Ullrich's comments. The scheme is for all children under

the age of 12 months. The age varies enormously, but most babies start to get teeth from around eight or nine months. It is important to start brushing as soon as teeth appear. The remainder of the scheme will target children under three years of age, particularly those in deprived communities.

**Kay Ullrich:** I thank the minister. She obviously has a closer knowledge of babies and teeth than I do—my babies are somewhat large, but they do still have all their own teeth.

As we know, public health is not just a health issue. There is hardly a policy area that does not have a potential impact on health and poverty. Will the Executive consider the SNP's policy of appointing a minister with responsibility for public health? That would underline our commitment to raising public health to the top of the political agenda. That minister would play a pivotal role in an anti-poverty strategy and would be responsible for pre-legislative scrutiny of the possible impact of legislation on poverty and public health.

We must take a cross-departmental approach to ensure that the interests of public health are central to the policy-making process. The Executive motion mentions working in partnership with health professionals to improve the health of the people of Scotland. I could not agree more. I hope that the concept of partnership will be enacted, but if I sound sceptical, it may stem from the fact that only two months ago, the chair of the British Medical Association Scottish council, Dr John Garner, was quoted as saying:

"We currently have no significant involvement in the development and direction of health policy."

I hope that the minister can reassure us today that dialogue with health professionals is now taking place.

We know that over the past 10 years, we have lost almost 50 per cent of our public health consultants. The reason is, quite simply, the continued inclusion of public health doctors' salaries in health board management costs. The fact is that the professionals have been lost not by design, but through cuts by stealth. It has been all too easy for cash-strapped health boards to allow posts to remain unfilled in an area that has perhaps not been as visible as others in the service. I fully support the recommendation in the chief medical officer's review that public health doctors' salary costs should be removed from health board management costs.

The number of nurses working in public health departments is worryingly low. We know that there are fewer health visitors and there has been a similar drop in the number of qualified clinic and school nurses over the past decade. It is important to recognise the vital role that is played by nurses

in promoting good public health in the community.

I support many of the initiatives that have been announced by the minister today and over the past few months, such as the project to tackle sexual health in Lothian, the Starting Well children's health project in Glasgow, and the Have a Heart Paisley project, which is aimed at tackling coronary heart disease.

I also welcome the fact that £26 million from tobacco taxes will, along with other initiatives, fund the public health institute. I have one caveat: will the minister assure us that the institute's independence to voice its opinion will be enshrined and that the institute will be adequately resourced to ensure that it can maximise its potential as a national centre for public health?

According to the chief medical officer's report, there certainly appear to be improvements in some areas. The minister mentioned the fact that infant mortality is at its lowest ever level. There is a downward trend in the instance of some communicable diseases. However, when one considers the big three—cancer, coronary heart disease and mental health—which are the Executive's priority areas, the chief medical officer's statement that the "sick man of Europe" tag is no longer justified for Scotland seems a little premature. It is premature to say that when cancer patients who should start radiotherapy within the recommended two weeks find that the waiting time is an average of six weeks, and when women with breast or ovarian cancer find that they are not prescribed the most effective, up-to-date drugs simply on the basis of where they stay.

In the treatment of coronary heart disease, we still have the scandal of the postcode lottery for bypass surgery across Scotland. For example, in Dumfries and Galloway—my neck of the woods—there is an average wait of 248 days for bypass surgery, but next door, in the Ayrshire and Arran Health Board area, a patient will wait only 83 days for such surgery.

The chief medical officer made much of the need to target mental health among children. He provided worrying statistics on the level of psychological distress that is suffered by children under the age of 18. However, in spite of the fact that mental health is a proclaimed priority, it continues to limp along as the Cinderella of the NHS. Spending on mental health was cut in 1998 and 1999. Spending on the Mental Welfare Commission and for the mental illness specific grant has been frozen since 1999, and will continue to be frozen until at least 2002.

It is true that there have been marginal improvements in Scotland's health over the past few years, but an enormous challenge still faces the Parliament if it is to make real and lasting

change. Part of that change will come with changing attitudes to public health, to healthy living and good nutrition and to the benefits of prevention rather than cure. We have to rid Scotland of the fatalistic outlook that is so ingrained in the Scottish psyche—as my granny used to say, "Whit's for ye will no go by ye." However, for many people in this nation, a change of attitude is a luxury that they cannot afford. Until we end the obscenity of so much poverty in our nation, we will continue to suffer an appalling health record.

As I said at the beginning of my speech, improving Scotland's public health will be a long haul. If we do not work together and put poverty and ill health at the top of our agenda, we will never win that long haul.

I move amendment S1M-1196.1, to leave out from "fact" to end and insert:

"efforts that are being made at all levels of Government and throughout voluntary and community groups and others, and urges the Executive to ensure further advances in tackling the substantial problems which remain in improving Scotland's public health record."

10:50

**Mary Scanlon (Highlands and Islands) (Con):**

Like Kay Ullrich, I am pleased that the Minister for Health and Community Care has toned down her usual self-congratulatory motion to a form of wording that identifies challenges in public health. The minister will always have the Scottish Conservatives' support if she addresses real ways of improving public health in Scotland.

During the previous health debate, I was accused of not being committed to public health because I did not go to the Healthy Scotland convention in Glasgow. Most members in the chamber find it difficult to prioritise diaries; on that particular day, I was with Maureen Macmillan, Rhoda Grant, John Farquhar Munro, Jamie Stone and Fergus Ewing, meeting the Highland health boards and trusts at Craig Dunain and the New Craigs hospital. I should tell the minister that I am committed to public health and to working cross-party to address that issue.

In the Tory years, we worked to change the emphasis from a national sickness service to a national health service, with greater emphasis on preventive measures. The Scottish Parliament gives us the opportunity to continue that process and to deal with public health in Scotland. Our approach must be radical, visionary and based on sound partnership working.

Progress has been made on infant mortality: the figure was more than halved during the Conservative years and continues to decrease. Rates of survival for heart disease, stroke and

breast cancer have significantly improved and continue to do so. I agree with the minister that more can be done and I commend her measures on occupational health.

In moving my amendment, I want to emphasise examples of partnership working. Kay Ullrich mentioned local authorities. In my role as a member of the Health and Community Care Committee and regional Highlands and Islands MSP, I have noticed that local authorities and voluntary and community organisations, which provide a tremendous service, do not feel valued. I hope that the new allocation will help that situation.

On Tuesday, Keith Harding and I visited the Perth Association for Mental Health day centre. The staff there certainly do not feel valued, despite the service that they provide. In fact, the centre faces closure at the end of the year, with nine redundancies, the loss of many excellent volunteers and 70 mentally ill people in the community who will not receive the support, counselling, advice and companionship that they need.

As a result of council cuts and an increased demand for respite care, local people in Harris in the Western Isles now fund-raise to provide crossroads services to carers and people in need. Partnership working requires good communication and understanding of the issues as well as funding. There is a serious need for stability and continuity of care, and we must give the voluntary sector the means and ability to plan such services, as the public pound buys far more care and support in that sector.

We must still tackle many areas where there has been a worrying lack of progress. For example, the issue of drugs constantly comes to my attention. West of Scotland figures are now critical and it has been stated recently that they are worse than the figures for north America. There are concerns that the Scottish Drug Enforcement Agency and drug action teams are fast becoming talking shops, instead of seizing the opportunity to work together and to address the issues.

As for methadone, I have problems with giving people medication with the aim of reducing crime. I ask the minister to include in the drugs strategy a system of supporting and counselling people whose drug habits are stabilised using methadone. There is a clear need for a system to reduce drug intake, instead of simply focusing on containment.

We also have an opportunity to examine better continuity of care and working relationships between agencies for offenders and ex-offenders. Too often, much of the help and support that is given to prisoners is lost when they are released

into the community because of the lack of continuity of care.

The Executive talks about strategies and reviews, sets up focus groups and task forces, and publishes glossy brochures, but I want to give an example of one individual. A 15-year-old addict in Lochaber was recently made the subject of a supervision requirement at a children's hearing and given a condition of residence in a place that I was shocked to hear the location of. I am not familiar with the facilities for drugs rehabilitation in Scotland, but I was shocked that it was recommended that that person, from the remote area of Lochaber, should attend Middlegate Lodge in Lincolnshire at a cost of between £20,000 and £30,000. That organisation has an 85 per cent success rate and is a specialist resource that works with young people who have drug problems. In relation to drugs and public health, I call on the minister to consider support, counselling and rehabilitation for the addicts and their families who are crying out for our help. We should have such facilities in Scotland, rather than having to send our children down to Lincolnshire.

I will take this opportunity to read the words, as reported in the *Lochaber News*, of a parent speaking after his son committed suicide.

"Evil comes in many disguises and our youngsters are being sucked in before they even know what is happening—by that time it's too late. They know that there's a problem but have nowhere to turn for help."

It is not only the children, the teenagers and the drug addicts and victims who do not know where to turn for help—nor do the parents. Today's generation of parents does not understand the drugs culture and desperately needs support and advice. I am sure that the minister agrees that we should be much less judgmental and attach less of a stigma to drugs. The Parliament needs to be more understanding, more compassionate and more helpful to people who are crying out for help but do not know where to go.

Smoking is an important issue. The incidence of lung cancer has increased, particularly in women. More women now die of lung cancer than of breast cancer. I note that the minister addressed that point today. In particular, it is worrying that young women seem to think that starting smoking will stop them eating. Smoking has somehow become a fashionable habit and we need to address that.

I am also concerned about Zyban; my brother-in-law is on it and I have heard about his experiences. I believe that the drug is useful only for smokers who are highly motivated to quit. I am not convinced that GPs and pharmacists are aware of the need to question people about how highly motivated they are. The drug is being issued to anyone without the proper procedure being followed.

As Bristow Muldoon said yesterday, people who use the drug require support and counselling. My brother-in-law told me that he had received no support, but we realised later that there is a freephone number on a piece of paper in the packet. Given that the drug is expensive and can be successful, I am concerned that people are not being made aware of the support and counselling that is available and the correct way of using the drug. I worry that Zyban will not fulfil its potential.

**Margaret Jamieson (Kilmarnock and Loudoun) (Lab):** I speak as someone who has recently been prescribed Zyban and has yet to feel its full effects. Mary Scanlon describes an isolated case. My experience has been that the GP gives detailed consideration to the patient; he or she is required to consider the patient's physical health, not simply whether they wish to give up smoking. Mary Scanlon should be careful about focusing on only one area; we need to think about the whole of Scotland.

**Mary Scanlon:** I would like to think that the case was isolated. I have read two newspaper articles about it. Bristow Muldoon asked yesterday about Zyban and counselling, and several pharmacists have also been in touch with me on the matter. I am pleased to hear that Margaret Jamieson is making progress and getting the support that she needs.

Chlamydia is a disease that is increasing at an alarming rate. It is now the most common cause of infertility in Scotland.

The Scottish diet action plan offers good advice, but it is now time to move to implementation and support.

I support the establishment of the institute of public health and the fact that it will outline what can be done rather than simply what needs to be done. I hope that the institute will be an improvement on some of the advice from the Health Education Board for Scotland—a recent HEBS document includes the following priorities:

"a national strategy would be helpful as a basis for co-ordinated action . . . there should be further work to explore the potential of the media as a vehicle for health promotion".

That is hardly a revelation—I really wonder what those people get paid for. When money and resources are allocated to organisations such as HEBS and the institute of public health, we do not expect them simply to state the obvious, but to give us help, advice and support to move forward. Frankly, if the statement that I quoted is the best that HEBS can come up with, we are not going anywhere. It is time that HEBS got down to developing a clear vision and strategy to address the obvious problems that are prevalent in Scotland.

## The motion

"values the contribution of local authorities, voluntary and community organisations and others".

I therefore ask the minister to deal with the uncertainty that is faced by voluntary and community organisations.

We have given our commitment to any proposal that will benefit public health in Scotland and have outlined our areas of concern, which we hope will be given more emphasis. In return, will the minister confirm the recent report that, despite the major problems that we face in public health, £15 million is to be spent on a new image for the NHS?

I move amendment S1M-1196.2, to insert at end:

"and further notes that progress towards a healthier Scotland is dependent on many factors and that progress will only be achieved through a partnership that matches the work of health professionals with public health education and an increased appreciation by individual Scots of the responsibility they have for their own health."

11:02

**Mrs Margaret Smith (Edinburgh West) (LD):** I welcome the tone of this debate—it is probably one of the most good-humoured health debates that we have had in the chamber. As everyone knows, we in the Health and Community Care Committee are a good-humoured bunch, so it is nice to see members doing what we all ought to be doing in this chamber—highlighting the issues and speaking up from our particular perspectives.

Public health, like other areas of the health and social care agenda, needs a partnership approach, combining health and social care professionals, the voluntary sector, local authorities, educationists, politicians of all parties and, crucially, the public. It is about the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society. Through that fundamental approach, with the demonstration projects and our examination of work going on in Finland, we know that we have to harness not only the individual—as proposed in Mary Scanlon's amendment—but the organised efforts of society.

For most of us, public health is the aspect of health service provision that most often touches our lives and defines whether we have a healthy or unhealthy life. Most of us, thankfully, have few brushes with the acute sector until our later years. For the most part, our health journey takes us into contact with primary care professionals and the public health agenda through immunisation, food safety, screening, general practice, diet, lifestyle education and so on.

The links between ill health and poverty were

identified many years ago. Everyone agrees that poverty, poor diet, damp housing, lack of educational attainment and lack of hope have a devastating impact on health. The challenge for us all is to find ways of changing that. One of the outcomes of the review of public health is the acknowledgement of the real need for leadership. The Minister for Health and Community Care has shown leadership in public health, particularly on the sexual health agenda, and it is important that all members take forward that leadership role in public health as a whole. That is both what is called for and what is planned by the Executive: an across-the-board strategy that improves housing, education, health and local services.

I am pleased that the Executive has recognised the importance of public health and made it a central strand of its policies. Through a range of policy initiatives, the Executive has continued to build on "Towards a Healthier Scotland", the white paper that attracted great cross-party support for its three-pronged approach—improving life circumstances, tackling unhealthy lifestyles and addressing health concerns such as heart disease, cancer and accidents. The Executive will also address many of the important points that were raised in last year's review of the public health function.

I echo a great deal of what Kay Ullrich said today. One of her key concerns was the cap on public health manpower expenditure, which I agree should be lifted. We ought to allocate salaries for public health professionals much more sensibly, rather than classifying them as a managerial cost. Some of the public health professionals to whom I have spoken are aware not only of the real shortage that Kay Ullrich mentioned, but of the past lack of recognition. Whether we like it or not, we have problems and we rely on the expertise and multidisciplinary approach of public health professionals across the work force. They must come out of the shadows and lead us forward on this agenda.

We must take public health into all levels of policy making: local authority level, the level of this Parliament and—as one of my colleagues from the Health and Community Care Committee, Irene Oldfather, will suggest—the European level. The review also points to the need for a new framework for the future infrastructure, organisation, delivery and monitoring of public health. Obviously, the public health institute will have a big part to play in that.

We also need to develop public health networks, so that people can share information and best practice. We can have economies of scale and, crucially, we can do away with duplication of effort. We must recognise and utilise the incredible role that is played in public health by nurses across the

sectors, whether school nurses, community nurses, district nurses or nurses in general. We all look forward to a report on that in due course.

It is important to improve training for all health and social care professionals and to consider how we can better communicate public health messages. One of the problems that we have had in the past has been that, in communicating public health messages, it has been easy to come over as if we were preaching. I echo the point that Mary Scanlon made: we must condemn a little less and help a little more. As the minister said, we must also learn a little more from young people, people who have addictions and people who are using public health services. It is crucial to have the public on board; they must have confidence in the public health sector, whether in immunisation services or anything else.

Many of the Executive's recent announcements have been on the right track, including this morning's statement on the Arbutnott report. We have made a start, but the situation must be monitored to determine whether the Executive's policy has the necessary impact to tackle the real health inequalities that many of our deprived and remote areas face.

The establishment of the public health institute—to provide a focus for public health professionals and to co-ordinate best practice—is also a step in the right direction. Siting the institute in Glasgow is a masterstroke. I hope that, over the coming decades, it will be symbolic of a city that has made progress in public health. I hope that the institute, which will have an annual budget of £1 million, will play a full and independent role—as Kay Ullrich said—in the public health debate in years to come. Health boards have a place, as the so-called natural home of the public health function, but the public health institute could be regarded as a leader in that field.

As I said, it is important that we view today's statement in the context of the whole agenda of the Government. I strongly welcome the £350 million warm homes investment, to install free central heating for all social tenants and pensioners over the next five years. The scheme is a partnership project and a good example of the Executive working with businesses, local authorities, housing associations and the voluntary sector to make a real difference to more than 140,000 people in Scotland. That is how we can make a difference to public health and the quality of life—by working to make a difference to the quality of homes. The project is good news for the environment, for jobs and for public health. It is good news for the people affected, lifting 90 per cent of them out of fuel poverty. It will help to reduce winter deaths, to lower the number of cold and damp-related illnesses and to improve the

general health of older people. The project has been welcomed by all political parties and is exactly the kind of thing that we need to be doing.

I will not elaborate on what Mary Scanlon said on the drugs action plan but we need to move from talking shops to real action. There are still unresolved issues about how the work that is being done across Scotland can be pulled together.

Another addiction that we must turn our attention to is smoking, which is the most significant cause of preventable ill health and premature death in this country. Smoking-related diseases claim 13,000 lives a year: mums, dads, kids—real people. We know that it is a leading cause of coronary heart disease and lung cancer and that Scottish death rates from those diseases are among the highest in the world. Reduction in the number of Scots smoking—I am glad to see that Margaret Jamieson is doing her bit—should be the No 1 public health priority.

How do we achieve that without preaching? How do we find the most effective way of encouraging people to give up smoking? The public health institute should make that a priority. The Executive has invested £250,000 over three years in the smoking and inequalities project, highlighting the fact that the incidence of smoking is highest among people from deprived backgrounds. Whether we are talking about smoking, poor diet or drugs, it is people from deprived communities who are hit and hit again.

We must do everything we can on smoking, by expanding databases and networks of information about how to tackle the problem and by providing new information materials and hands-on support. A range of treatments is available—Bristow Muldoon mentioned Zyban yesterday and Mary Scanlon and others mentioned it today. The need for support is central at every step of the way: prior to the decision to quit, at the point of quitting and continued support for people brave enough to give up the addiction. People enjoy smoking and have lived with it for many years—the choice to quit is not easy.

The recent figures that show that many young women on the contraceptive pill still manage to get pregnant are another example of the need for support. It is not enough to hand somebody a packet of pills and say, "There's the answer." That must be backed up with information and support. However, that takes time and GPs are hard pressed. We must support organisations such as the Brook advisory centres and find ways of ensuring that school nurses and people who are easily accessible to young people can give support.

It is time to think the unthinkable on smoking.

The issue is complex. I am very hard line on it—apart from late on a Saturday night when there is an occasional chink in my armour. We should consider banning advertising, imposing penalties for offending shopkeepers—and powers for the police to ensnare regular offenders—and putting an end to the European Union subsidy for tobacco growers.

The Executive has signalled in lots of ways that it has put public health at the heart of the agenda; all parties in the Parliament have signalled that that is what they want, too. We all want to get to the root of the problem and to be leading in the terrible challenge that faces us—trying to improve public health in Scotland.

**The Deputy Presiding Officer (Patricia Ferguson):** We now move to the open part of the debate. Because of the additional time allowed for the statement, we have less time than we had hoped for each speaker. I therefore ask members to keep their contributions as brief as possible and certainly to no longer than four minutes.

11:15

**Dr Richard Simpson (Ochil) (Lab):** It is impossible to do justice to this subject in four minutes, but I will start by considering Arbuthnott and this morning's statement. I welcome that statement and the revised formula in the final report. I believe that that formula is much more robust and transparent than it was and that it will sustain us.

SNP colleagues should remember that this is an additional redistribution and not a primary redistribution—that was done in 1977 by Professor Robin Smith with the SHARE formula.

**Mr Hamilton:** Although that is undoubtedly correct, let us consider the new formula. Our whole point is that, if the new formula is right on the basis of the new allocation, it should also apply to the rest of the block. Does the member agree?

**Dr Simpson:** I would like to have a think about that and come back to the member.

I welcome the new money that has been announced, especially the funds for GP premises and information technology in the health boards where the need is greatest. The minister's clear commitment today to revise the performance management of health boards is also welcome. It is vital that we ensure that the money that is being redistributed is spent on inequalities. All my colleagues on the Health and Community Care Committee have been making that point this morning.

The previous attempt to improve the quality of care in deprived areas was through the deprivation payments to GPs. However, research

demonstrated that there was precious little improvement in primary care in deprived areas as a result. We must not waste the opportunity that we have now, so I welcome the minister's commitment to revise radically the performance management of the NHS—God knows it is long overdue.

If the new funds are used up in secondary care, we will be in trouble. Increased provision in primary care teams, working closely with social care workers in deprived areas, is an imperative. Many more services need to be provided closer to people, as Maureen Macmillan mentioned. The public need to see the services coming closer to them at the same time as the acute services review produces centres of excellence. If the funding is not used to improve services in rural communities, close to people, we will have failed again.

Dealing with inequality is a national priority—it was a priority of the Labour Government and is now a priority of this Administration. That is a recognition of the fact that, for 20 years, inequality was a word that could not be used. However, we must be realistic. It is now clearly recognised that the health of a nation is best measured by the gap between the wealthiest 20 per cent and the poorest 20 per cent, not by gross domestic product. We are not yet significantly improving in that area—except for the fact that Scotland, as a region, has moved up the table.

Our policies on employment—we are heading towards fuller employment—on child benefit and on the minimum income guarantee for pensioners, and the measures announced yesterday on fuel poverty, will make as much difference to health in our communities as any direct health measures.

The Barnett formula is always mentioned when we debate funding. We have had 20 years of advantage from the Barnett formula—a formula that recognises our health needs and the geographic nature of the country in which we provide health services. What improvement has occurred in those 20 years, however? Scotland is still at the bottom of the table for public health. I suggest that we have only a limited time to make the changes that are necessary to make a difference. The unparalleled increase in spending that will occur in the health service has to make a radical difference.

As I said, four minutes is not long enough to do justice to the subject. We are improving many aspects of our health—boys are increasing the amount of time they spend on physical activity, as are girls. Our dietary measures are also beginning to improve. If the minister can pursue the root-and-branch review of performance management with her customary vigour and determination, I believe that we might see an improvement in tackling

health inequalities and in promoting health.

11:20

**Dorothy-Grace Elder (Glasgow) (SNP):** I draw the minister's attention to the point that several members have made today—that Arbutnott has moved only 1 to 2 per cent of the total budget more evenly around the country. The brief was to effect more even redistribution; it did not involve the input that was really needed for the national health service in Scotland. We must welcome the work that the minister has done and recognise that it is an improvement, but we must not get too carried away and we should not be over-grateful. To whom should we be grateful?

Richard Simpson asked what had happened in the past 20 years that meant that the nation's health had not improved radically. As a Glasgow MSP, I am particularly concerned about the past 20 years, because we have the highest rate of early death in Britain. In those 20 years, Scotland gave a surplus of £23 billion to the Westminster Exchequer. We should not forget that we are a rich country, from which great riches are removed while our people's health remains in a deplorable and scandalous state.

My colleague, Kay Ullrich, referred to the research on teeth that I undertook in Glasgow schools. That is a simple but most important matter. I have done a fair bit of research on the growth in Scotland of what is called the Coca-Cola high. In America, whole schools are sponsored by the sugar water industry. It was janitors who first drew my attention to the monstrously large machines that stand in the front halls of schools in some of the poorest parts of Glasgow. The janitors were shocked because the presence of a gigantic confectionery machine and a gigantic sugary-drink machine means that youngsters' teeth are bathed in sugar all day long. Why are the absolutely ruthless allowed to exploit the toothless, which is what a good number of senior children are? Such issues demand investigation.

Mobile phones are another issue in which there must be investment to discover the truth. No one knows the truth; not even the best of experts know whether, in the long run, phones will be the blessing that we currently think them or a public health disaster. The chancellor has acquired billions of pounds from licensing and the landscape is being littered with mobile phone masts. Perhaps we can put a few million pounds into researching that issue now.

I will conclude by mentioning chronic pain, which is the most widespread chronic problem in Scotland—it has a far higher incidence than even cardiac disease. About 500,000 people in Scotland suffer chronic pain, from aching back

pain—something with which many members will be familiar—to screaming agony from cancer pain. Cancer pain is not being tackled fully: 50 per cent of cancer patients in Scotland do not receive adequate pain relief.

Ninewells hospital, a flagship pain centre in Scotland, is grossly overstretched. The staff there told me that they cannot see new patients with chronic pain—except for cancer patients who are seen in lunch hours—until April 2000.

The stress caused to caring health professionals by dealing with such numbers without extra funds is appalling. We know of the recent terrible tragedy of the suicide of Dr Tom Houston of the pain centre at Ninewells hospital. We do not know the full reason behind that, but we know that Dr Houston's work load was vast and that he was terribly worried about the amount of patients who would have to wait too long for help.

**Margaret Jamieson:** Shameful.

**Dorothy-Grace Elder:** That is true, Margaret. It is tragic. He was a fine man.

I urge the health ministers to look into chronic pain as urgently as they can. The problem has been neglected by all Governments; it has not particularly been the fault of this Government. Please look into it, and please look into the situation at Ninewells hospital.

11:26

**Irene Oldfather (Cunninghame South) (Lab):** The integrated health agenda—the link between poverty and ill health—is not new. In fact, it was—I am glad to say, as Margaret Smith is still in the chamber—the great reformer Beveridge who came up with the idea of an integrated health and social inclusion agenda when he spoke about the five great giants standing in the way of social progress: want, disease, ignorance, squalor and idleness. His clearly expressed view was that those problems were inextricably linked and that, to improve the lives of ordinary people, all five had to be tackled. In today's language, we might use different words—health for disease, education for ignorance, housing for squalor, poverty for want and jobs for idleness—but he would be pleased to note that, this morning, that view has been shared by all political parties.

The Minister for Health and Community Care gave examples of how the Government is taking forward the agenda, with healthy living centres, community schools, demonstration projects, tobacco tax and pilots for fresh fruit in nursery schools. The Government has taken bold steps forward in the promotion of the public health agenda. The minister challenged us as individuals and citizens, as well as parliamentarians, to

engage in the public health agenda.

I make a plea to the Parliament that we start with the children. Let us not just talk about getting kids away from televisions, videos and computers; let us create a truly child-friendly society, where children are supported to exercise and play safely in their own neighbourhoods. As a caring society, let us not just talk about reducing tobacco consumption by our young people; let us prosecute those who put private profit before children's health by selling cigarettes to young people.

I was pleased to hear the minister's comments on the Finnish experience. I encourage us as parliamentarians not just to talk about the Finnish experience but to use our influence and resources to introduce free fruit and salad in our schools, because the habits that are adopted in childhood often carry through to adulthood. This Parliament has the opportunity to change the lives of our young people, and I hope that we will grasp it.

This morning we discussed briefly the importance of tackling the public health agenda at every level of government. Europe has a major role to play. As the CJD situation demonstrates, responding to the cross-border nature of threats to public health as well as disseminating European Union best practice can ensure the efficient use of research and development resources. The EU has introduced a European programme for community action in public health, to take effect from January 2001. That is to be welcomed, especially the European health information system. We have a lot to learn from other countries.

Unfortunately, the EU's words are from time to time at odds with its actions. Under the common agricultural policy, £800 million is spent each year subsidising tobacco growers. That is almost 700 times the amount spent by the EU on smoking prevention measures and it seriously detracts from any effort that the EU makes to reduce the number of its citizens who smoke. The European Committee is looking into the matter. I hope that the minister and the Health and Community Care Committee will lend support to that initiative.

Work is clearly needed at all levels of public health and in all areas of government. The measures outlined by the Executive are a welcome first step in raising the profile and significance of public health policy. I support the motion.

11:30

**Mr David Davidson (North-East Scotland) (Con):** I must declare an interest, in that I was a professional pharmacist for most of my life and I am still a registered one.



I am disappointed to hear from the minister that the settlement for Grampian Health Board is the basic minimum of 5.5 per cent—that seems to ignore the huge problems in the region. There are pockets that are fairly affluent, but there are huge pockets of rising deprivation and areas with tremendous addiction difficulties and rising unemployment. That should be stated clearly.

I agreed with Richard Simpson's comments on access to primary care support, particularly in rural areas. The Deputy Minister for Community Care might like to comment later on the idea of a central fund for the treatment of specific ailments such as multiple sclerosis and cancer, which has disproportionate effects on the funding in different parts of Scotland.

I support Mary Scanlon's amendment, particularly the elements relating to the work of health professionals and assisting people to take personal responsibility for their health. Are health professionals being properly used? We have invested huge sums of money—I know from experience that pharmacy courses are not inexpensive—yet when we put pharmacists to work in the community, much of their knowledge, talent and training is not used. It is a criminal shame that, in a modern society where pharmacists are available in the community without appointment, they are simply there as dispensing machines. If individuals want to use them, it is up to those individuals.

There should be a drive from the health department to join with the Royal Pharmaceutical Society of Great Britain, the Pharmaceutical General Council and other pharmacy bodies—including the two excellent schools of pharmacy in Scotland—to consider the continuing professional development models that are in use, particularly for public health. We need to get it across to the community that the pharmacist is skilled and trained.

I do not mean to scaremonger, but it causes tremendous problems when people get involved in self-medication by plucking merchandise from supermarket shelves. I believe in self-medication, provided that it is supervised. We must ensure that there are enough people practising pharmacy across the country, so that people can access pharmaceutical services and advice, regardless of where they live. That takes some of the pressure off GP practices and emergency services in our hospitals.

A pharmacist's work also extends to public health services. For years, with no real support, pharmacists have distributed leaflets, run campaigns in the community and given advice to schools and colleges. However, there is a manpower problem. Although clinical pharmacists do excellent work in the hospital service and in

some of the clinic services, they should be made available to do home visits in the community.

Carers organisations and respite organisations are concerned about professional support for carers. Carers do not have access to enough support when they are looking after someone who receives a wide range of medication. They need home visits from pharmacists to talk them through the problems and, after a preliminary check, to be available at the end of a telephone.

Pharmacists are the part of the primary care team that, unfortunately, does not seem to be well enough used. Many students from abroad fill the benches of our pharmacy schools and take that expertise away, but there is space for more students of pharmacy to be used in the community—specialist pharmacists to assist as part of the primary care team. That is something on which Scotland could lead. I ask the minister, when he responds, to promise to consider that and to discuss it with the relevant bodies and education authorities. Of course, that approach would need resources, but the long-term payback for the community would be immense.

11:35

**Mr John Munro (Ross, Skye and Inverness West) (LD):** I am sure that the draft budget presented to Parliament yesterday afternoon by the Minister for Finance, Jack McConnell, was accepted by the majority of members as a sensible step forward. I hope that it will go a long way towards addressing years of the underfunding of front-line health services by successive Governments.

I want to take the opportunity presented by the debate to make a special plea for more resources to be made available to our elderly citizens. Having said that, I suppose that at my age I should declare an interest. Many of our elderly citizens exist on limited incomes and often live in substandard housing. Both those factors have a significant and detrimental effect on individuals' mental and physical health.

Incidentally, almost 800,000 people in the Scottish population are over 65, which is a significant statistic. That number increases annually, so the problem will not diminish in time. Meeting their needs will demand more resources if they are to enjoy the meaningful and healthy existence that they so rightly expect and deserve.

Many of our elderly citizens depend on the support of health care providers in their local communities. It is sad that, in today's affluent world, much of that support is provided by the voluntary sector or by family members who give willingly of their time and effort to ensure the well-being of those in need.

Community care, or care in the community—whichever term one cares to use—is a marvellous concept. However, in reality community care struggles to be effective because it has been seriously underfunded from the outset. The varied and diverse provision of community care makes it extremely difficult for administrators to calculate an accurate budget in advance; therefore, we must adopt a more reasonable and flexible approach when allocating resources to those essential services.

I am delighted that the draft budget mentioned in particular more support for our elderly citizens. I hope and pray that that support will be substantial and will be directed towards service provision rather than administration, so that the areas of need will benefit.

As always, the devil will be in the detail. I implore the Minister for Health and Community Care to be more vigilant and supportive when resource allocations for the elderly are being considered, so that all our senior citizens are assured of a happy, contented and healthy lifestyle throughout their retirement years.

11:38

**Malcolm Chisholm (Edinburgh North and Leith) (Lab):** The new approach to public health in the white paper "Towards a Healthier Scotland" emphasised three levels: life circumstances, lifestyle and health topics. If we are serious about tackling health inequalities, the key to progress is not to isolate those levels, and certainly not to pull lifestyle factors away from life circumstances.

Lifestyle factors play a relatively small part in creating the health and mortality gap between the richest and the poorest. Even where lifestyle factors are significant, as they are in relation to smoking, for example, they cannot be addressed effectively unless the material and social constraints on behavioural change are also addressed. That radical perspective was embodied recently in Sir Donald Acheson's report, which pointed out that

"without a shift of resources to the less well off, both in and out of work, little will be accomplished in terms of a reduction of health inequalities by interventions addressing particular 'downstream' influences."

That insight was also embodied in the significant work of Richard Wilkinson, who came to the sobering conclusion that the income share that goes to the bottom half of the population is most closely related to a population's average life expectancy.

That holistic approach to public health is embodied in the north Edinburgh health plan, which was drawn up for the greater Pilton social inclusion partnership area. The planners started

by consulting the public, which is an important part of a radical approach to public health, and they found that the most common concern was stress. The first of their seven objectives was therefore alleviating stress and promoting positive mental health; it was a weakness of the original green paper that mental health was not flagged up. I record my dismay that the excellent Pilton reach-out project stress centre is still suffering funding difficulties.

The second objective that the planners highlighted was identifying, tackling and improving the life circumstances that underlie poor health. They have already begun to act on that objective by carrying out a health impact assessment of the local housing strategy. They have focused particularly on the effect of that strategy on health inequalities. The local health care co-operative has adopted the innovative idea of having welfare rights officers located in GPs' surgeries, although that is happening in Margaret Smith's constituency rather than in mine.

The third objective was to ensure that local people have equity of access to health-related services. The planners focused in particular on ethnic minorities getting proper access to primary care. They also flagged up dealing with violence against women as part of the objective of promoting and supporting healthy patterns of living and healthy environments. The recent announcement on central heating is a very welcome development in relation to healthy environments.

I cannot go through all the objectives in the health plan, but I would like to mention food poverty. I welcome the grants from the Scottish communities diet project and hope that more will be forthcoming. The north Edinburgh health plan and the general approach of the Executive illustrate the fact that public health is increasingly at the cutting edge of the new holistic government in Scotland that we all talk about. Public health is where health, social inclusion and equal opportunities policies meet. I hope that we can drive forward that agenda and break down the departmentalitis that has shackled Scottish government for far too long.

11:43

**Fiona McLeod (West of Scotland) (SNP):** The previous time that I spoke in a health debate I was the last speaker, but I am sad to say that I was the first to mention child health. I am therefore delighted that today the minister emphasised the needs of our children and young people. I am pleased that members welcomed the points that Irene Oldfather made and I am sure that the minister will take them on board.

I would like to concentrate on three areas in which the health of young people is a problem. Yesterday and today we heard the dreadful statistics on teenage pregnancy in Scotland. We have the highest level of teenage pregnancy in Europe. We heard that there are 9,000 teenage pregnancies every year, more than 4,000 of which end in abortions. That means that more than 4,000 young women each year go through a medical procedure that they should never have needed. We must take cognisance of that.

Recent reports tell us that a third of 15-year-old girls have already had sexual intercourse. As a Parliament, we must raise the profile of such problems and support the minister in tackling them. I whole-heartedly support the minister's initiatives and I congratulate her on the high profile that she has given to that aspect of health. I hope that every member in the chamber will join me in rejecting the e-mail that we got last week from Precious Life Scotland, which said that it had taken great pride in handing out leaflets showing pictures of aborted fetuses, after the minister launched the Sandyford initiative. I rejected that e-mail and wrote back in very strong terms. Four thousand young women in this country should not have to have abortions. If they cannot get access to proper, sustained contraceptive advice, that figure will not come down. We must lead in that battle.

The matter is urgent, which is where I take issue with the minister. It took more than a year to set up Healthy Respect in Edinburgh. We cannot wait another year and another 9,000 pregnancies. The minister mentioned demonstration projects. We want the sexual health initiative and strategy to be in place as soon as possible.

We have talked today about joined-up government. Last week I was in Greenock to hear about SHIFT—the sexual health information for teenagers project—which is doing great work in bringing down the number of teenage pregnancies in Greenock. However, while I was there I heard that Inverclyde Council's community education budget had been halved since 1996. If we are to have joined-up and sustained approaches to working with young people, we must address such problems.

In the drugs debate that we had earlier this year, I highlighted the fact that there were no specific under-16-years projects to support young people with drugs problems. Mary Scanlon emphasised that again today. Again, that is a matter of urgency. I asked some parliamentary questions about volatile substance abuse, and I was disappointed to hear that 15 of the 22 drug action teams do not refer specifically in their action plans to how they will deal with VSA, even though that is a required point in their remit. Angus MacKay said

that the Executive would consider what further action was required. We know what further action is required; we need to see it being taken.

In the few seconds that are left to me, I would like to address the issue of smoking, which many members have raised today. I ask the Executive, when it is drawing up the Scottish tobacco enforcement protocol—which I know is coming—to examine the Crown Office guidance that does not allow test purchasing of tobacco products by under-16-year-olds in Scotland. In England, Wales and Northern Ireland that is permitted, and it has been found that when retailers are prosecuted, they stop selling tobacco to under-16s. That initiative has a 100 per cent success rate. In Scotland, there have been no prosecutions in the past year for selling tobacco or volatile substances to the under-aged.

I welcome the minister's commitment to helping young people, but I would like to see some hard initiatives being taken.

11:48

**Mr Jamie McGrigor (Highlands and Islands) (Con):** This morning I drove down from Argyll. People in the Dalmally area are still angry and saddened at the departure of their fine doctor, who resigned recently because, despite total support, she was not allowed a part-time partner in one of the largest and most demanding areas for any doctor in Scotland. Until now there has always been a resident doctor in the Dalmally area. For the first time, with a new Scottish Parliament, under a Lib-Lab Administration, the people in that area do not have a doctor. They are now served by various locums. Although I am sure that those doctors are very good, does not the minister realise how important a resident local doctor is to rural communities? Is she not aware of the enormous importance of the close doctor-patient relationship, especially to sick people?

**Mr Hamilton:** Far be it from me to come to the defence of the Lib-Lab Administration, but is the member aware of the fact that at its meeting yesterday the Health and Community Care Committee appointed a reporter to look into the case to which he is referring? Does not that make the point that this is a Parliament that is working for the people of Scotland—a Parliament that he opposed?

**Mr McGrigor:** I am very happy to work with this Parliament now that it is here to try to make it a success.

**Dr Simpson:** Will the member take a further point of information?

**Mr McGrigor:** I do not have time for that.

The problem that I have just described is one of

many examples of the Executive's mismanagement and its obsession with central control. People do not understand why they are being short-changed on health, especially after the most recent underspend. Waiting lists are rising, and people are waiting longer to get on the lists. There are fewer nurses and hospital beds but there is more red tape in hospitals. Labour has taken decision making away from rural GPs. People all over Scotland feel let down and are fed up with the time that they have to wait for operations.

The Conservative party believes that the time that people have to wait is the most important indicator for the NHS, not the length of the waiting list. Despite £50 million of extra spending, the number of people waiting to get on to the waiting list has increased. We should not have to wait for decent health care in Scotland. We should reduce unnecessary bureaucracy, invest in local health care and give health service professionals greater freedom to deliver health care. They are the people who know best what patients need and how to deliver it. We believe in saving money on bureaucracy and spending it on patient care. Scotland needs a fair formula, which takes into account the different health needs of different areas. Funds should be devolved to a local level, so that local GPs have greater influence in providing the health services that they have identified as being the most important to their patients.

I agree with Irene Oldfather. It is ironic that this year €1,000 million in subsidies will be handed to Europe's tobacco growers to produce a product, which is known to kill people. That at a time when Scottish scallop fishermen are tied up, unable to fish and without compensation because small amounts of toxin have been found in the shellfish. I urge the minister to consider the plight of those fishermen and to come up with an end product test that would protect public health while allowing innocent people to make a living.

I also ask the minister to be aware of the way in which press releases and television exposure—often based on rumour—about possible dangers to health from food can damage our farming and fishing industries, which are usually blameless. The protection of public health is paramount, but we do not require a witch hunt by the new Food Standards Agency into excellent Scottish food products, which people in Scotland and all over the world have eaten happily for centuries.

11:52

**Mr Kenneth Macintosh (Eastwood) (Lab):** I welcome the debate. Inevitably, it is a public health debate and I have a cold.

It is especially good that we are able to discuss public health the day after the Executive announced its plans for record levels of public spending in Scotland. I do not mean only the extra hundreds of millions of pounds going into the health budget, but the money going into transport, care for the elderly and local government services. Kay Ullrich, Margaret Smith and Richard Simpson mentioned that the impact of investment in those services on the health of the nation is as important as the impact of investing directly in health. However, it is important not just to invest in our health services, but to ensure that that investment is spent wisely.

We are all aware of the ways in which acute services can soak up a huge amount of public funds. Hospital services often attract more favourable headlines than long-term investment in public health which has little obvious immediate return. I admit that I am guilty—as are many members—of pressing for increased investment in hospital services in Glasgow, especially south of the river where there is a crying need for a new hospital that is fit for the 21<sup>st</sup> century.

I am aware that less than 1 per cent of the money that goes into the health service goes on public health. It is difficult to know whether a new heart and lung surgeon gives a better return than an anti-smoking campaign; obviously we need both, but comparisons between the two must be made. However, we do not have the information to make an effective cost-benefit analysis. We must address that problem if we are to protect the small amount of funding that already goes into public health. The new public health institute could address that matter.

Public health can be improved, but it does not happen overnight. Changes are difficult to measure, but it is important that they are valued. I often think of the example of drink driving; 20 years ago it was a crime, but people looked the other way. Following years of campaigning, it is not only illegal but unacceptable, because our attitudes have changed. It was not only the work of the health service that enabled that change to take place.

Last week, men's health week tackled the difficult subject of trying to get men—especially those from low-income households—to become more aware of their health, bodies and diets. In my constituency the campaign was an excellent example of joined-up working. It involved not just the various health bodies, but the local authority and the social inclusion partnership. There were screening programmes and blood tests, and educational material and information were supplied. There was also a programme to encourage young men to take up allotments, the first of its kind in Scotland. It was an excellent

example of the different arms of Government working together, so that the total outcome is greater than the sum of its parts. That is the sort of initiative that needs to be rewarded and valued. The emphasis on health improvement programmes and community plans is to be commended and should be built on.

Several members have mentioned the importance of nurses to our public health policy. I visited one of my local health care co-operatives recently. When I asked what the single most important contribution was that we could make to its efforts, the answer was simple: more district nurses. I welcome the minister's comments about the forthcoming review of nursing and I look forward to its conclusions.

Arbuthnott has helped us to ensure that there is a fairer distribution of resources within health services and that resources are targeted at the areas of greatest need. To ensure that the money is spent wisely, we need to follow up that investment, not just by examining short-term results, but by valuing long-term improvements appropriately.

Local health care co-operatives, health improvement programmes and community plans are the way forward. I hope that the public health institute will be the body to co-ordinate their efforts, so that in five or 10 years' time, we will be able to look back and see the difference that we made in reducing inequality and improving our nation's health.

11:56

**Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD):** I congratulate the minister on a positive and forward-looking statement. The Executive is putting its money where its mouth is, which we should be proud of.

The minister used the expression "living remotely" and referred to midwives. I want to paint a picture of the situation in the far north. The minister is aware that the powers that be are reviewing maternity services provision in the Highlands, against the background of the national review of maternity services, which we expect to be completed either side of Christmas.

Most people accept that certain medical services, for example neurosurgery, must be provided in central locations to serve the whole of Scotland, but other services should be delivered more locally. While we cannot prejudge what Highland Health Board will do, there is a worrying question mark over the provision of maternity services in Caithness and parts of Sutherland. At present, Caithness general hospital has a consultant-led service. The fear is that that might be lost.

I have always believed that some services, particularly those for the very young and for the elderly, should be delivered locally. If we lose our consultant-led service in Caithness and the service is provided from, for example, Raigmore Hospital, people having their first child will have to travel more than 100 miles. That is a round trip of more than 200 miles, which is a long distance. What would happen if the weather were bad and the Ord of Caithness were blocked? Maureen Macmillan is nodding; she knows the problem only too well. What if the ambulance got stuck in a snowdrift?

There is also the question of visitors, family, help and advice. I have three children. It is not easy when children are born. People can have post-natal depression and so on. They rely heavily on family and friends coming to visit, teaching them how to breast-feed, giving them tips and so on. Inverness is a long way to go from Caithness, and that makes it difficult for some people. Per capita income in the far north is generally lower and people simply cannot afford the journey or the time. The thought of having to find a bed-and-breakfast or hotel down there is unthinkable for them.

I am deliberately putting down a marker. I know that the minister is sympathetic—we have spoken about the matter before. I realise that we cannot prejudge the matter, that a national review is ongoing and that the results of that review will determine the parameters within which Highland Health Board will work. My message is this. Today's debate has been well tempered and constructive, but we must always remember the remote areas. We must strike a balance between clinical and social needs. John Munro used the expression, "The devil will be in the detail." The devil, in this case, will be in ensuring that the pointer is on the right side of the graph. We must not forget the social factors.

I have one minute left, in which I want to touch on another issue. We have heard eloquent contributions on the subject of under-age smoking and solvent abuse. Another problem is drink and the young. Young people go to dances and have a good time but—alas and alack—it is a continuing scandal that at a tender age they also procure drink. I am sure that that problem has touched many of our families. We know that it is out there and we should do something about it. I do not know whether we do not police the problem properly or whether the licensing boards are not pulling up licence holders enough. Drink is a problem that runs in parallel with cigarettes and solvent abuse. We ought to examine the issue of booze and the young.

12:00

**Mr Lloyd Quinan (West of Scotland) (SNP):** I will talk about the public health and budgetary implications of the massive increase in the incidence of autism spectrum disorder, particularly since 1998. Despite the fact that there is increasing evidence of a potential causal link between the combined measles, mumps and rubella vaccine and the increased incidence of autism, a proper and full study of the potential link has not yet been carried out—certainly not in Scotland.

Indeed, in Scotland, we are not aware of the number of children or adults who suffer from autism spectrum disorder. Members will be aware that there have been stories and reports of scientific evidence from other countries indicating that there may be a causal link. The direct result of those stories is that the uptake of the MMR vaccine is at its lowest level since 1990. There has been a decline over the past five or six years because parents are deeply concerned about the efficacy of MMR.

To prevent an outbreak of measles, as has happened in the Netherlands, a single vaccine should be made available to all general practitioners so that parents can choose whether their children should be given the MMR vaccination or the single vaccine. People are already voting with their feet. Parents are not accepting the MMR vaccine because, correctly, they have deep concerns about its efficacy.

**Mary Scanlon:** I thank Lloyd Quinan for raising this problem. Is he aware that it was addressed in the Health and Community Care Committee this week, where there was cross-party concern about the contradictory evidence? The committee decided to appoint a reporter to examine this matter. I have offered my services as a reporter, although other members may have done so too. Will Lloyd Quinan work with me on this problem?

**Mr Quinan:** Very happily. I am well aware of the Health and Community Care Committee's interest in the issue. Mrs Scanlon will be aware that I have been raising it in the chamber for more than a year.

I am not convinced that we should accept a Westminster committee's opinion on the question of whether there is a causal link. I have discovered that six members of the Joint Committee on Vaccination and Immunisation are not wholly independent, in as much as they have declared links with the manufacturers of the vaccines that I am discussing.

**Dr Simpson:** Will the member give way?

**Mr Quinan:** To the apothecary for Ochil, no thank you.

The key issue is the financial implications of failing to address this problem now. The lifetime cost for an individual with high functioning autism and an additional learning disability is £2,950,000. For people with high functioning autism but no additional learning disability, the estimated lifetime cost is £784,785. Those are huge figures. The incidence of autism in Scotland has risen from one in 10,000 in 1988 to one in 500 now, so the financial implications for the future are colossal.

Unless we carry out proper research into the potential causal links between autism and the environment, the MMR vaccine and a number of dietary factors, we will not be able to address the issue of autism correctly. It will leave the legacy of an enormous bill to future Administrations, without taking into account the budgetary pressures on health, education and local government, all of which have to provide services for people who suffer from autism spectrum disorder.

I urge the minister to give each GP the ability to provide, if the parent so wishes, the single vaccine, not the combined vaccine, and urgently to instruct the chief scientific officer to initiate research into the potential causal links between MMR and autism spectrum disorder.

**The Deputy Presiding Officer:** We must now move to the winding-up speeches in this debate. However, before doing so, I apologise to Brian Adam and Helen Eadie, who wished to contribute, but whom we have not had time to call. Mike Rumbles will now wind up for the Liberal Democrats.

12:06

**Mr Mike Rumbles (West Aberdeenshire and Kincardine) (LD):** The tone of this morning's debate has been positive, with very helpful and constructive speeches, although there was one exception to that. I was about to say that Jamie McGrigor's speech was very partisan—I think that it was somewhat off the wall as well.

As the minister pointed out, promoting better health is a key element in the policies of the Liberal Democrat-Labour coalition. However, that element is not exclusive to the coalition. This morning's speeches have made it clear that the SNP and Conservatives are also concerned that the issue should be at the top of the agenda. The Arbuthnott report is a key stage in the process of recognising and addressing the link between poverty and ill health; indeed, this is the first time that such a link has been properly recognised.

I welcome the fact that every health board will receive a real increase in its financial allocation. The minister said that the report will be implemented over the next five years, after which there will be a review. However, although there

has been some discussion about gainers and losers, there are actually only relative gainers and losers. There must be, if we are to address the issue of poverty. That said, we should emphasise the important fact that every health board is getting an increase in funding.

I have the privilege to represent the healthiest constituency in Scotland, according to a survey conducted last December by Bristol University. However, we still remain 122<sup>nd</sup> in the UK league table. Furthermore, 15 per cent of children in West Aberdeenshire and Kincardine live in poverty.

We are all aware of the importance of need. That said, a point that has not been terribly well addressed is that as we get healthier in Scotland, we increase demand on our health service.

I want to turn to the problem facing the Grampian area. When the provisional Arbutnott report was published, Grampian—which is one of the healthiest areas in Scotland—did not seem to be losing out very much, as it is a vast rural area. However, I now have to question the change in the statistical analysis that has been used in the report. We have moved away from population projections to using the mid-year population estimate for 1999, which is unfortunate.

Although Dr Richard Simpson welcomed the move, I am concerned about it, as it makes something of a difference. Because of the change, Grampian loses more in relative terms—2.5 per cent—than any other mainland health authority. If this report is to be implemented over five years, we must not be frozen in an out-of-date estimate. That is the important point. No one is worried by the fact that we are moving resources away as long as that is done fairly. The heading of the report is “Fair Shares for All”. It is important that we remember the word “fair” and use it accurately.

I want to consider the issue of rurality. Page 7 of the report talks about remoteness. I wonder whether the statistics fairly reflect the problems in, for instance, rural Grampian. We must focus on the remote areas of the Highlands and Islands, as problems face not only the remote areas but our rural hinterland.

I welcome the report and am conscious that it is a major step in the right direction. Please, however, let us make sure that, when we review the matter, we reconsider the statistics and get them right.

12:11

**Ben Wallace (North-East Scotland) (Con):** There is absolutely no excuse for not looking after one's body. I wonder how many people have different views on that statement. Some members will say that the matter is not as easy or

straightforward as that. Some will say, as Kay Ullrich did last year, that that statement typifies the “‘Let them eat soup’ brigade.”—[*Official Report*, 23 June 2000; Vol 1, c 691.]

I recognise the link between poverty and a person's level of health, but I think that it is important to recognise that there has been a shift. I do not want to understate that link, but I want us to acknowledge that there is a generational element that does not bode well for the future. It is estimated that, across the UK, a million people take ecstasy on Friday and Saturday nights. Those people are not only from the poorer sections of society; they are from every section of society. On Friday and Saturday nights, there is a binge on alcohol and misuse of substances. As we have heard, there is a general increase in teenage smoking. That, again, is as much a generational thing as a poverty thing. Magazines such as *GQ* and *Loaded* portray a lifestyle that involves those habits without pointing out the downside. We must not forget that element in relation to public health.

The minister says that prevention plays a part. I agree, but I would go further. I think that prevention is fundamental to the future of the health of our country. We can all address issues such as sport, diet, smoking and alcohol consumption without any expense. It costs nothing to decide not to drink that extra pint on a Friday night, to walk to work when possible or not to eat one's usual bag of chips. We can all play our part at no public cost. That is something from which all society can benefit.

The chief medical officer's report has some good news. I am delighted that people's diets have started to change. I am, however, concerned about the vast number of statistics that have risen, according to the report. There have been rises in the numbers of young people smoking, of teenage pregnancies in a proportion of births, of abortions, of people with dental diseases and of people with sexually transmitted diseases. We should be concerned about that. Scotland is laying itself wide open to producing another generation of the sick men and women of Europe. That is why public health and prevention are important.

I am concerned that the number of men and women who are doing a level of exercise has not increased since 1994. I hope that the public health institute has good links with education and sport to ensure that its strategy is successful in the future. I am not foolish enough to expect that the minister can change the situation overnight and I am well aware that a cultural shift will be required, as well as a continuing emphasis on public health and education.

There are some good initiatives such as “Making it work together”, “The Same as You” and

"Towards a Healthier Scotland". While those initiatives contain good ideas, there needs to be leadership. I do not mean dictatorial leadership, but the will to push such initiatives through and influence the situation right down to ground level. The minister will have my support if she has to grab people by the scruff of the neck to implement those ideas. She might not be able to say so, but I believe that there might be officials in her department who are more interested in protecting her or slowing down her policies than in helping her to do what needs to be done.

If the minister does have to grab people by the scruff of the neck, she will have my support. Such initiatives can be sidetracked into a talking shop if there is a delay. *[Interruption.]* Well, it is important to note that officials are not always the most helpful people in the world when someone is trying to get what they believe in to work down to the grass roots. Health boards and people working on the ground have communicated to me that the passing on of the will of the leadership—perhaps the NHS management executive or whoever is in government—is not happening fast enough or in a clear direction. That is something that the minister cannot be blamed for.

I welcome this debate on public health, the importance of which should make it an annual debate, so that we never forget where it lies among our priorities. What we can solve with these policies in people of a younger age can, I hope, save money for the NHS so that it is not a sickness service, but instead becomes a service for the promotion of health as well as for treatment and prevention.

12:16

**Mr Duncan Hamilton (Highlands and Islands) (SNP):** How strange it is to be the nice guy in a debate, particularly in a health debate, given the recent track record of such debates.

I was interested to hear Ben Wallace's various suggestions for the improvement of the nation. I have to say, however, that there is an element of hypocrisy on the part of all members of the Health and Community Care Committee in their telling other people how to get fit, lose weight, stop smoking and, in particular, stop drinking. I have seen them all at half-past 9 on a Wednesday morning, and it is not a pleasant sight. *[MEMBERS: "Oh!"]* Well, it picks up as the day goes on.

I also think that Ben Wallace should not have any aspirations for becoming the Minister for Health and Community Care. After his comments about the officials, there was some fairly nasty snarling from the tables up at the back of the chamber, which does not bode well for any future Conservative Administration.

This has been a good and useful debate. I think that we are all moving in the same direction. I do not wish to repeat many of the points already made, but we are at one on the importance that has been given to public health and on the link between poverty and ill health in Scotland. We all support many of the Government's initiatives, including the various demonstration projects which we have heard about today and the public health institute, which I do not think has received quite the publicity that it deserves. It is a positive step forward on public health surveillance and policy development. The data collection aspect—being able to quantify problems—is important, as it will let us know exactly what we are dealing with. These are all very positive steps, and the Parliament would support them.

I am also encouraged by the minister's attitude, in particular when she mentioned a visit to Finland. Such an ability to learn from other cultures and countries, especially those with such similar demographic and health profiles to that of Scotland, is to be very much welcomed. It would not be a debate, however, if there was not another side to it. I am not seeking to be nasty or to stir up any unnecessary hassle, but I should tell the minister that, as she mentioned in her speech, there is significant room for improvement.

For example, on health inequality, the incidence of cancer deaths per 100,000 in Glasgow makes the point nicely. The figure was 184.4 cancer deaths per 100,000 in 1998. The target for 2010 is 168 per 100,000. That indeed represents progress, but the figure is still higher than the 1998 levels for anywhere else in Scotland, with the exception of the Argyll and Clyde Health Board area. In other words, the level of inequality over the geographical spread of Scotland remains, and the challenge is very real.

We are making progress, which is why this morning's statement on the Arbutnott report is to be welcomed. There was not a person on the Health and Community Care Committee or in the chamber who would not wish to see a fairer distribution of the moneys that are available. Let us remember that this is only a start, however. The statistic of 1.2 per cent is not meant simply to be used to sneer at the Government; it is meant to say: "Well done. We are moving forward together, but there is much more to be done on this." I hope that the minister will take it in that spirit.

We should also remember that it was only last week when we heard from the Joseph Rowntree Foundation that the ill health and poverty divisions are actually widening. That suggests that we have a problem to address, and that health inequality is one area of that.

The minister covered the role of nurses in response to an intervention from Fiona McLeod.



The importance of a first point of contact cannot be overestimated. The figures from 1991 to 1999 show a 4 per cent drop in the number of nurses and a 5 per cent drop in the number of health visitors. From 1997, when the Labour Administration took over from the Tories, to 1999, there was a 2 per cent drop in the number of school nurses, a drop even from when the Tories were in power. Although we are doing well, we must target the kind of progress that we want to make. We must change lifestyles and attitudes instead of simply managing the problems.

I offer some support to the ministerial team in two especially thorny areas: dental health and smoking. This Parliament must provide real leadership by having an honest debate on those difficult subjects.

Let us address the issue of fluoridation. The minister is consulting on that issue, and there can be no doubt that there will be an enormous response: it is a very emotive subject and the debate will be divisive and difficult. However, the Scottish National Party will approach that debate on the basis of the facts and the research, in a spirit of finding a way forward and trying to provide leadership in this Parliament. There is an argument for not fluoridating water on the grounds of civil liberties. However, the fact that the commonest reason for children under five being admitted to hospital is the removal of rotten teeth shows the depth of the problem. This Parliament has a constructive part to play in addressing that.

Equally, we have a part to play in the debate on smoking. In Scotland, 34 per cent of men, 36 per cent of women and 12 per cent of 12 to 15-year-olds smoke. We have an enormous problem and we need to tackle the tough questions. How does this Parliament feel about a ban on smoking in public places? How does it feel about a ban on tobacco advertising? What is the attitude of this Parliament, not just the Executive, towards the European Union's subsidising of tobacco, which was mentioned by Irene Oldfather? Those questions must be addressed, and I hope that this Parliament will do just that.

There are going to be significant challenges in the future. John Farquhar Munro declared his interest as an elderly person; I must declare mine at the other end of the age spectrum. The most common cause of death in men under 35 is suicide, which highlights the need to tackle youth depression as part of the mental health agenda. Equally, just because Scotland has so far escaped the worst ravages of HIV and AIDS, we should not relax in our battle against those diseases. There is a constant need to battle against complacency. The figures that show that sexual activity is beginning ever earlier for our school kids set a real challenge for this Parliament and the Executive.

Finally, in all this there is a strong role for the Government and the Parliament. However, we are not going to make substantial progress until we change the culture in Scotland. We are not going to make progress until the individual decides to follow the path that is being set out by the Parliament. Taken on its merits, alcohol would be banned immediately, as it is involved in 90 per cent of criminal cases that come before the sheriff courts and is perhaps one of the biggest killers in Scotland. However, we cannot do that, as it would not be appropriate for the Government to ban it. All that we can do is try to convince people, through the power of our arguments and the cohesion of our case, that that would be a positive development. Through empowering the individual, getting the individual to work well within Government guidelines, giving information and making that argument on a proper and logical basis, the cohesion and unity that has been apparent today can be carried throughout Scotland.

12:23

**The Deputy Minister for Community Care (Iain Gray):** I add my thanks to those of Susan Deacon for the notable contribution of Sir David Carter to improved public health in Scotland. His annual report marks a significant change in the approach to public health that a year of this Parliament and this Executive has brought.

It is not only the Executive but this Parliament that has firmly and decisively acknowledged the health gap between rich and poor. It did so last September and has done so again today. That common ground is welcome and essential if we are to build the decisive consensus that we need to turn Scotland's health record round. Ken Macintosh was right to cite the example of drink driving to show that we can change the culture in Scotland for the better.

The consensus that has been achieved today extends to our accepting the Conservative amendment, which adds to our motion. However, we do not accept the SNP amendment, which seeks to replace some of the motion.

We have seen a decisive shift in action and resources—the courage to use the significant additional resources for the NHS to refocus their distribution on inequalities. We have seen the dedication of further resources very specifically to fund public health through the health improvement fund.

The CMO's review of the public health function has ended the decline in public health medicine that Kay Ullrich referred to. To give one example, only two weeks ago Lothian Health appointed four new public health professionals.

Susan Deacon and I know well that one of Sir David's greatest recent concerns has been the misinformation on the MMR vaccine. I do not have time to respond to Lloyd Quinan on that important issue but I want to emphasise that we must be careful about stoking parents' fears.

Another welcome shift that the Parliament has brought about is the acknowledgement—seen again today in this debate—that health and well-being is not only about physical well-being; mental health must be central to public health. Sir David's report highlights particular concerns about young people with mental health problems, as Duncan Hamilton mentioned.

It is staggering that one in four of us will be affected one way or another by mental illness, each with their own specific problems and difficulties, yet it is an area of health that has not received the public attention that it should have. Allied to that is the high rate of suicides in Scotland, also referred to today—874 in 1999—which is deeply worrying. That is a huge problem to be addressed and has been a neglected area, but we are beginning to put that right. Mental health is a priority for HEBS and in our health promotion efforts generally.

The £26 million health improvement fund that Susan Deacon announced last month includes resources for measures aimed at promoting good mental well-being and tackling suicide among young people. We intend to pilot a helpline for young people, men in particular, who are at risk of suicide. The Executive is also organising a conference in November, which I will address, to consider how best we can reduce suicides among young people in Scotland.

**Fiona McLeod:** On that point, it is very difficult to find statistics on mental health problems for under-16s in the health service statistics currently gathered. Will the minister instruct the internal statistics division to ensure that such statistics are collected and collated?

**Iain Gray:** I will consider that and get back to Fiona McLeod.

A number of members have referred to the role of voluntary organisations in not only mental health but public health generally. I would like to draw Parliament's attention to the announcement in the spending strategy plans published yesterday that the mental illness specific grant will be increased by £1 million each year from next year. By my unaided calculation—so that is a health warning—that is a 7.9 per cent increase.

Mental health is one of the areas where the spectrum of Executive initiatives comes together. Social disadvantage, a disturbed home life, disrupted education, damp housing and a depressing environment can all contribute to poor

mental health. I agree with Des McNulty, Richard Simpson and others that all our policies and budgets must contribute to health.

I have said before that for this Executive every budget is a health budget. That was never clearer than yesterday when the Minister for Finance announced investment after investment that will make a difference to our people's well-being. That included improved public transport, 100 new and refurbished schools to improve the quality of education and the better neighbourhood services fund. I can assure Kay Ullrich and others who raised the role of local government that we are very aware of the great historical role of municipal government in advances in public health and of its continuing role. That is why the 10.5 per cent increase in local government funding will contribute greatly.

**Richard Lochhead:** Will the minister give way?

**Iain Gray:** No. I am short of time.

As a number of members have pointed out, providing central heating for 70,000 pensioners will make a clear difference to their well-being. There is more to come. We agree with Mary Scanlon on the importance of through-care for drug users. Announcements on the use of resources for drugs will come in the next few weeks.

It is the combination of those improvements in life circumstances and the improvements in lifestyles driven by initiatives in diet, sexual health and smoking cessation that can begin to build the virtuous public health cycle that we all wish to see in Scotland.

The Minister for Health and Community Care was caught out yesterday—it does not happen often—when she confessed that she had not read the *Edinburgh Evening News*. She clearly and properly has more important work to do. I confess sadly that I read it every day. A week or so ago, it juxtaposed two areas in my constituency and pointed out that living in one as opposed to the other meant having three times the chance of suffering coronary heart disease. One was where I lived when I was first married and where my daughter was born; the other is where I live now. I moved because I wanted a house with a garden. Does it make sense, is it fair and is it just, that along with the garden I also get a statistically longer life expectancy? No, it is simply wrong.

In the past year, I have returned to where I used to live to open food co-operatives, to launch a smoking cessation programme, to launch fruit bars in the primary schools, to visit the community health project and the drug rehabilitation programme and to open the health fair. Things are beginning to happen. Malcolm Chisholm gave another example from north Edinburgh. The

political will that we demonstrate here today, and the resources that were announced yesterday, are being matched by the professionals and the community activists on the ground.

The last words go to Professor Sir David Carter:

"I think we can now accelerate these improvements and help people to start well, be well and stay well for longer than ever before"

Amen to that.

## Business Motion

**The Deputy Presiding Officer (Patricia Ferguson):** The next item is consideration of business motion S1M-1197, in the name of Mr Tom McCabe on behalf of the Parliamentary Bureau, which sets out the business programme.

**The Minister for Parliament (Mr Tom McCabe):** Next Thursday morning has been set aside for non-Executive business chosen by the Conservatives. The exact details are not in today's business bulletin but, thanks to the good offices of Lord James Douglas-Hamilton, I can tell the chamber that the first hour of business will be on tourism, and the following two hours will be on the Sutherland report.

I move,

That the Parliament agrees the following programme of business—

Wednesday 27 September 2000

2.30 pm	Time for Reflection
<i>followed by</i>	Ministerial Statement
<i>followed by</i>	Executive Debate on the Creative Economy
<i>followed by</i>	Parliamentary Bureau Motions
<i>followed by</i>	Motion on the Publication of the Scottish Parliamentary Commissioner for Administration's Annual Report 1999-2000
<i>followed by</i>	Motion on the Publication of the Health Service Commissioner for Scotland's Annual Report 1999-2000
5.00 pm	Decision Time
<i>followed by</i>	Members' Business - debate on the subject of S1M-1004 Mr Jamie Stone: Highland Clearances

Thursday 28 September 2000

9.30 am	Scottish Conservative and Unionist Party Business
<i>followed by</i>	Business Motion
2.30 pm	Question Time
3.10 pm	First Minister's Question Time
3.30 pm	Ministerial Statement
<i>followed by</i>	Stage 3 Debate on the Sea Fisheries (Shellfish) Amendment (Scotland) Bill
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
<i>followed by</i>	Members' Business - debate on the subject of S1M-994 Dr Sylvia Jackson: Body Piercing

Wednesday 4 October 2000

2.30 pm	Time for Reflection
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*followed by* Committee Business  
*followed by* Parliamentary Bureau Motions  
 5.00 pm Decision Time  
*followed by* Members' Business  
 Thursday 5 October 2000  
 9.30 am Scottish National Party Business  
*followed by* Business Motion  
*followed by* Ministerial Statement  
 2.30 pm Question Time  
 3.10 pm First Minister's Question Time  
 3.30 pm Executive Business  
*followed by* Parliamentary Bureau Motions  
 5.00 pm Decision Time  
*followed by* Members' Business - debate on the  
 subject of S1M-1132 Tricia Marwick:  
 Multiple Sclerosis in Scotland

**The Deputy Presiding Officer:** As I have no indication of any member wishing to speak against the motion, I will put the question to the chamber. The question is, that motion S1M-1197, in the name of Mr Tom McCabe, be agreed to.

*Motion agreed to.*

12:33

*Meeting suspended until 14:30.*

14:30

*On resuming—*

## Housing Stock Transfer

**The Deputy Presiding Officer (Patricia Ferguson):** Good afternoon. The first item of business this afternoon is a debate on motion S1M-1185, in the name of Margaret Curran, on behalf of the Social Inclusion, Housing and Voluntary Sector Committee, on housing stock transfer.

14:30

**Ms Margaret Curran (Glasgow Baillieston) (Lab):** I am delighted to present to Parliament the committee's report on housing stock transfer. I thank my colleagues, particularly John McAllion, who was our housing reporter, for all their hard work. I also thank our adviser Mary Taylor, who put in many hours of hard work; Stephen Curtis from the Scottish Parliament information centre, who was of great assistance to the committee; the staff of the official report, for their forbearance; and Lee Bridges, our clerk, and his staff, who were outstanding in their support for the committee.

I recognise that some publicity has surrounded this report and the circumstances of its publication. My views on that episode are clearly on the record and today I do not wish to be distracted from the issues of substance.

The critical issue is set out in the first sentence of our report, in which the committee acknowledges that much of Scotland's housing stock is poor and fails to provide acceptable homes for many people. That is the heart of the problem and the heart of our report. Access to affordable, safe and warm housing is the cornerstone of any attempt to promote social inclusion; it is an issue that the committee takes very seriously. I wish publicly to pay tribute to all members of the committee for their work. I can report that they served the Parliament well, working hard to grasp the detail and the principles of this subject. They investigated and scrutinised the policies of not only the Executive, but other bodies.

The report makes 63 recommendations. Members will be pleased to hear that I do not propose to run through them all—[MEMBERS: "Aw."] There is disappointment all round. I will, however, provide members with an overview of the key findings and the conclusions that the committee reached.

The new housing partnership programme was established to support initiatives that encourage

community ownership. A large part of the programme is earmarked to support housing stock transfer because of its potential for meeting the objectives of community ownership. The programme includes a number of authorities that are considering whole stock transfers. That presents the challenge of carrying out stock transfers on a different scale from before. However, at the time our report was written, there was no guidance on how that should be undertaken. The guidance that was published in August this year goes some way towards addressing the committee's concern.

The committee was very aware of the interest in this issue throughout Scotland. We determined to listen to varying perspectives to ensure that we heard the case for and against stock transfer. Evidence was taken from many sources: tenants, trade unions, local authorities, campaign groups, professional bodies and the Executive. The fundamental questions were asked, and I hope that our detailed evidence, which is appended to the main report, will assist others as they reach conclusions on this policy. This afternoon I will speak to the majority conclusions, but I recognise that there are other views.

Much of the public debate has focused on the case of Glasgow, to which we paid particular attention. However, Glasgow is not the only local authority that is considering transferring its stock to alternative landlords. The committee deliberately invited evidence from other areas of Scotland. The report comments on the particular and extreme problems that affect Glasgow, but our views and recommendations are intended to address the situation throughout Scotland.

As I said, the report states:

"The Committee acknowledges that much of the social housing stock in Scotland is in an unacceptable condition and that major additional resources are urgently required to tackle this problem."

We recognise that at the heart of the explanation for the scale of housing need in Scotland is the debt problem, which is crippling council housing and strangling decisive progress in parts of Scotland.

The report states:

"This situation is not untypical for councils across Scotland. The consolidated Housing Revenue Account shows loan charges to cost £465m in 1998/9 and that almost 43% of council rental income (43p in every £) went on debt servicing. The proportion varied widely - from 30% in the City of Aberdeen Council to 51% in Scottish Borders Council and 57.7% in Highland Council."

The committee welcomes a strategy that breaks the vicious cycle where rents are paid to furnish the bankers' coffers rather than being reinvested in housing. We welcome the Executive's commitment to redistribute responsibility for the

debt from the rent payer to the taxpayer, which we recognise is a decisive step in Scottish housing policy.

We heard concerns about future insecurity and recommend that where a council is

"left with residual debts to be serviced, a binding and enforceable mechanism must be in place to service the debt until it expires."

The committee also welcomes the vision of community ownership of social housing. It endorses the principle of stock transfer as a primary method of accessing major additional capital investment and moving towards effective community ownership. A counter-argument was proposed; I am sure that some members will focus on that in their speeches.

**Ms Sandra White (Glasgow) (SNP):** Margaret Curran has frequently mentioned community ownership. Does she agree with George McKie of the Edinburgh Tenants Federation? He said:

"My home is in community ownership. It is owned by all the community. That is the true meaning of community ownership."—[*Official Report, Social Inclusion, Housing and Voluntary Sector Committee*, 24 November 1999; c 363.]

**Ms Curran:** That was said in evidence to our committee. If Sandra White bears with me, I will take members through what the committee considered. If she wants to intervene again on that, I will take an intervention then.

**Ms White:** Does Margaret Curran agree with what George McKie said?

**Ms Curran:** If Sandra White bears with me, I will go through the logic—I hope—of my contribution. The Edinburgh Tenants Federation and the Scottish Tenants Organisation were among those who expressed a counter-argument. A range of views was expressed.

The counter-argument was that the Executive should lift the debt but not link it to stock transfer. The committee heard evidence from various witnesses on that, but the majority of committee members were not convinced and were persuaded that stock transfer facilitates higher and quicker investment and brings the benefits of community ownership.

The majority found it a compelling argument that the dynamic of community involvement would perhaps prevent the mistakes that had been made in the past in the planning and design of council housing. When people have to live with the consequences of a decision, that tends to focus minds. Over many years, there has been too much distressing evidence from tenants about gross errors made by planners, architects and housing managers. Too often, tenants have said, "Couldn't they have asked us? After all, we only live here."

We support a strategy in which the tenants are consulted and get to make decisions.

We were also influenced by the success of the community-based housing movement as it has developed in Scotland. To learn and adapt most from that model, we recommend that the Scottish Executive should, after consultation, establish a model for the maximum number of housing units to be managed by a registered social landlord. Locally based investment strategies have been developed. We found no evidence that that form of provision led to an increase in rents or a decrease in workers' rights. We found no substance in the suggestion that stock transfers were tantamount to privatisation. It is important to deal with that issue because, if unchecked, it can lead to unnecessary fear.

Housing providers within the social rented sector, in which I include the municipal sector, have always borrowed from the private financial markets. That does not mean private ownership and control. Ownership of the stock remains firmly within the social rented sector. Provision remains shared and collective; it responds to needs and is, critically, non-profit making.

The committee believes that a strong regulatory framework must be in place to keep in check any undue influence by the lenders. We recommend that

"appropriate statutory safeguards should be in place to preserve access to social rented housing."

We also recommend that the Executive

"should encourage the development of a code of practice or suitable protocols between lenders and borrowers in the new framework."

Having accepted the above, the committee still had some debate about the case for whole stock transfer, which we know is very much a live issue in Glasgow. Although the committee acknowledged that, to ensure that local authorities are not pushed into whole stock transfer, more work is required on alternatives to that approach as a means of improving conditions, the majority of committee members were impressed by the argument that there is a case for whole stock transfer.

The leader of Glasgow City Council told us to avoid a plan where the best housing is transferred first, as that would lead to cherry-picking and increasing residualisation within the municipal sector. However, the committee was clearly of the view that transfer was a first step. It recommended:

"The Scottish Executive should only approve large scale stock transfer proposals subject to guaranteed speedy progress to second stage transfers to community based RSLs."

We recognise the central importance of rents to tenants. We heard evidence of rent increases in the municipal sector. The committee noted the rent guarantee of inflation plus 1 per cent for five years and we urged that rents should be determined by what tenants can afford.

Housing benefit is of some importance in that context. Although in-depth consideration of housing benefit was outwith the scope of our inquiry—and, indeed, of this Parliament—we emphasise its significance as a factor within wider housing policy and strategies for social inclusion. The committee wishes to pursue the issue with a parallel committee at Westminster. Why should joint working take place only at ministerial level? On behalf of the committee, I ask the minister how she intends to pursue the Scottish Parliament's interest in the matter.

We detected worrying trends in the evidence that we heard. It is important that we bring them to the attention of Parliament. There is undoubtedly unanimous agreement that tenants should be involved at all levels of planning and decision making on the future of housing stock. However, we were presented with a picture of tenants and trade unions who felt excluded from and uninformed about the development of the Executive's strategies. Given the centrality of tenant control within the strategy, we find that worrying.

We urge that tenants should be supported through the process by independent advisers, whom they select but who are funded by the local authority. It is of fundamental importance that the process leading to transfer is as transparent and open as possible. Recognition must be given to trade unions as the legitimate representatives of the work force. The committee argues for the development of a best practice approach. Tenant participation should be a fundamental principle across all housing policy and practice. We recommend the establishment of a forum for that good practice.

The nature of the ballot was another aspect of our inquiry. Endorsement by the tenants is critical in all transfer situations. The committee considered different arguments about ballots and concluded that a straight majority of those participating in the ballot should be required, with reference to the First Minister to ensure that a reasonable threshold has been achieved.

What happens if the tenants vote no? What is plan B? I can assure Parliament that the minister was pressed by committee members to outline the consequences of a no vote. The replies that we received indicated that, in the event of a no vote, housing would have to compete with health and education for much-needed public spending and so would not be able to attract the same scale of

resources.

**Fiona Hyslop (Lothians) (SNP):** Does the member agree that the most serious and worrying aspect of the exercise is what happens if the tenants vote no? Does she agree that we have yet to receive an adequate answer about what happens when tenants vote no? Does she also agree that the key issue must be the availability of public investment in public housing, regardless of whether tenants choose to go for wholesale stock transfer? There is no answer on plan B. Last week, Jim Wallace could not answer the question. Is the member satisfied with that?

**Ms Curran:** There were a lot of questions in that. I was just trying to explain what I thought the answer that we had was and to give the committee's perception—or the perception of at least the majority of committee members—of it.

The big issue that we face in Scottish housing is investment—there is unanimous agreement about that. Either housing has to compete with education and health for resources in the traditional way or, as the committee concluded, there is another way, which keeps housing in the social rented sector but gives it access to more funding. Fiona Hyslop is right to say that that is the kernel of the argument, but she must accept that the committee went through the evidence for nine months. It heard evidence from all sides. People were clear about the arguments that they put, the questions that they asked and the evidence that they took.

**Tommy Sheridan (Glasgow) (SSP):** Will the member give way?

**Ms Curran:** May I answer one question before I take another, please? Then I will let the member in.

Other people have to come on board. People can be persuaded by an argument.

**Tommy Sheridan:** On the specific question of competition for public funds, is the member aware that Glasgow City Council's financial situation is such that if it were not servicing its capital debt, it would have £124.6 million a year available to invest without any additional borrowing?

**Ms Curran:** I refer people to the text of the evidence that we took. We scrutinised the evidence and looked at the figures in depth. Given the scale of investment that is needed in Glasgow and elsewhere, it seems to us that stock transfer is a viable way of producing higher levels of investment.

People might not like the answer that they received but, after searching through the evidence, the committee concluded that the consequence of a no vote would be that housing would have to compete with health and education for much-needed public spending and could not

attract the scale of resources that could be delivered under the transfer proposals. We might all wish that the situation were different, but we have to face the hard realities of limited resources and competing priorities. I think that the committee has faced up to those hard realities.

**Shona Robison (North-East Scotland) (SNP):** Will Margaret Curran clarify whether she believes that, if tenants vote no, essentially there will be no investment in the stock?

**Ms Curran:** No—I could dig through the details in the report to give an answer to that. Lloyd Quinan effectively pressed the minister on that in the committee.

**Mr Lloyd Quinan (West of Scotland) (SNP):** I still have not had an answer.

**Ms Curran:** I realise that there is much interest in this public debate, which it is right we are holding, but members should bear with me. The tenants are perfectly entitled to vote no. If they do so, the current situation will continue. It is not that there would be no housing investment; housing would compete for investment. Under stock transfer, there will be more investment.

Some have hesitated about this policy because they fear the impact that it may have on homeless people, women fleeing domestic abuse and young people leaving care. The committee heard evidence from Shelter Scotland and the Scottish Council for Single Homeless. Although Shelter is far from uncritical of the Executive's housing policy, it said:

"As long as rents are affordable and the condition of housing is improved, and if people are secure in that housing and homeless people have access to houses, we will not oppose the stock transfer in principle. We are concerned that something better for homeless people should come out of stock transfers—that is what we want."—[*Official Report, Social Inclusion, Housing and Voluntary Sector Committee*, 8 December 1999; c 492.]

The committee recommended that the current regulatory framework should be developed to provide guarantees on access to housing for those in greatest need. We recommend that a robust system of arbitration should be established to resolve disputes.

I referred earlier to the sense of exclusion that trade unionists have felt. The committee thinks that employees and their trade unions should be involved in the decision-making process for housing-related services. To that end, an independent staff adviser, who is acceptable to the trade unions and funded by the local authority, should be appointed as soon as possible. The committee believes that the protection of staff interests is essential, both immediately following stock transfer and later.

Direct labour organisations often deliver

effective, high-quality services. We heard impressive evidence about the development of apprenticeship schemes. We recommend that DLOs should continue to provide maintenance services for five years.

The impact of transfers on the local economy, particularly within the construction industry, has to be thought through and planning has to start now. It would be a lost opportunity of huge proportions if the areas that so need housing investment did not reap any of the employment benefits. Therefore, we recommend that a multi-agency task force should be established to ensure that we maximise the use of local labour and that local people take advantage of opportunities for training and apprenticeships.

**Brian Adam (North-East Scotland) (SNP):** When I was a councillor in Aberdeen and the capital programme increased from £18 million to £26 million in one year, the local labour market did not have the capacity, either in the DLO or private construction firms, to cope with the increased demand. What confidence does the committee have that the step change that is clearly needed can be delivered?

**Ms Curran:** The committee shared grave concerns about the capacity to meet that demand. We took evidence on that question and made a number of recommendations, to which I refer members. Glasgow City Council—the council that I know best—appears to be making much effort to ensure that some of that work goes ahead. As the tenants have the right to say no to the transfer, the process could still be stopped. However, there must be arrangements to ensure that, if the transfer goes ahead, the people most in need can respond. We are at last back to interventionist economics, and key agencies are putting in place some of the things that need to be done.

I conclude on a personal note. I well remember, as a child, the security that the council offered to many people from working-class backgrounds. The council protected us from the vagaries and exploitation of the rampant private sector, and I pay tribute to the people who, over generations, fought to preserve and improve public housing. I hope that the housing stock transfer model does not undermine such provision. I grew up in an environment where things were done to you and for you; it is now time to move forward and provide the means for people to do things for themselves.

The Social Inclusion, Housing and Voluntary Sector Committee of the Scottish Parliament considered the various aspects of the policy and the majority of its members concluded that the status quo is not acceptable; that urgent resources are required; and that, where councils wish to provide housing, they should be permitted to do. Furthermore, the Executive must be made to listen

and respond to the issues raised by tenants and trade unions.

**Mr Quinan:** Will the member give way?

**Ms Curran:** I am sorry—I am over time and on my conclusion.

We welcome decisive action to deal at last with the debt and to put in place a strategy for increased investment that makes tenants a key driving force for change.

The Executive must listen to our findings and respond to the real concerns of the public. We need regulation by Scottish Homes or its successor to ensure that lenders do not wield undue influence. We also need enforceable mechanisms to protect homeless people and a continuing commitment to social housing.

I am pleased that, in this Parliament, the issue of housing has finally been taken so seriously—we very much need such thinking in Scotland—and I welcome this debate on a matter of fundamental importance to many people in this country. I commend the report to the Parliament.

I move,

That the Parliament notes the content and recommendations of the 3rd Report of the Social Inclusion, Housing and Voluntary Sector Committee on Housing Stock Transfer.

14:52

**Fiona Hyslop (Lothians) (SNP):** First, I welcome the many tenants and housing professionals who are in the gallery today. There is justifiably much interest in this controversial issue and it was right and proper at this time for the Social Inclusion, Housing and Voluntary Sector Committee to take on the task of examining the matter in detail. The committee inquiry was a most interesting experience in more ways than one, but I stress that I intend to concentrate my remarks on the core political and financial issues.

The inquiry was interesting particularly because of the range of organisations involved—from tenants groups to the Royal Institution of Chartered Surveyors—whose evidence reflected all aspects and angles of interest in this subject matter. I, too, thank the clerks and our housing adviser for their hard work. In particular, I thank all those who gave evidence, especially the representatives of tenants organisations who in many cases had to pay their way—including the costs of photocopying their written evidence—from limited resources. I am pleased that the Parliament is addressing the issue of paying personal costs to committee witnesses.

The committee report is the first to contain a minority commentary. However, despite being the



author of that commentary, I agreed with more than 53 of the 63 recommendations. I disagreed fundamentally with three and thought that another seven could have been much stronger. I thank my colleagues on the committee for agreeing to my production of the minority view and for not trying to influence the content, as they had the power to do. Furthermore, I thank the chamber office for allowing me to present the minority report in time. Although we must consider how the Parliament deals with minority views, the best place for doing so is in the Procedures Committee.

I do not agree with some of the majority report's fundamental assertions and broad recommendations and endorsements about the concept of stock transfer. Indeed, I am especially concerned by the recommendation that stock transfer should be used as a primary method of investing in housing.

I am sure that, during this debate, plenty of speakers will outline different aspects of the many recommendations on which the committee agreed. I will leave them to do so. However, I will say that many of those recommendations deal with best practice and protecting the interests of the public, staff and tenants if any council expresses an interest in stock transfer. Stock transfer is the Government flagship policy. The committee had a duty to study and make recommendations on which aspects central Government and local government should take into account, especially when local authorities are contemplating or being forced to contemplate taking this route.

Currently, stock transfer is the only game in town. That is because the Government chooses to make it the only game in town. That is the nub of the argument. I intend to outline the case and witness evidence as presented in the minority commentary.

**Cathie Craigie (Cumbernauld and Kilsyth) (Lab):** The statement that stock transfer is the only game in town grossly misleads the public. Will Fiona Hyslop acknowledge that many local authorities in Scotland are investing in their stock by other means and that that demonstrates that stock transfer is not the only game in town? It is perhaps the only game that can deal with the Glasgow-like situation that exists in some of our bigger cities.

**Fiona Hyslop:** I refer Cathie Craigie to volume 2 of the committee's report, in particular the evidence that was given by Councillor Charlie Gordon on that point.

The reason for the minority report is the fundamental failure of the majority report to address the issue of public investment in housing, particularly what the problem is and what the solution might be. The real problem in housing is

the collapse in public investment. It is true to say that the status quo is not an option; everyone agrees on that. What separates the sides of the debate is the choice of how to move forward.

The real issue is the fact that the Treasury rules fail to acknowledge that councils should be able to borrow on the strength of their rental income without having it treated as public expenditure, because it is not central Government borrowing. The real issue is that the Scottish Government does not want to fall out with Big Brother in London and demand commonsense accountancy for housing. The real issue is that wholesale stock transfer is a long route for a short cut. It is too risky, potentially too expensive to tenants and the public purse, and too long-winded and complicated to be worth the candle. We can secure investment in housing to create jobs, tackle dampness and improve stock if the Government acknowledges that the constraint is its fixation with getting public housing off the public expenditure book.

**The Deputy Minister for Local Government (Mr Frank McAveety):** Will Fiona Hyslop clarify what the SNP's position was in 1999 on the block grant that is available to Scotland? Would she tell me how much would be left to spend on the other priorities that the SNP's spokespersons have identified in the past few months if the SNP went down the route that she might mention in response to my question?

**Fiona Hyslop:** I was pleased that the SNP put housing at the core of its manifesto for election to the Scottish Parliament. We would have generated an additional £170 million; that could have generated private finance and kept public housing in public control.

I refer the chamber to the *Official Report* of 2 February. I asked David Comley of Glasgow City Council's housing department the following question:

"Would relaxation of borrowing consents with the same rental income stream allow you to achieve the same level of investment in the same time scale? I understand that Unison argues that, if borrowing consents were relaxed and debts transferred, the same level of investment could be achieved over the same period."

I think that that is the same point that Tommy Sheridan just made. David Comley replied:

"By the relaxation of borrowing consents do you mean that there would be no control over the council's borrowing and that it could borrow whatever it felt was appropriate?"

I replied:

"I mean that it could borrow what it could sustain."

I ask members to listen carefully to his answer. He said:

"That is fair comment. If the current debt were removed

and the council were able to borrow a sum that rental incomes could sustain, yes, we could achieve investment on a faster time scale.”—[*Official Report, Social Inclusion, Housing and Voluntary Sector Committee*, 2 February 2000; c 572-73.]

The ideologues in this debate are the members of the Government, who insist that tenure must be changed; they make tenure the issue rather than examining the many and varied ways in which we could invest in housing, putting the tenants first and leaving arguments about tenure second.

In 1979, borrowing consents in real terms were £629 million. When asked what will happen if the tenants vote no, the minister says that councils will be faced with the same level of borrowing consent that they would have had otherwise. However, I understand that, in 2000-01, the borrowing consent will be £180 million. That is a collapse in public investment. Total housing investment, which ran at more than £1 billion a year in the dark days of the Tory Government, has been halved under the Labour Government. Those figures represent a voluntary public policy that is intended to squeeze investment in the Government's early years so that it can appear as lady bountiful—disguised as Jack McConnell—to give the people back their money in public spending announcements.

**Bristow Muldoon (Livingston) (Lab):** If Fiona Hyslop is giving a high priority to investment in public sector housing, could she explain why the SNP group on West Lothian Council voted against the investment programmes put forward by the Labour council over the past five years? If the SNP had been successful in that, £10 million less would have been invested in West Lothian council housing over that period.

**Fiona Hyslop:** My colleagues on West Lothian Council believe that council tax payers are paying more and getting less. It is important that we put public housing back at the top of the agenda.

**Cathie Craigie:** Will Fiona Hyslop give way?

**Fiona Hyslop:** Please let me continue. I have only a few minutes left.

**Cathie Craigie:** On a point of information.

**Fiona Hyslop:** There is no such thing. Only points of order can be raised with the Presiding Officer.

Debt is indeed the problem for councils, but only because they have had to divert rents to make their payments as public sector housing has withered away.

**Mr McAveety:** Will Fiona Hyslop give way?

**Fiona Hyslop:** Let me move on. The majority report completely takes on board the Government spin, which says that debt alone is the problem.

We have differences in principle, most of which are about investment and public policy. This is about recognising that, in housing policy, we are constrained by self-imposed London Treasury hoops. It is about what will happen to public housing policy, not just under the current Administration, but in the future. It is about the scale and risk involved. The Minister for Communities may be happy to risk her own career on this venture, but I am not sure that the future of Scottish housing needs to be put on the line when it does not have to be.

Ambition and innovation are indeed required, but we had our sufficiency of big-bang solutions for Glasgow and other places in the 20<sup>th</sup> century. The same mistakes should not be made this century and our children should not be made to pay for this in 15 years' time, when the stock needs repairs and there is not enough money. I understand that, under the current proposals, in Glasgow the period of 13 to 30 years for loans means that there will not be that—

**Robert Brown (Glasgow) (LD):** Will Fiona Hyslop give way?

**Paul Martin (Glasgow Springburn) (Lab):** Will Fiona Hyslop give way?

**Fiona Hyslop:** I would like to move on, please.

We are concerned that we are putting all our eggs in one basket. We need a portfolio of solutions. That might indeed include stock transfer, but not wholesale stock transfer. We want not a one-size-fits-all policy, but alternatives to stock transfers. It is irresponsible and anti-democratic not to offer that.

**Paul Martin:** Will the member give way?

**Fiona Hyslop:** All right.

**Paul Martin:** This Parliament is clearly about providing alternatives—

**Mr Quinan:** Is this going to be a lecture or a question?

**The Deputy Presiding Officer:** Order.

**Paul Martin:** Will the SNP provide to every member of this Parliament its plans for an alternative to the proposed Glasgow housing association?

**Fiona Hyslop:** We have five conditions on Glasgow: area-by-area ballots; the involvement of staff in real consultation; the real involvement of tenants; ensuring that there is investment, should the tenants say no; and ensuring that the debt is serviced now, rather than waiting until after the ballot. Those are five things that could be done in Glasgow now.

**Ms Curran rose—**

**Mr McAveety** rose—

**Fiona Hyslop:** I would like to continue.

If community involvement and empowerment are to be genuine, they should have happened in the process before now. I welcome the fact that guidance was produced—in August, I think—after the publication of the initial report.

I remember that, in the 1980s, the Labour party of old campaigned to allow tenants in new towns who were transferring between landlords to have councils as an option on the ballot. What has changed since then? Perhaps the Conservatives might be able to answer for their new colleagues.

Under the proposed housing bill, should not the tenants know before going to the ballot box what new tenancy they will get? That was suggested in the minority report and I hope that the minister will take it on board. I am also concerned that, welcome though it is, the single social tenancy may give eviction rights to private lenders, which would send shivers up tenants' spines.

Wholesale stock transfer is likely to be one of the biggest financial commitments that this Parliament will make in its first session. It could mortgage us and future Administrations for 30 years. It could destroy council housing for good and leave any residual council housing as ghetto welfare housing.

In considering stock transfer, we keep coming back to the question of what counts and what does not count for public expenditure. That leads the minority group in the committee to suggest that that is the real issue to be addressed. We need housing policy that puts tenants first, that respects tenants and that is made in Scotland for Scottish tenants. We do not need hand-me-down London solutions.

15:05

**Mr Keith Harding (Mid Scotland and Fife)**  
**(Con):** My colleague Bill Aitken regrets that he is unable, because of other parliamentary business, to participate in the debate. The debate is the culmination of a considerable investment of time by the Social Inclusion, Housing and Voluntary Sector Committee, on which he is the Conservative representative.

With some reservations—on which I shall expand later—the Conservatives support the concept of stock transfers as a positive way forward. We might be expected to say that; stock transfers were originally our policy and we are pleased that Labour has now adopted that policy.

The economics support the argument for stock transfers, as is evidenced by the situation in Glasgow. The problem is that too many council houses were built in the 1950s and 1960s, many

of which were inadequately constructed. At one stage, Glasgow had 186,000 council houses and, until a few years ago, there were 138,000. I understand that it is proposed that some 87,000 houses should be transferred, but many of those properties require major repairs and refurbishment. Glasgow City Council simply does not have the resources to meet those needs, because more than 50 per cent of rents are servicing existing debt.

**Brian Adam:** Will Mr Harding give way?

**Mr Harding:** Not at this stage, thank you.

That servicing of debt, together with administrative and management costs, leaves a meagre 23p in the pound available for repairs that it is estimated will cost £1.3 billion. Those repairs are necessary to bring the stock up to an acceptable standard.

Council housing generally has failed the Scottish people and that is especially true in Glasgow. Housing associations, on the other hand, have delivered. Where people have been given ownership of a problem, they have responded positively. Tenant representatives on housing association management committees take a much more robust view of rent arrears and anti-social behaviour, for example, than do council housing officials.

There is clear evidence that tenants will vote for rent increases above the rate of inflation to fund a better repair service. There are also many instances of extremely positive initiatives being introduced by housing associations, which would never be considered by a city council. Glasgow City Council's housing department is a by-word for incompetence, inefficiency and unresponsiveness to tenants' aspirations. Tenant dissatisfaction runs deep and, on the basis of the evidence of the stock condition surveys that have been undertaken, that dissatisfaction is more than justified. The situation must be addressed. For the majority of Glasgow tenants, the status quo is not an option.

The Social Inclusion, Housing and Voluntary Sector Committee heard from the mortgage lenders that there should be no difficulty in attracting the substantial investment that will, in turn, lead to many job opportunities in the manual trades. I trust that the minister will take on board Bill Aitken's comment in the Social Inclusion, Housing and Voluntary Sector Committee that it is essential that our schools and further education colleges are geared up to exploit those opportunities.

**The Minister for Communities (Ms Wendy Alexander):** I am happy to give that assurance. Glasgow City building has recently promised to take on 1,000 full craft apprentices from schools in

Glasgow and should be commended on its efforts.

**Mr Harding:** I thank the minister.

I turn now to the recommendations of the Social Inclusion, Housing and Voluntary Sector Committee. There is one major point on which the Conservatives feel that the success or otherwise of the project depends. The success of housing associations has been due largely to the fact that they are community based and local. The transfer of stock should be broken down quickly into smaller parts. The transfer of the stock in its entirety—although that might be administratively preferable and correct—will fail. People in Glasgow are prepared to associate themselves with housing associations in Partick, Yorkhill or Maryhill, but would feel that even a west Glasgow housing association was remote from them.

Tenant management committee members want tangible results from their efforts. I realise that they are not concerned only with their close or street and that currently we want each housing association to control about 6,000 houses or fewer. That does not preclude associations combining to purchase a repair service, but it is essential that the local dimension is not lost.

During the years of Conservative government, much was done to invest in Scotland's housing stock, as has been mentioned. Moves were begun to include private investment when stock was being transferred to community control. Some of the best examples of urban regeneration have been brought about through joint ventures between housing associations and the private sector. Those ventures provided not only homes for social rent, but homes that were for sale at market value through low-cost home ownership schemes. By ensuring a mixture of tenure in new developments, sustainable communities have been built—communities that work because they contain a mixture of people who have different economic statuses and different needs, rather than being homogeneous blocks of disadvantaged and socially excluded people. That is why we are so concerned about the Glasgow stock transfer proposals.

**Bruce Crawford (Mid Scotland and Fife) (SNP):** If a Tory Administration was in charge and the tenants voted no to the transfer, what would the Tories do to invest in Glasgow's housing stock? How would the Tories find the money that would be required?

**Mr Harding:** If the Tories were in power—

**The Deputy Minister for Rural Affairs (Mr John Home Robertson):** They would be very surprised.

**Mr Harding:** If the Tories were in power we would continue to support housing to the level that

we did before—which is considerably more than Labour. I think that Margaret Curran answered the question—there is no real alternative. That is why we are concerned that the Glasgow stock transfer proposals are being undertaken without proper consideration being given to the optimum size for community housing organisations. There is a risk that without proper thought we will see housing transferred to Glasgow city housing department mark 2.

**Brian Adam:** Will the member give way?

**Mr Harding:** Not at the moment.

**Mr McAveety:** Will the member give way?

**Mr Harding:** I will take an intervention from Mr McAveety as he destroyed the housing.

**Mr McAveety:** Will Keith Harding tell the chamber whether he has read the report on Glasgow and whether he can identify the role that area housing partnerships will play in giving the tenants' perspective on future management of their housing? That role is aimed at ensuring that tenants are at the heart of the debate. Will he welcome and recommend that?

**Mr Harding:** The remainder of my speech will answer that question.

The transfer will not give genuine local control and could scupper any chances of real change in Glasgow's communities, which could come through a revised tenure mix and a wider regeneration strategy. Without a focus on wider regeneration, the stock transfer proposals will mean that there will be problems in future that are similar to those that we see in Glasgow now.

**Brian Adam:** Will the member give way?

**Mr Harding:** If I have to.

**Brian Adam:** I appreciate the success of my third attempt to intervene. Does Mr Harding recognise that stock transfer affects many councils other than Glasgow City Council and that the result of the debate will have implications that go beyond Glasgow?

**Mr Harding:** I agree that there are problems throughout Scotland, but nowhere is the problem as great as Glasgow's. I am concentrating on Glasgow because it is the big issue before Parliament. I am in favour of stock transfers.

The other area of contention is recommendation 49, on the role of direct labour organisations. The Conservatives believe that management buy-outs of DLOs should be encouraged because that would offer a more secure future for the workers, although they have little to fear, particularly because of the job opportunities that will arise from the investment that will be generated. Irrespective of the time limit, the DLOs will

eventually have to compete in the real world and it is imperative that they are geared up to meet that challenge.

I hope that the minister's response will address the extension of the right to buy for housing associations, particularly its impact on small, rural and island associations. I would also appreciate a clear definition of "pressured areas", where councils can apply to suspend the right to buy for five years. Will the minister also explain why she is not exempting all housing associations that have charitable status?

Does the minister believe that her colleagues in councils have the political will to deliver the policy? When I was leader of the then Stirling District Council in the early 1990s, we considered limited stock transfer. I recall the vociferous and successful opposition to that by Labour members, most of whom are members of what is now Stirling Council.

Standing orders should be reviewed—this will answer Frank McAveety's question. On one occasion the Social Inclusion, Housing and Voluntary Sector Committee met in private to discuss the stock transfer proposals for Glasgow. Bill Aitken was away on parliamentary business, but despite the fact that I am the party spokesperson for local government and housing, I was not allowed to substitute for him. To this day the Conservative group is unaware of what took place at that meeting. In the interests of openness and transparency—favourite words of the Executive—I believe that any MSP, especially a spokesperson, should be allowed to attend parliamentary committee meetings, private or otherwise. That affects particularly parties that have one or no representative on committees.

I commend the convener and the committee for their comprehensive and informative report.

The Conservatives support the continuation of the policies that we introduced when we were in government—the extension of home ownership and the encouragement of stock transfers of council housing to local housing associations, co-operatives or other housing providers. That will bring control of housing closer to tenants and will ensure that decisions are more in tune with the needs of local communities. Labour's new housing partnerships are simply a continuation of a policy that was championed by the Conservatives to end Scotland's housing problems—many of which were created by Labour councils. We will continue to encourage the Executive to promote that policy, as long as it sticks to the principles on scale and local control on which the policy was founded.

**The Presiding Officer (Sir David Steel):** Thank you, Mr Harding, for taking less than your allotted time.

15:15

**Euan Robson (Roxburgh and Berwickshire) (LD):** It might seem unusual that the justice and home affairs spokesman is opening the debate for the Liberal Democrats. That is partly because my colleague Robert Brown will close for the Social Inclusion, Housing and Voluntary Sector Committee and partly because of our party conference.

As members might know, my constituency includes Berwickshire, where a wholesale stock transfer took place in 1995. The motivation for doing that, just before the advent of the unitary Scottish Borders Council, might not have been entirely tenant-oriented and serious reservations were expressed about the transfer at the time. However, I can say with some confidence that the transfer has worked.

Berwickshire Housing Association is generally well regarded locally. Of course, there are problems—rent levels for new tenants are quite high. Tenants who transferred did well, but new tenants do less well. That is worrying for the tenants who are involved in the housing stock transfer that is proposed for the rest of the Scottish Borders.

The Deputy Minister for Local Government knows about the innovations and developments that Berwickshire Housing Association has introduced; we were pleased to see him in Duns recently, visiting some of the schemes. Wholesale stock transfer can work and Berwickshire proves that point to a degree.

**Dorothy-Grace Elder (Glasgow) (SNP):** Will the member give way?

**Euan Robson:** I will finish this section and then give way.

My local authority—Scottish Borders Council—is one of six councils that are considering transferring all their council houses to housing associations by 2002. The council proposes to combine with Eildon Housing Association to establish a Borders housing association. Locally, the advantages of the major injection of funding into the housing stock that will accompany the stock transfer are well understood. The transfer must be accompanied by tenant involvement. Scottish Borders Council has made efforts in that direction and will need to ensure that there is full compliance with the Scottish Executive's code of practice for tenant participation in stock transfers.

The likely investment in the 9,000 houses of the proposed new housing association will deliver welcome, necessary improvements for tenants and will be a more than useful stimulus to our brittle local economy.

**Dorothy-Grace Elder:** Mr Robson said that

wholesale stock transfers can work. That depends—I am sure he will agree—on just how wholesale they are. He is talking about the Borders, but I am sure that he knows that Glasgow's stock transfer will involve around 85,000 houses. The Minister for Communities admits that that is the biggest proposed stock transfer in Europe. There can be no possible comparison of scale. Mr Robson will also be aware that when the potential investors—Britain's biggest building societies—met the Social Inclusion, Housing and Voluntary Sector Committee in January, they declared that they had never handled more than 3,000 houses at a time.

**Euan Robson:** If I may continue, there is—and I was just about to say this—a world of difference between the situation in Glasgow and the successful transfer of 2,000 houses in Berwickshire and the potential advantageous transfer of 9,000 houses in the rest of the Borders.

I will talk about Glasgow in a moment, but first I will talk about the general recommendations in the Social Inclusion, Housing and Voluntary Sector Committee's report. I will make some general points of behalf of the Liberal Democrats. We see stock transfer as an opportunity to tackle the poor state of council housing in Scotland. We take a pragmatic but not a dogmatic view of stock transfers. We want to see an end to the stifling and damaging control over traditional council housing in some parts of Scotland. We see major advantages in moving towards a modern community-based form of social housing that empowers local people. We want to build upon the success of community-based housing associations.

The Glasgow housing association will include five tenant members and five independent members who together will form the majority. That is right and proper. However, in the Liberal Democrats' view, the key will be the 14 area housing partnerships, which will develop detailed housing plans for each area.

The essential ingredient will be the input from local housing organisations, which will be controlled by locally elected tenant management committees. Stage 1 in the Glasgow stock transfer must lead naturally—and at a pace that is determined by tenants—to a further transfer to other social landlords, such as the local housing organisation, an existing housing association or another non-profit-making group.

Surely it would benefit tenants to have the city's debt burden lifted and £1.6 billion—about £16,000 per house—made available for improvements.

**Tommy Sheridan:** Mr Robson mentioned that the GHA transfer process holds the prospect of an investment of £16,000 per unit. Is Mr Robson

aware that Glasgow City Council's investment in its own stock for major renovation was £26,000 per unit and that the average Scottish Homes investment in renovation was more than £40,000 per unit? How does he think those figures compare?

**Euan Robson:** The key point is that £16,000 is an average figure—not all houses will need renovation on that scale. The figures that Mr Sheridan quotes are important and should be used as a benchmark. However, I suggest that £16,000 is an average figure that will not necessarily be typical throughout the city.

The Liberal Democrats agree whole-heartedly with the first two recommendations in the committee's report. We also support recommendation 20 on the legal requirement for a ballot of tenants. The Executive's response was a bit woolly on that point. What did the Minister for Communities mean by guidance and did she wish to imply that the guidance would require the secret ballot that was mentioned later?

We welcome recommendations 3 and 4 on involving tenants in the management of and decision making about their homes and the objective of tenant-led community ownership.

In particular, I will pick out recommendations 14 and 15. We accept that a model should be established for the maximum number of housing units to be managed by a registered social landlord and that large-scale stock transfer should take place only if a second stage follows rapidly—that is our ambition for Glasgow.

Recommendations 32, 37 and 38 are crucial—there must be scrutiny and regulation of the performance of registered social landlords. That is especially important to tenants in the Borders and, no doubt, elsewhere. The Social Inclusion, Housing and Voluntary Sector Committee has made important points about future employment conditions of staff in local authorities and DLOs who will be affected by the stock transfer. We must not lose sight of that.

Further important points have been made about the impact of stock transfers on local economies. It is important to trap the increased economic activity locally. Training programmes must be developed rapidly to ensure that improvement work is carried out to the highest of standards. Stock transfer and the warm deal will offer a guaranteed secure employment base for some trades for up to 10 years. More people must be encouraged to train in the relevant skills so that there are no local shortages of skilled labour, which would lead to an imported work force.

I will comment briefly on the warm deal proposals that were announced recently by the minister. Stock transfers give us an opportunity to

target warm deal investment at those who need it most—the elderly in the owner-occupied and privately rented sectors. Those sectors were identified by the last two Scottish house condition surveys as consistently having the lowest national home energy ratings in Scotland. We must grab hold of that important point.

In relation to the warm deal, the point about training is as important as the opportunity that is presented by stock transfer. I urge the minister to contact organisations such as the Council for Registered Gas Installers—CORGI—and the Heating and Ventilating Contractors Association, if her department has not already done so. I know from my previous career in the gas industry that poorly installed heating appliances can be lethal—we must guard against that.

I will conclude with two points. First, the ministers will know that tenants' choice has provoked some controversy in the Borders. If housing stock transfer took place, would that end the issue of tenants' choice? Would there be any tenants' choice after that?

Secondly, Scottish Borders Council is particularly concerned about whether it will have sufficient resources for provision for homelessness after the stock transfer. That is important. The strategic role of the housing authority—the local council—will be important in provision for homelessness, but resources have to accompany that, because it is difficult to find temporary hostel accommodation in rural areas. It is important that such accommodation is available in towns in rural areas. For example, if a person were offered work in a town but could not be accommodated in that town, they would have to go to a hostel in another part of the area. The person might then lose that job opportunity, particularly given the difficulties in travelling between towns.

Finally, I congratulate the Social Inclusion, Housing and Voluntary Sector Committee on a most thorough and detailed report, which illustrates the value and importance of Parliament's committee system. I commend the report to the chamber.

15:26

**Cathie Craigie (Cumbernauld and Kilsyth) (Lab):** I concur with the sentiments in Margaret Curran's speech on the wide-ranging investigation that the Social Inclusion, Housing and Voluntary Sector Committee undertook. The issue of stock transfer has generated a lot of public debate and I am pleased that the committee took the opportunity to investigate the issue and engage in the debate. Although stock transfer is not an emotive phrase, it has proved to be an emotive subject. I welcome particularly the level of

consensus on the committee's recommendations.

When the committee discussed the report it was clear, for example, that Karen Whitefield had concerns about the regulation of and statutory provisions on homelessness. Mike Watson had concerns about DLO staff and the services that they provide. He was concerned also about the construction industry's ability to cope with the increased employment opportunities that will be created through the huge cash investment in housing. John McAllion had concerns about community ownership and the need to ensure that communities are in the driving seat and in control. He also was keen to explore the issues of rents and rent guarantees. Those concerns were shared by all the committee members and I am pleased that they came through in the committee's report and recommendations. I am also pleased that the Executive has addressed some of them in its response.

It is to the credit of most committee members that we were able to sit down as a committee, share our concerns, discuss them and come to a collective conclusion. However, not all committee members conducted themselves in a manner that brought credit to the work of the committee or the Parliament. Obviously, in a cross-party committee there will be a wide range of opinion between and within parties. It is interesting that Labour, Liberal Democrat and Conservative members all worked together collectively to produce the recommendations. There were disagreements, but we engaged in the process. It is a credit to most committee members that the report and the recommendations were agreed without splits along party lines.

**Mr Quinan:** Does Mrs Craigie agree that disagreeing with only 10 out of 63 recommendations hardly consigns the SNP to infamy for its behaviour in the committee deliberations?

**Cathie Craigie:** Mr Quinan should have waited to hear what I was going to say. He should also have waited to hear what the committee was going to say. The point is not about disagreement; it is about the way in which members conduct themselves in a committee and how they deal with consensus and accept other people's opinions.

Most of the issues that we debated did not result in members splitting along party lines, apart from SNP members. When they could not win the argument, they walked out. That was a childish act, which was obviously stage-managed and prearranged. A clear distinction can be seen between—

**Mr Quinan:** Will Cathie Craigie withdraw that comment?

**Cathie Craigie:** No. If Mr Quinan lets me—

[*Interruption.*]

**The Presiding Officer:** Order. If the member is not giving way, Mr Quinan, you must resume your seat.

**Mr Quinan:** Will Cathie Craigie withdraw that accusation?

**The Presiding Officer:** You can ask her to, but if she will not, that is up to her. You must resume your seat.

**Cathie Craigie:** It was my opinion—

**Mr Quinan** rose—

**The Presiding Officer:** Mr Quinan, you have a chance to reply later in the debate, so you will get your turn.

**Cathie Craigie:** It was—and still is—my opinion that it was a stage-managed performance.

There is a clear distinction between principles and pragmatism on the one hand and political opportunism on the other, which is what the SNP demonstrated that day. However, enough has been said and I will not dwell on the negative points that the SNP introduced that day.

**Ms White:** Will the member give way?

**Cathie Craigie:** I have finished discussing that point. Sandra White can mention it later if she wishes.

The committee made a large number of recommendations and the Executive has listened to most of our concerns. I am especially pleased that our recommendation for guidance on stock transfer for local authorities has been acted on and that it was issued at the end of August.

It was clear from the evidence that was given to the committee that tenants want to be in the driving seat. They want to be involved at the earliest opportunity. I share that view. Tenants know best what needs to be done. They live every day with the results of chronic under-investment in their homes and they want action sooner rather than later.

**Bruce Crawford:** As a committee member, Cathie Craigie will have asked many questions and listened carefully to the evidence that was given by witnesses. Will she say why the Treasury rules insist that capital that is funded from current revenue scores against the public sector borrowing requirement?

**Cathie Craigie:** That is something that we live with. If Bruce Crawford considers the evidence that was taken by the committee, he will find the answer—it is a reserved matter. We want to get finance into housing now and to deal with the issues as they affect Scotland. I do not believe that tenants are concerned about that either. I do

not believe that they are concerned about whom they pay rent to. Politicians are more concerned about that. By concerning itself with that, the SNP is missing the point about getting investment into Scotland's housing.

Tenants' priorities are security and investment in their homes. The opportunities that arise from the investment that stock transfer can bring will deliver on those priorities.

**Shona Robison:** Will the member give way?

**Cathie Craigie:** No. I have less than a minute left and I have taken enough interventions. The member will have her opportunity later.

Rightly, tenants' involvement is paramount in the committee's recommendations. The Executive has recognised that in its response and has agreed with the committee's recommendation to increase that involvement from the earliest opportunity. Because of the importance of the issue to the future of Scotland's housing and because of the level of misinformation that has been bandied about—we have, I am sorry to say, heard more of it today—dialogue between tenants, local authorities and the Executive is necessary. That dialogue will ensure that the information is accurately relayed to tenants.

It was clear, when the committee took evidence, that the perception is that stock transfer is the only option. The statement was made and it was repeated here today, that stock transfer is

"the only game in town".

Anybody who is involved in housing or who considers the detail of it knows that that is not the case and that solutions will be found to meet particular circumstances as they exist in local areas. Solutions are being found and will be found in future. [*Interruption.*] However, I agree with the Executive's response, which clarifies—[*Interruption.*] Presiding Officer, I have been interrupted a number of times, so I hope that you will allow me—

**The Presiding Officer:** I am hinting gently that you are coming to the end of your time.

**Cathie Craigie:** I will be asking for a time check.

The Executive's response clarifies that no alternative financing arrangements can be introduced at the moment to provide the scale of investment that is needed. The situation in Glasgow is particularly complex. The council's housing committee is dealing with that and neighbourhood forums are discussing it.

The debate is not only about housing. There are frequent references to "housing stock". The term "housing stock transfer" is too technical. We should remember that we are dealing with people's homes, their futures and the futures of



their communities.

One of the best examples of community ownership that was seen by the Social Inclusion, Housing and Voluntary Sector Committee was Queen's Cross Housing Association in Glasgow. The management committee is made up of local residents and it not only manages and runs homes, but invests in the area and provides work space for small businesses and training and employment opportunities. It provides community facilities, where people can meet community groups of all interests, and it provides play and recreation facilities. The basic thrusts of that opportunity are to allow people to run what is theirs as they see fit and to change the system in a way that would be impossible without the investment that new housing partnerships can bring.

To conclude, Presiding Officer—

**The Presiding Officer:** Please do.

**Cathie Craigie:** In 1913, during John Wheatley's campaign for a radical change in Glasgow's housing policy, he stated:

"By sustained united effort the democracy could raise a city which would be a worthy monument to the capture of civic power by the common people".

In 1913, John Wheatley argued for an original approach to the funding of new housing and advocated challenging alternatives. Times change and needs change, but his message remains pertinent. Council housing in many parts of Scotland needs a radical change to address the current chronic under-investment—

**The Presiding Officer:** You must wind up, Ms Craigie.

**Cathie Craigie:** It would be a betrayal to miss the opportunity that is available to us today.

**The Presiding Officer:** We move now to the open part of the debate. Members will have four minutes for speeches.

15:36

**Mr Kenneth Gibson (Glasgow) (SNP):** As we debate the third report of the Social Inclusion, Housing and Voluntary Sector Committee, it is important to consider why stock transfer is so high on the agenda, particularly in Glasgow.

In 1987, the year in which Mrs Thatcher won her third term in office, City of Glasgow District Council received permission to borrow £67 million for council housing. That figure was considered to be totally inadequate by the council's then Labour administration. In 2000, the First Minister, who is a Glasgow MSP, and the Minister for Communities, who is a self-confessed Glaswegian, sanctioned a total spend for Glasgow, inclusive of all revenues,

of an amount that is only three quarters of what the district council received 13 years ago in borrowing consent alone.

That amount is in cash terms, but examining what the council had to invest in real terms makes pretty embarrassing reading for Labour members. Glasgow had 350 per cent more to invest in council housing in 1987 than in 2000, which is equivalent to £178 million at today's prices. As recently as 1995-96, total investment in council housing in Glasgow was just under £100 million. Today, the council has half that figure.

In an intervention on Margaret Curran during last Thursday's debate on the Scottish Executive's legislative programme, my colleague Fiona Hyslop described the situation as a

"starvation diet of investment in Glasgow."—[*Official Report*, 14 September 2000; Vol 8, c 417.]

At the time, Margaret Curran said that that was "absolute nonsense". I would have been prepared to give way to Margaret on that point, had she still been in the chamber, so that she could refute those figures or apologise to Fiona Hyslop and admit that, far from Fiona's accusation being nonsense, it was absolutely correct. Given that the Deputy Minister for Local Government presided over the biggest post-war reduction in investment in Glasgow, perhaps he would like to stand up and refute some of those figures, which came from the Minister for Communities in an answer to a written question.

As everyone knows, Glasgow's tenants are being softened up so that they can be corralled into a yes vote on wholesale stock transfer. The figures prove that that is the case. However, given the pressure that tenants are under, with repairs not being done and a capital programme that is slipping into the 22<sup>nd</sup> century, it is remarkable how resistant they are to the proposals that are being foisted on them by the Executive.

Members may have read an article in *The Herald* last week that indicated that tenants were not exactly blown away by the prospect of wholesale stock transfer.

**Johann Lamont (Glasgow Pollok) (Lab):** Will the member give way?

**Mr Gibson:** Before we commit another pound to another public relations consultant, tenants' concerns must be addressed.

**Johann Lamont:** Will the member give way?

**Ms Curran:** Will the member give way?

**Mr McAveety:** Will the member give way?

**Mr Gibson:** Hold on a second. Margaret Curran has already had a chance to intervene, as has the deputy minister, but I will take an intervention on

this particular point from the convener of the Social Inclusion, Housing and Voluntary Sector Committee.

**The Presiding Officer:** Who are you giving way to, Mr Gibson?

**Mr McAveety:** I will repeat the question on SNP policy that Fiona Hyslop failed to answer.

Does Mr Gibson agree that SNP policy in 1999 was that there was no solution to the debt problems that faced Scottish local authorities and that we would have to await independence? That was the SNP manifesto commitment. Is that policy still in place, or has the SNP changed its mind, in the same way that it has changed its mind on every other issue since its members arrived in the chamber?

**Mr Gibson:** It is clear that the re-emergence of Scotland as an independent, sovereign state is the only way forward for Scottish housing and for the rest of Scottish society. [*Interruption.*]

**The Presiding Officer:** Order.

**Mr Gibson:** However, until we reach that destination, we should have a relaxation of the rules on the public sector borrowing requirement, so that this Government is in line with every other European Government.

I will move on. On 4 September, David Comley, the director of housing services, presented a report to Glasgow City Council's housing services sub-committee on housing management and participation. The views of tenants, as expressed through tenants' forums, were made clear in that report. [*Interruption.*] If members will listen, I will give them the views of tenants. The report says that

"most forums would like the debt removed, the stock improved and the Council still to be their landlord.

Forums feel the process is moving too quickly for them. They feel that they are being given a lot of detailed information with little time to fully consider it and broadly that they are being driven towards stock transfer. They would like more time to consider issues."

**Johann Lamont:** Will Mr Gibson give way?

**Mr Gibson:** If Johann Lamont had been here earlier, she would have had an opportunity to intervene.

The document continues:

"Generally they do not understand the speed at which Area Housing Partnerships are being formed and are suspicious of them."

**Ms Curran:** Will Mr Gibson give way?

**Mr McAveety:** Will Mr Gibson give way?

**Mr Gibson:** I have already allowed Mr McAveety to intervene.

**The Presiding Officer:** Order. Mr Gibson cannot give way, Mr McAveety, as he has only a few seconds left to finish his speech.

**Mr Gibson:** The document also says:

"There is a good deal of confusion over the Area Housing Partnership role. Again many feel that this issue is being railroaded through without proper consultation",

and goes on to say:

"Many (tenants) see Community Based Housing Associations as predatory".

What did tenants say to the committee? John Carracher of the Scottish Tenants Organisation said:

"The language that has been used, such as community empowerment, is part of the problem, and we take issue with that way of dealing with the situation."

George McKie of the Edinburgh Tenants Federation said:

"I heard a number of people mention community ownership. I am a tenant of City of Edinburgh Council. My home is in community ownership. It is owned by all the community. That is the true meaning of community ownership."—[*Official Report, Social Inclusion, Housing and Voluntary Sector Committee*, 24 November 1999; c 352, 363.]

**Ms Curran:** Will Mr Gibson give way?

**The Presiding Officer:** No, he will not. He is about to bring his speech to a close.

**Mr Gibson:** Rankine Kennedy of the Glasgow Citywide Tenants Forum said:

"We have been led to believe that the policy is about stakeholders and that tenants will be involved in the process from the beginning. The stakeholder issue has not been addressed in our case as we have had no information or representation whatsoever over the past nine months."—[*Official Report, Social Inclusion, Housing and Voluntary Sector Committee*, 15 March 2000; c 823.]

The majority report does not identify a single tenant organisation or group that agrees with the definition of community ownership outlined on page 63 of the report. In fact, the report does not appear in any way to reflect the views of tenants given in evidence to the committee. Only the views of the Minister for Communities have been taken into account in the report.

For large-scale stock transfer to work, it must have tenant support. That support does not exist at present and may never be forthcoming. The tenants are not buying; it is time that the minister considered plan B.

15:41

**Tommy Sheridan (Glasgow) (SSP):** Let me say at the outset, Presiding Officer, that I am extremely unhappy that my amendment for today's debate was not accepted. It was the only

amendment lodged against the motion and I would appreciate your comments on why it was not selected.

The issue facing us today is of enormous significance for social and housing policy throughout Scotland. Small-scale stock transfer has been a fact of life for many years in Scotland. The majority of stock transfers have been very successful in Glasgow, where I live, not because housing associations have a secret formula, not because they have better staff than Glasgow City Council has—

**Ms Curran:** Will Mr Sheridan give way?

**Tommy Sheridan:** I am only 40 seconds into my speech. Margaret Curran can intervene later, but she should at least give me more than 40 seconds to get started.

It is not because housing associations have better staff than the council that they have been successful, but because they have been well funded and resourced. It is the level of investment and thus improvement that makes housing associations successful, not the style or type of management. Wendy Alexander's community ownership is not—

**Ms Curran:** Will Mr Sheridan give way?

**Mr McAveety:** Will Mr Sheridan give way?

**Johann Lamont:** Will Mr Sheridan give way?

**Tommy Sheridan:** Perhaps members could just give me a second to finish my argument. The problem with not being allowed to speak to my amendment is that the time for my speech is reduced to four minutes.

Wendy Alexander's community ownership is not demanded by our tenants; it is being imposed by the Scottish Executive in pursuit of its ideologically motivated agenda to remove councils as landlords. Since 1988, the council in Glasgow has transferred 14,000 homes to community-based housing associations. The average size of the transfers was 300 units and those 14,000 units were transferred over 12 years. What the Executive is trying to impose on the city of Glasgow now is the transfer of 90,000 units in one year, with secondary transfers within three years. That represents the continuation of Tory housing policy and is an ideological crusade against public provision of housing.

Wendy Alexander preaches about community ownership. Municipal housing is community ownership, and it was not so long ago that individuals in her party agreed with that description.

**Mr McAveety:** Mr Sheridan has used two of his four minutes to talk about ideology. Does he agree that, when Price Waterhouse considered the

overall issue of social ownership through housing associations in other parts of the United Kingdom, it found that, pound for pound, the public purse benefited more from housing association investment, even when compared with the best providers of municipal housing? I hope that he agrees that stock transfer is not about walking away from municipal housing, but about reinventing the very principles of social housing for the people he and I claim to represent.

**Tommy Sheridan:** I had expected Mr McAveety to be better informed for this debate. Both the HACAS report and the Ernst and Young report estimate that investment in Glasgow's housing, if the city were to follow the Glasgow housing association model, would be 20 per cent more expensive than if the council itself invested in its stock. That is a fact that the minister must live with. What we have here is the Executive trying to out-Tory the Tories on housing. We are constantly told that the process is tenant driven. I would like to refer to the report that Mr Gibson cited earlier.

**Johann Lamont:** Is the member aware that the list was drawn up by area managers? Does he agree that one of the problems with the way in which we manage our housing is that too often we listen to area managers and do not find ways of listening to what the tenants have to say?

**Tommy Sheridan:** Area managers were instructed to set up neighbourhood forums to assist the stock transfer process. Those forums have now been established. Most have been going for 18 months; some have been going for years. The area managers are now reporting the conclusions of the forums, but because the Executive does not like what they are saying, it wants to reject those. The managers are saying that the forums would like the debt to be removed, the stock to be improved and the council to be their landlord. They say further that the process is moving too quickly for them and that they are being driven towards stock transfer.

Everyone who has spoken today has asked, "What about the tenants?"

**Cathie Craigie** *rose—*

**Tommy Sheridan:** I have told members what the tenants are saying through their neighbourhood forums. I hope that Cathie Craigie will listen to that.

**Johann Lamont** *rose—*

**Tommy Sheridan:** I am sorry, but I have already taken three interventions.

What is the alternative? The alternative is to offer tenants a real choice. If Margaret Curran is saying—and I hope that the minister will back this up—that the choice facing Glasgow's tenants is between voting for transfer in the expectation of

investment through the private sector, and voting against transfer on the basis that the debt will be managed but that they will have to compete for public funds, that must be clarified.

If tenants vote against transfer, and the Executive manages Glasgow's capital housing debt, that will release our rental income and give us £124.6 million a year to invest in our stock. That would add up to £1.2 billion over 10 years. I remind the Executive of its figure—£1.6 billion under the Glasgow housing association. Of that, £400 million consists of set-up costs and consultancy fees. A further £200 million is set aside for VAT payments. In other words, £600 million of the £1.6 billion that the Executive is arguing for is of no direct benefit to tenants. The council could invest the full £1.2 billion to benefit the tenants and give them the homes that they deserve.

It is right to say that the status quo is not an option. However, the minister stands accused of political blackmail, unless she is willing to clarify today that if tenants vote no, the capital debt will still be serviced by the Scottish Executive. If she is not willing to give that commitment, she is blackmailing the tenants. She is saying, "Vote for transfer and you will get investment; vote against it and you won't." If any Labour member worth their salt thinks that that is choice, they should be ashamed of themselves.

15:48

**Mike Watson (Glasgow Cathcart) (Lab):** I always seem to follow Tommy Sheridan in these debates. I do not criticise him for getting steamed up, because I know where his heart is and I understand that he is doing a job for the people of Glasgow. However, he does go over the top slightly. Words such as blackmail do not serve his argument.

Over the years nobody has been more committed to municipal ownership than I have. Tommy Sheridan will know that. However, we cannot say that municipal ownership is the panacea for all the problems. It is not the panacea for the problems that are brought to my surgeries and, I am sure, to Tommy's surgeries and the surgeries of SNP members. Municipal ownership is one way of dealing with social housing. Over the past 80 years, it has been the main way of dealing with it in Scotland. That does not mean that we must do things that way or that that is always the best way.

The proposal that the Social Inclusion, Housing and Voluntary Sector Committee has been discussing over the past year would not mean the end of municipal housing. It is not the answer for all parts of Scotland. Cathie Craigie and other

members from Lanarkshire will tell us that North and South Lanarkshire are not faced with the same problems as Glasgow and Dundee. Housing stock transfer is not applicable to them. It is applicable to local authorities that want to take advantage of it. Municipal ownership is only one form of social ownership in housing. We should not think that that is being thrown out entirely.

**Fiona Hyslop:** I am conscious that Mike Watson is a Glasgow MSP and that the debate has been focused very much on Glasgow. However, take the example of Dumfries and Galloway Council, which also faces wholesale stock transfer. Consider the rural dimension of wholesale stock transfer. In some villages and towns, a transfer means that no municipal housing will be provided. No municipal housing will be available to allow young people who want to stay and work in their own communities to do so.

**Mike Watson:** I am aware of that.

I was at the Social Inclusion, Housing and Voluntary Sector Committee when members of Dumfries and Galloway Council gave evidence. That evidence does not suggest that municipal housing would end in those areas. Other forms of housing will be made available to young people. I am sensitive to that need. It is an exaggeration to say that that will be the end of life as people who do not want to buy their own house know it. There are other opportunities; that was made clear at the committee and Fiona Hyslop was there when it was made clear.

Tenant participation is a major aspect of the issue. I think that it was Kenny Gibson who quoted Rankine Kennedy. I know Rankine personally; he is involved in the Glasgow housing association and might be present today. The quotation that was thrown across the chamber by Kenny Gibson was from the time before the Glasgow housing association was proposed. There were certainly problems; members from all parties have acknowledged those problems. It does not serve the debate to throw that up now. If Rankine Kennedy and the Glasgow Citywide Tenants Forum had been that dissatisfied, they would not be participating in the process now.

**Mr Gibson:** Will Mike Watson give way?

**Mike Watson:** No. I will not take the intervention because I am short of time.

Glasgow Citywide Tenants Forum is participating in the process. That is the key. The code of practice for tenant participation, which has now been issued, enshrines many of the demands that were made in the early part of the process and will ensure that if there are other moves towards housing stock transfer in other parts of Scotland, that problem will not recur.

I will highlight one aspect of the Executive's response. I am pleased that many of the report's proposals have been endorsed, but I must say—and I am not saying anything to the minister publicly that I have not said to her privately—that I am extremely disappointed that the safeguards that the committee wanted to provide for staff, especially those in DLOs, have not been met in the Executive's response. That relates specifically to recommendations 47, 49 and 50.

The Executive's response is of great concern to me. I visited Glasgow City building and examined things in great detail two weeks ago, and I know that the minister was there this week. That DLO is a classic example of one that is doing a first-class job. It is restricted only by the inability to compete for contracts outwith Glasgow City Council. There is a proposal for that restriction to be lifted, which is welcome. However, that does not provide the job protection that the committee felt had to be offered to the employees of DLOs, many of whom do an excellent job and are well placed to do the work that will be required if the housing stock transfer goes ahead.

While I welcome the proposal to remove the restrictions on DLOs—especially in Glasgow's case—can we have a greater commitment that the staff's conditions of employment will be protected? We talked about the Transfer of Undertakings (Protection of Employment) Regulations 1981, which are a basic minimum. They do not last beyond the time of transfer and they do not last for new employees. We cannot have people working side by side doing the same job under different conditions. That is not sustainable. That is why the committee said that we must improve on TUPE and ensure that it is done at the time of the transfer.

It is impossible to do this issue justice in the time allowed, Presiding Officer, but I will finish there.

We must be clear on two issues. We have dealt with tenant participation. Staff and trade union issues were very important in the committee report, and I hope that the recommendations on those issues will be revisited. If not, trouble is being stored up.

15:53

**David Mundell (South of Scotland) (Con):** I had intended, rather naively, to make a positive speech, because I thought that the debate would be about the committee report.

I hope to come to the report later, but I am pleased that Fiona Hyslop mentioned Dumfries and Galloway. On the previous occasion when stock transfer was debated, she failed to give me a satisfactory explanation as to how SNP councillors could remain in the administration of

Dumfries and Galloway Council, in coalition—uniquely—with Labour while the council was pursuing the stock transfer of almost 13,500 homes. The council has voted to go ahead with that transfer and the SNP councillors remain in the administration. It is unfathomable that what the SNP says in Dumfries is totally different from what we hear from the SNP in the chamber.

**Fiona Hyslop:** David Mundell will be pleased to hear that I was in Castle Douglas on Sunday, discussing stock transfer with Dumfries and Galloway councillors who are part of the coalition administration. They pursue consistently the issue of what the tenants can get from the stock transfer. They want to ensure that the tenants' views are heard and that they will be on the scrutiny committee that will examine the proposals. The councillors admit that transfer is the only game in town; that is the point I made in the previous debate. What do members expect those councillors to do? Should they stand back and not participate, or should they ensure that they get the best deal for the tenants? That is the issue.

When I was in Castle Douglas on Sunday, I was ensuring that the councillors in Dumfries and Galloway are operating the same policy that we operate nationally.

**The Presiding Officer:** Order. We do not need any more questions.

**Mr Gibson:** Will the member answer a point of clarification?

**The Presiding Officer:** No. Please continue, Mr Mundell.

**David Mundell:** I think—

**Mr Gibson:** The council voted for a moratorium—

**The Presiding Officer:** Order. Go on, Mr Mundell. [*Interruption.*] Mr Gibson, you have had your say.

**David Mundell:** I am clear that Fiona Hyslop was in Castle Douglas to tell SNP councillors to leave the coalition, but that they would refuse to do so because, once again, being on committees and getting allowances is far more important than principles when it comes to the bit.

I know that the Deputy Minister for Local Government takes the Dumfries and Galloway situation seriously. He even grew a beard to come to Dumfries to discuss it; I hope that that was not because he did not want to be recognised, because the other perverse thing is that the leading advocates of the argument against the stock transfer in Dumfries and Galloway are Labour councillors, who are in the vanguard of opposition to the proposal. Some of them have

been prepared to stand by their principles and say that they will leave the group if the transfer goes ahead.

**Mr McAveety:** That visit might have been surreptitious.

Does the member agree that the leader of the Labour group on Dumfries and Galloway Council is involved in the process of examining the stock transfer and that a number of principles underpin that examination? If Labour councillors are satisfied on those points, they will be happy to support the transfer.

**David Mundell:** I agree. I applaud the leader of the Labour group and his colleagues who have supported him in his work with the independents, Liberals and Conservatives in taking the stock transfer forward. The transfer is more advanced thanks to that commitment.

It is important that rural areas are not forgotten. A great deal of emphasis has, rightly, been put on Glasgow, but even Fiona Hyslop pointed out—

**Mr Gibson:** Will the member give way?

**David Mundell:** No. The member has already tried to make a speech when I had not even accepted an intervention from him.

It is important for social rented housing to be available in rural areas, which it is not at the moment. On a small scale, we face the same problems that cities face. I am sure that Dr Murray will agree that in towns such as Annan, the council has housing available, but it is not taken up because of stigma and the requirement for maintenance work. As a result, there is a housing shortfall.

I commend Dumfries and Galloway Council and the stock transfer proposals in general. I will write separately to the Minister for Communities with my proposals on taking the tremendous opportunity that is offered by the process to digitalise a great part of Scotland's housing stock. I believe that the minister could incorporate into the conditions the requirement that each home that is modernised be given the opportunity of high-quality fibre optic access to either a community intranet or the internet. That could be done at marginal cost.

**Fiona Hyslop:** On a point of order. Is it not appropriate for a member to declare any registerable interest at the start of their speech?

**The Presiding Officer:** Mr Mundell's interest is well known.

**David Mundell:** On a point of order. I do not have a registered interest that is declarable in respect of that matter.

**The Presiding Officer:** That shows that both Ms Hyslop and I are not sufficiently conversant

with the technology. We will move on.

15:59

**Shona Robison (North-East Scotland) (SNP):** As someone who is not a member of the Social Inclusion, Housing and Voluntary Sector Committee, I wanted today's debate to deal with the issues, which Labour members seem all too eager to avoid. That is no wonder, given the years of underfunding of Scotland's public sector housing, over which the Labour party and the Tories before it have presided.

In 1979, housing support grant was £564 million at today's prices. This year, the grant has been slashed to only £11 million. The Convention of Scottish Local Authorities estimates that housing departments have lost £2.4 billion in revenue because of reductions in housing support grants since 1979. The clawback of right-to-buy receipts, which was endorsed by the Executive, ensures that much-needed resources are not invested in the vital modernisation and upgrading of tenants' homes. That is the context in which the debate must be set.

**Tommy Sheridan:** The minister talked about reserved powers. Does Shona Robison agree that the clawback of capital receipts, to which she referred and which deny Scotland £482.6 million of investment, is a matter over which the Scottish Parliament has power?

**Shona Robison:** I agree absolutely. It comes down to political will and, unfortunately, there is no will in the Scottish Executive at the moment.

It is clear to me, as it must be to anyone else who has read both the majority and minority reports, that the tone and content of the evidence that was gathered is not reflected in the majority report. For example, the Chartered Institute of Housing in Scotland and the Scottish Federation of Housing Associations gave extensive evidence on the need to change borrowing rules, yet the majority report gave those opinions only a one-line mention. To compound matters, that mention is followed by a full explanation of the view of the Minister of Communities on the matter. There is no comparison or analysis of that view, simply a bland assertion. Wendy Alexander's views are quoted throughout the report—31 times, compared with only two mentions of the Scottish Tenants Organisation. So much for the importance of tenants, to which Cathie Craigie referred earlier.

It is nonsense to minimise the importance of Treasury rules, given that they prevent housing investment. Let us be clear that that straitjacket is self-imposed; there is no evidence that the Treasury compels the Executive to count rental income as borrowing. The minister has never said that the rules could not be changed, only that it

was not the "ideal option". Clearly, it is not the ideal option if she is hellbent on the policy of mass stock transfer.

What is the real problem? I think that the answer can be found in the evidence of Charlie Gordon, the leader of Glasgow City Council, who implied that the reason for the stock transfer policy has more to do with the perception that Glasgow City Council has made a mess of the city's housing.

**Mr Gibson:** Especially when Frank McAveety was leader of the council.

**Shona Robison:** Charlie Gordon's view may well be true, given that Glasgow City Council has been a Labour-controlled authority, over which the Deputy Minister for Local Government has presided in the past. However, that should not direct Scotland's public sector housing policy. There should not be a Glasgow-led housing policy of one size fits all. Again, the perception in Glasgow and elsewhere that debt is being used as a carrot and stick to muscle local authorities out of public housing is not reflected in the majority report.

**Mr McAveety:** There would be more substance to Shona Robison's argument if there had been a continuation of housing strategy in Glasgow. Does she accept that during my tenure as leader of Glasgow City Council we addressed the issue of investment? That is why we explored the option of stock transfer, which is a solution that is appropriate to Glasgow's conditions but is not necessarily a solution for the whole of Scotland.

**Shona Robison:** Mr McAveety's self-justification and defensiveness says it all.

The problem with the one-size-fits-all solution is that other areas will suffer. The minister's response to partial stock transfer is quite incredible. She states:

"The danger of taking on partial stock transfer is that councils try to load more of the debt on to us without dealing with the worst parts of their stock."—[*Official Report, Social Inclusion, Housing and Voluntary Sector Committee*, 29 March 2000; c 915.]

So much for partnership, trust and co-operation. The whole policy is being driven by distrust and suspicion of local government, much of which, ironically, is of the same political colour as the minister.

The minister's refusal to consider the servicing of debt without stock transfer means that if there is only a partial transfer, the council's debt will only be serviced for five years. What happens after that? The council tax payers will have to foot the bill when the debt is returned to the council after five years.

**Cathie Craigie:** Will the member give way?

**Shona Robison:** For the minister and her Labour back-bench fan club, of which Cathie Craigie is of course a member, there is a one-size-fits-all policy—take it or leave it. There has been a consistent refusal to tell the tenants what the alternative is if they vote no to stock transfer. The tenants are hardly being offered an informed choice by the so-called listening Government.

16:05

**Karen Whitefield (Airdrie and Shotts) (Lab):** I will begin by focusing on something on which we all agree. Despite the torrid and well-publicised disagreements that emerged during the committee's investigation into housing stock transfer, members agreed on the basic point that the status quo is not an option.

Too many Scots live in houses that are barely fit for the 19<sup>th</sup> century, never mind this one; too many pay large parts of their rents to service unsustainable and crippling debts rather than to provide decent, comfortable homes; and too many feel excluded from the decision-making process.

Committee members agreed that urgent action must be taken to tackle those problems and that tenant participation should be a vital element of that action. However, we differed on how to achieve that goal. The committee report represents a reasoned and considered response to the intricacies of housing stock transfer and recognises the opportunity that stock transfer offers for the significant improvement of social rented housing. Furthermore, it endorses the principle of stock transfer as a primary method of accessing the additional capital investment that our housing so desperately needs and highlights opportunities for increased community and tenant involvement, which is in line with our wider social inclusion agenda.

**Mr Quinan:** At the Social Inclusion, Housing and Voluntary Sector Committee meeting on Wednesday 14 June 2000, Fiona Hyslop proposed the retention of recommendation 9, which said that the Scottish Executive should examine ways for its empowerment objectives to be achieved even when tenants did not pursue stock transfer as an option.

Why did Karen Whitefield vote against that recommendation?

**Karen Whitefield:** Stock transfer is not the only option. At the committee, I received assurances from Wendy Alexander that it was one option. In North Lanarkshire, we will not be forced to transfer our stock if we do not want to do so. The proposal is meant for Glasgow, and tenants will be involved in the process.

I shared the concerns of Shelter and the

Convention of Scottish Local Authorities about the impact of stock transfers on homelessness. In particular, the committee heard concerns about local authorities' ability to fulfil their statutory homelessness obligations once they were no longer landlords. The committee concluded that transfer proposals should pay attention to the need for a homelessness strategy and that there should be local arbitration arrangements to assist in resolving disputes among councils, housing associations and other regulated social landlords. That addresses Fiona Hyslop's scaremongering that some people will not have access to accommodation provided by housing associations because they are too young.

I welcome the minister's recent response to the committee's report, in which she highlighted the measures in the proposed housing bill that will address those issues. I particularly welcome the Executive's intention to place a statutory duty on registered social landlords to comply with a local authority's request to house an unintentionally homeless person in priority need. I also welcome the inclusion of arbitration arrangements between councils and social landlords. Those measures will address many of the concerns that the committee heard and will help to ensure that stock transfers do not impact negatively on relief of homelessness.

I welcome the Executive's response to recommendation 61, which addresses the important issue of affordability. Many people are concerned that stock transfer will result in housing that is not affordable. The committee recommended that

"central and local decision making in developing and approving stock transfer proposals should take account of long-term affordability and social inclusion"

and that

"rent guarantees should be binding for the agreed period and should have regard to what tenants can afford".

I am pleased that the minister agrees with that unconditionally.

I join my colleagues in commending the committee's report to the Parliament. The concept of stock transfer stood up well to scrutiny. I take members back to my opening remarks: for much of Scotland's council housing, the status quo is not an option. Not only can stock transfer deliver the social rented housing that tenants deserve, it can nurture and develop the level of tenant involvement that will ensure that this housing regeneration is sustainable in the years ahead.

16:10

**Ms Sandra White (Glasgow) (SNP):** I want to concentrate on three of the Executive's key aims regarding the housing stock transfer. The first is

securing investment in the houses. We all want to secure investment, but the minister's proposal is not the only one that should be on the table. There are other ways of modernising the houses, some of which would keep them under council control. Believe it or not, there would be more investment in the houses—particularly in Glasgow—if the Executive and the housing committee of Glasgow City Council had the will to challenge the existing London Treasury rules.

The second aim is stable and affordable rents, which—by the minister's admission—can be guaranteed for only five years. As Margaret Curran pointed out in her opening speech, benefit rules could change. What would happen then? What would happen to affordable guaranteed rents if the lenders and the bankers decided that the houses were no longer a good investment? What if the houses were no longer deemed viable? What if the cost of repairs and building work spiralled?

**Mr McAveety:** Does Sandra White accept that the points that she raises would apply to any existing association and to any group of tenants that took part in small or partial transfers? If the principle applies in total, that is fine, but there are distinctions.

**Ms White:** We are talking about thousands and thousands of homes being transferred in the city of Glasgow. Scottish Homes and small housing associations are an entirely different issue. The report mentions that there is no evidence that the Treasury compels Scotland's Government to control rents. The Executive has the power to make a change, but it does not have the will.

The third aim is community ownership. Karen Whitefield mentioned the promotion of community empowerment, community control and community ownership. At the moment, more than 90,000 houses are in council ownership in Glasgow. Some 13,000 of those will be demolished. I want to know where the tenants of those houses will go. Like many Glasgow MSPs, I have been around the country, and Glasgow in particular, to meet tenants and go to public meetings. The tenants are terrified that they will be scattered to the four winds. Cathie Craigie mentioned Queen's Cross Housing Association in the Maryhill area. Tenants in that area would love to go to Queen's Cross. Will the minister give us a guarantee that those communities will not be torn apart and that the residents will be allowed to live in a community with improved houses if the stock transfer goes ahead? The minister is shaking her head at me, but I wish that she or someone else from the Executive had turned up at the public meetings to offer that guarantee. When we talked to housing associations, we were told that they could not take those houses over. Tenants were told that,



because of factors such as residual debt, they could not be sure of being able to stay in their communities. That is a fact. If we get that guarantee today, perhaps some of those tenants will be happier.

I want to talk about local councillors' responsibilities. Will there be genuine liaison between councillors and tenants in the huge organisation that is proposed? As members who have been councillors will realise, councillors find it difficult to get anything out of Scottish Homes or housing associations regarding tenancies or anti-social tenants. It was easier when councils controlled the homes. Will the minister assure us that liaison will be guaranteed? The Executive has set up executive councils in other areas to ensure that councillors are not involved in outside bodies, so why will this situation be different?

On empowerment, where is the plan B that will come into effect if the tenants vote no? If they vote no, does that mean that there will be no improvements and no partnership? Or are the tenants being told that they have no genuine choice and that they had better vote yes or else?

16:15

**Mr Murray Tosh (South of Scotland) (Con):** I was a member of a housing committee on a district council, and was convener of that committee for four years. During my convenership, only one thing mattered to me: maximising investment in the housing stock that was given into my trust for four years. As Fiona Hyslop said at the beginning of the debate, we had considerably more money then than the successor council has now. That point goes to the heart of what the debate is about: how to maximise investment in the housing stock.

Every SNP speaker—I include Tommy Sheridan, as I do not see the difference between him and the SNP on such issues—has gone on about Treasury rules. Let me tell them a secret: when I was a housing convener, I was frustrated by Treasury rules, because I knew that the cash flow through the council that I served on could sustain a higher level of capital spending than was allowed. I made representations about Treasury rules, and guess what? The Treasury would not change them.

The Treasury has not changed its rules under this Government either. Who might form the next Government is now a matter of dispute, but let me predict that the Treasury will not change the rules under that Government either.

**Tommy Sheridan:** Will Mr Tosh give way on that point?

**Mr Tosh:** No. To quote Tommy Sheridan, I am

hardly into my speech.

**Mr Tosh:** The Treasury rules will not change, so the acid question becomes, what in a devolved Scotland does the SNP think we should do with the powers and resources available to us to maximise investment in housing? In positing the alternatives—£1.2 billion or nothing—SNP members are the ones who are offering the nothing. They have no alternative. The only alternative is to go on as we have been going and, by common consent, that is not enough.

We heard the excuses for the councillors. We heard Bruce Crawford talking about his private finance initiative in Perth. We heard, "It's the only show in town," and, "We have to go with what we've got." Actually, I agree—if the only way of investing in our housing stock is to lever in private money, I have no objection to that.

**Tommy Sheridan:** For medical reasons, will Mr Tosh take an intervention?

**Mr Tosh:** Here is a picture of Tommy Sheridan at a housing association—I refer to my copy of *Focus*, from the Scottish Federation of Housing Associations. He does not disagree either.

**Tommy Sheridan:** I thank Murray Tosh for allowing my intervention; it was for his own good that I hoped he would take one. I am glad that he just held up the monthly magazine of the Scottish Federation of Housing Associations. I have with me the magazine of the Hilltop View Housing Co-operative, which has a £45,000-per-unit investment, which is marvellous and something that I am absolutely willing to support. That is a small-scale stock transfer.

Murray Tosh mentioned the figure of £1.2 billion, about which there has been much debate. That was the figure that the City of Glasgow Council could invest from its own resources. There is only £1 billion available in the transfer, because of the amount of money that will go on costs. Will he comment on that?

**Mr Tosh:** Tommy Sheridan made a point earlier about the difference between the amount that was invested in the stock transfers that had gone ahead and the money that needed to be spent on the remaining housing stock in Glasgow. I think that Euan Robson responded to that and pointed out that the £16,000 that had been mentioned was an average figure. Glasgow City Council did not pluck the average cost figure out of thin air; the figure was based on a housing conditions survey. The whole proposal has been built on fairly scrupulous modelling, which shows that the resources will be there.

We have heard complaints this afternoon about people being afraid that communities will be scattered to the four winds, and about people's

fears. Why do people have those fears? Where have the fears come from? Who has told people that the things they are frightened about will happen? *[Interruption.]* I am sorry that I have to shout, but Kenny Gibson is shouting at me. I know that housing associations provide decent housing, and that they maintain their houses properly. In fact, they maintain them far better, historically, than councils ever did. I know that housing associations can lever in private money because I am on one. In that capacity, I have never seen a banker. No banker has ever come and told me to evict our tenants or to manage our houses in a certain way. All that the bankers want is their decent rate of return. The housing association manages the housing stock.

What is happening this afternoon is an exercise in old Labour ideology. The SNP has talked about ideology, but the only ideology here is the one that says, "We put the tenure before the investment." That is what SNP members are saying. They are committed only to retaining the houses in municipal ownership. They know the public sector borrowing constraints, and they do not care.

The SNP game plan is for there to be no improvement in housing; that is the SNP's intended vehicle to take it to power in an independent Scotland. That is a disgraceful abdication of everyone's responsibilities to the people of Glasgow and of other council areas throughout Scotland.

I congratulate the Executive on its willingness to depart from the old ways of thinking, to engage private capital and to empower communities to deal with their problems once and for all. I hope that the stock transfer becomes the vehicle that will achieve the step change that we badly need.

16:20

**Mr John McAllion (Dundee East) (Lab):** With friends like Murray Tosh, the Executive does not need enemies. If political arguments were won on the basis of who had the best pair of lungs and could shout the loudest, Murray would be master of all that he surveys.

My advice to anyone who approaches the thorny problem of Scottish housing policy is that they should do so with a degree of caution, and with more than a modicum of humility. Those qualities have not been evident in the debate so far this afternoon. If the debate teaches us anything, it should teach us that housing catastrophes are invariably introduced to great acclaim, mostly with the best of intentions and always with the conviction that what is being done to the tenants is the best and only hope for them.

Billy Connolly once described Glasgow's council housing schemes as "deserts wi' windaes".

However, even he would admit that, when they were first built, they were hailed on all sides as the future way of keeping working-class people out of the private, Rackrenten slums in which I grew up in Glasgow. Therefore, I suggest that caution should be the keynote theme that is adopted by everyone who speaks in the debate.

My favourite writer, Bertolt Brecht, wrote "Blessed is doubt". We need to remind ourselves that Parliaments are elected to cast doubt on policy proposals that are put forward by whatever Executive happens to be in power. It is our constitutional role to doubt what Executives do, and we should all have that in mind when we speak.

**Johann Lamont:** I look to housing co-operatives and housing associations in my constituency to deliver high-quality housing at a lower rent than that of the municipal landlords and to create a huge community dividend. Would it not be reasonable to say that, in doubting, we should look at the evidence of our eyes, and that any plan that includes community ownership and tenant participation—as is the case in the GHA—is a reasonably sufficient ground to put doubt aside and work with the tenants towards an alternative that will make a difference?

**Mr McAllion:** I spoke at the annual general meeting of the Scottish Federation of Housing Associations to praise community-based housing associations, and I have never criticised them as a legitimate form of social ownership.

However, let me cast some doubt on some of the features of the Executive's stock transfer policy and of the report. The key recommendation, recommendation 2,

"endorses the principle of stock transfer as a primary method of accessing major additional capital investment and moving towards effective community ownership of social housing."

Stock transfer is one possible means of attracting investment and providing effective community ownership, but by no means is it—nor should it be—the primary means of doing that.

How can someone define what is and what is not community ownership? I agree with George McKie that council housing is a form of community ownership—one that is as valid as housing associations, housing co-ops or any model of that kind.

**Ms Curran:** Does Mr McAllion agree with John Carracher of the Scottish Tenants Organisation? When he was asked whether he regarded housing associations as being in the private sector, he said:

"The answer is yes, they are in the private sector".—*[Official Report, Social Inclusion, Housing and Voluntary Sector Committee, 24 November 1999; c 352.]*

Does Mr McAllion think that housing associations are in the private sector, and that we should endorse that view?

**Mr McAllion:** No, I do not. I agree with the view that is expressed in recommendation 4 of the stock transfer report, that stock transfers are not the same as privatisation. If ownership is vested in a not-for-profit, tenant-led organisation, clearly it is not in the private sector. However, if the question is who controls the rental stream before transfer and who controls it after transfer, a very different dimension starts to come into view.

Before transfer, the rental stream is under public control; the elected Government of the day decides on the subsidies and the loan charges, and the elected council decides on the rents—they are accountable to the people for that. After transfer, the rental stream is under the control of the private sector; effectively it has been privatised.

**Mr McAveety** *rose*—

**Mr McAllion:** I do not have time.

The Council of Mortgage Lenders told the committee that as long as there is a rental stream coming to the lenders, their lending is safe and they do not care who owns the houses. But if the rental stream ever stops any time in the next 25 to 30 years because of the right to buy or housing benefit being withdrawn, who owns the houses will matter to the private sector, and we should take that into account.

I do not have time to make the speech that I want to. Let me come to a conclusion by saying that the housing association movement took 25 years to grow from nothing to ownership of 125,000 housing units across Scotland today. If whole stock transfers go ahead, as suggested by the Executive, that figure will more than double overnight. Whole stock transfers represent a prodigious leap into the housing dark that is without precedent in Scotland and leaves hanging in the air a series of unanswered questions and doubts. We as a Parliament should demand answers before we embrace stock transfers.

**The Deputy Presiding Officer (Patricia Ferguson):** We now move to closing speeches. I apologise to members who wanted to take part in the debate but whom it was not possible to call.

16:26

**Lord James Douglas-Hamilton (Lothians) (Con):** It is a pleasure to follow John McAllion, because for eight years when I had the housing brief in the House of Commons, he used to shadow my every step and raise every single point on the agenda and a great many more that were not on the agenda. I do not think that he is right in

saying that the numbers will double overnight, because I think that many tenants will vote no. It is part of the democratic process that if they vote no, that will kill the transfer proposal stone dead. That is an important democratic point.

**Tommy Sheridan** *rose*—

**Lord James Douglas-Hamilton:** I will give way, but then I must get on.

**Tommy Sheridan:** Thank you. James is a perfect gentleman. Does he accept that the problem in Glasgow is that there will be no choice? If 40 per cent of Glasgow tenants vote no, they will be forced into the GHA none the less because there will be no municipal housing. That is the problem.

**Lord James Douglas-Hamilton:** I appreciate the point that Mr Tommy Sheridan is making and it will be for the minister to decide. But when housing was my responsibility, if the tenants said no, their view would be respected. It will be extremely interesting to see how the matter unfolds.

The policy is being presented as bright, shining, new and radical. Perhaps it is—but on closer examination it appears to be a Conservative policy sprinkled with a few specks of new Labour paint.

**Mr McAveety** *rose*—

**Lord James Douglas-Hamilton:** I shall give way in a moment.

Colleagues may recall the celebrated occasion when the United States gave tractors to Pakistan and the local Communist party painted hammers and sickles all over them. For a long time, it was believed that the tractors came from Russia. It might be believed that this policy emanates from new Labour, but some of us may be pardoned for thinking that it comes from somewhere else. Of course, that is only an idea.

**Mr McAveety:** Could the ex-minister tell me whether in his period of office he at any time offered City of Glasgow District Council a transfer of debt, even in the last couple of years when his party was clinging to office?

**Lord James Douglas-Hamilton:** Writing off the debt at that time meant in excess of £1 billion and the Scottish budget could not have stood that, in that form. The whole purpose of drawing in the private sector is to make public sector funds go much further. The late John Smith argued for more expenditure and said that he did not much mind whether it was public or private as long as there was more expenditure.

The two great successes in Scottish housing in recent years have been the housing association movement and the growth of home ownership. Some of the best examples of urban regeneration

have involved not only multi-agency task forces but the public and private sectors and housing associations. The results can be seen in Castlemilk and Easterhouse in Glasgow, Whitfield in Dundee and Wester Hailes in Edinburgh. I remember a lady coming up to me in Whitfield and saying, "Come and see my wee palace." In comparison to what she had before, it most certainly was a wee palace. That was a success story. A mixture of tenure has worked really well.

It is important that board members acknowledge tenant housing priorities—in relation to allocations, community needs and the management of stock. If some 87,000 council houses are being considered for stock transfer, I suggest that—as Tommy Sheridan said and many others echoed—the status quo is not an option. The public sector cannot do everything, and the council, with more than 50 per cent of its rental income going to service existing debt, does not have the funding. Keith Harding touched on that point. It means that 23p in every £1 is available for repairs.

If more funding could be drawn in from the private sector, that would be significant. There is clear evidence that tenants will support an above-inflation rise in rent if a better repair and maintenance service is provided.

**Fiona Hyslop:** Does Lord James agree that debt is crucial to the debate, and that it is within the power of this Parliament, under devolution, to service the debt or to transfer the debt of Glasgow City Council or of any other council? Stock transfer is purely and simply a Government policy; it does not have to exist in fact.

**Lord James Douglas-Hamilton:** In relation to stock transfer, every conceivable detail of finance has to be thought through with the utmost precision—in contrast, if I may say so, to the Holyrood project. The details have to be exact; there is no room for error.

It is important that there should be a powerful local input. Each housing association should, in our view, control not more than around 6,000 houses. Smaller housing associations may be highly desirable, but it is necessary to have a critical mass to achieve economies of scale. There is nothing to stop housing associations banding together to purchase the best repairs services.

Public-private partnerships have worked. We believe that, through the housing association movement, they have produced greater satisfaction for the tenants than have the local authorities. We support the principle of stock transfer as the primary method of accessing major additional capital investment, provided that it is thoroughly thought through in every detail.

16:32

**Mr Lloyd Quinan (West of Scotland) (SNP):** The exchanges during the debate, and the failure—I agree with John McAllion—to consider the broader picture have been depressing. The whole business of stock transfer is being presented to us as the cure for all ills. However, I am concerned that we have not properly addressed the financing. I go back to what a number of my colleagues have said, and to what we often heard in evidence in committee: there was not a full and proper examination of the possibility of a change in Treasury rules. That simply was not done. I believe that the principal flaw in the majority report is the failure to examine every possible way of raising finance for Scottish housing.

I believe that that is tied closely to an inner sanctum ideology within new Labour. Those in the inner sanctum intend to make up for the failures of 50 or 60 years of municipal government. They have no respect whatever for their local councillors—hence the move to cabinet-style councils, the resistance to proportional representation, and the basic desire to take power away from people and away from members of their own party at that level.

**Mr McAveety:** Mr Quinan has clearly not read any of the submissions to the Local Government Committee, on which many of my colleagues sit. Through the housing bill, we are looking at ways in which local authorities, if they transfer stock, will have control of the development budget and will have a leadership role in developing housing plans.

What is the SNP's position on investment in Scottish housing? Does the SNP say that we must wait for independence before tackling debt? SNP members have avoided that question three times today and it is time that they gave the Parliament an answer.

**Mr Quinan:** I find it extraordinary that, yet again, Mr McAveety has failed to recognise what has been said by several of my colleagues. He is well aware that we could deal with the debt problem through the powers that he and the Minister for Communities have within the Parliament. To say any more on that would be to dignify a cheap and shoddy remark from a man who never took responsibility for being the largest slum landlord in Europe during his tenure as leader of Glasgow City Council.

**Ms Curran:** You never said that to Charlie Gordon.

**Mr Quinan:** Charlie Gordon's name has been mentioned. It is interesting to find such a divergence between the ex-leader of Glasgow City Council and its current leader. Charlie Gordon

gave the committee the impression that he had been told that stock transfer was the only game in town. I have further evidence that it is the only game in town because I have asked the Minister for Communities—in committee and in written questions—what plan B is and as yet I have not received a single coherent answer.

I would like the minister to tell us what plan B is, particularly in relation to the commitment to the empowerment of tenants. Will those tenants receive the same empowerment and investment if they reject stock transfer? It is a simple question that has been asked many times. We seek clarity on that issue this afternoon.

Last night, in a discussion on “Newsnight Scotland”, we discovered, bizarrely enough, that the Tory candidate for North Tayside in the coming Westminster elections would campaign on fiscal autonomy. The Liberal Democrats, in the form of Malcolm Bruce, also suggested that we should operate on the basis of fiscal autonomy, as happens in the German Länder, the Navarrese autonomous community in Spain, in Catalonia, and indeed in the Basque autonomous community. The Labour party’s problem is that it believes that fiscal autonomy, like Calton Hill, is a nationalist shibboleth. I tell members that it is called advanced, modern, 21<sup>st</sup> century thinking.

**Mr Michael McMahon (Hamilton North and Bellshill) (Lab):** What is the SNP’s plan B? SNP members say that if people vote for independence, they can get investment, whereas we tell people that they can vote for stock transfer and get investment. Is the SNP claiming that its version is not blackmail?

**Mr Quinan:** Michael McMahon should buy some eardrops. I made no reference to independence—perhaps he did not notice. We must look to modern structures and take on our proper responsibility as a Parliament, which is to run finance and local government properly. I am on the edge of being sick when the Deputy Minister for Local Government tells us that there is nothing he can do about that because it is an issue for local government and the Minister for Finance tells us that he cannot do anything about it because it is a local government issue. We have to take responsibility; responsibility comes with the control of finance.

We all know that we can deal with the debt problem in Scotland, right now, and provide the investment—members will read that in the report. However, that does not suit the ideological book of pink new Labour.

I recommend the minority report.

16:39

**The Minister for Communities (Ms Wendy Alexander):** I congratulate the committee on providing such a comprehensive and penetrating report on a wide range of complex issues. I welcome everyone who has come to hear today’s debate.

I am pleased that there is extensive agreement between the committee and the Executive. The committee has greatly assisted the Executive in thinking through some of the fundamental issues that we face in the weeks and months ahead.

I want to bring the debate back to the fundamentals. Why are we here? We are here because 15 months ago, when the Parliament took on its powers, we faced real despair about prospects for Scottish housing, 350,000 kids growing up in damp housing, rising homelessness and declining investment inherited from the Tories.

Shelter said that £10 billion of new investment was needed to deal with Scotland’s housing. We had a budget that was one twentieth of that. What could we do? Wait 20 years? Did Scotland’s council tenants have to wait 20 years? No. As a Parliament, we had to find a way to do it differently and do it better. When Scotland’s electors go to the polls in May 2003, the spending on housing in Scotland, adjusted for the Scottish Homes debt, will be more than 50 per cent higher in real terms than in 1997-98 when Labour was elected. What will we do with it? We will end the need to sleep rough.

**Fiona Hyslop:** On the next Holyrood elections in May 2003, is not it the case that the timetable for the Glasgow ballot is such that there will be little opportunity for the minister’s grand scheme to bear fruit before members face the ballot? The problem is that we will have had about four years of Labour Government rule at Westminster and another four years under the minister’s rule, and little housing investment will have hit the streets of Glasgow. Members will be up for re-election and the minister will not have delivered.

**Ms Alexander:** The difference between Fiona Hyslop and us—and my goodness, the tenants will see it clearly—is that under us not a ha’penny of debt will remain to be serviced by Glasgow tenants, but with her step-by-step solution, they will still be holding on to 90 per cent of it.

Let me return to what we promise to do. We will end the need to sleep rough. We are building refuge places for women escaping violence. We are getting kids out of temporary bed-and-breakfast accommodation. We will ensure that no old person in Scotland ever again will have to crouch over a two-bar fire, by giving them central heating, and we will lift the debt burden. That is a record that no party in the chamber promised

before the election, and it is one of which we are proud.

The issue is: how will we get new money into council housing? How dare other people accuse us of having no will—we have not heard one promise from them today about how much money will be spent, where it will come from and what the controls will be on public expenditure. How will we do it? Our biggest challenge is how to get new investment into Scotland's housing.

Let me explain what that will mean. Our proposals represent the most radical redistribution that we have seen in decades. The estimated amount from the public sector that we are putting in to meet the debt burden, in today's money, is £1,000 million in Glasgow, £60 million in the Western Isles and £80 million in Shetland. But lifting the debt burden is not enough; we need to bring in additional money to invest in houses.

**Mr Gibson:** The minister keeps talking about the future. Why is investment in public housing in Scotland at its lowest ever?

**Ms Alexander:** It is not.

**Mr Gibson:** Why does Glasgow have only £50 million to invest in its council housing now, when it had £178 million in 1987, when the Conservatives were in power? The Executive has deliberately starved Glasgow and other councils of investment in order to force through, for ideological reasons, the stock transfer proposals.

**Ms Alexander:** The truth is that we will have increased investment in housing throughout this session.

The question that dominated today was: is there a plan B? Is this a one-size-fits-all situation? If people take nothing else from the debate, take this: only seven councils are pursuing a wholesale stock transfer, and they are doing it because it is right for their area. It is being done in Glasgow because the disrepair is highest. It is being done in Shetland because the debt burden there is highest. It is being done in the Western Isles because new houses need to be built. But that is not the only option. Let me tell members what plan B is: should tenants in Glasgow vote no, they have the opportunity to pursue the solution that Edinburgh and Dundee have chosen. Those who live in Craigmillar have partial transfer and £25 million investment. In Ardler in Dundee, another £25 million of public money is being invested. Therefore, there is a plan B, and it is the one that the SNP offers.

**Shona Robison:** Will the member give way?

**Fiona Hyslop:** Will the member give way?

**Ms Alexander:** The SNP has said that it wants small-scale transfer. It wants to do transfers area

by area, but the problem with the SNP's solution is that it leaves the millstone of debt with the council. If Glasgow pursued stock transfer area by area, we would risk too many losers being left behind. We are criticised for the big bang. The big bang is that all debt servicing will be met by this Parliament in the biggest act of redistribution for decades.

**Tommy Sheridan:** On the specifics of the transfer, will the minister clarify that if the Glasgow tenants vote no, the debt will still be serviced by the Executive? Is she saying that the tenants will have to struggle to get public funding from elsewhere or is she giving a commitment that the debt will be serviced and that the rental income can be spent?

**Ms Alexander:** Plan B involves partial transfers that have been taken by Edinburgh and Dundee. The debt associated with those houses is lifted.

**Fiona Hyslop:** The crux of the matter is the powers of the Government to deal with the servicing of the debt. Under the Executive's powers, it can decide under partial transfers—which I understand it has done—that it can deal with debt, but only for five years. After five years, in Fife and in Dundee, council tax payers will have to pick up the debt. That was one of the main issues of difference between the minority and majority reports. Under partial transfers, will the minister guarantee that she will continue to service debt after five years?

**Ms Alexander:** We said that in circumstances of partial transfer, there will be partial debt servicing for five years. The issue here, which I have just exposed, is that plan B is being pursued all over Scotland. The choice is with the tenants.

Cathie Craigie touched on Glasgow. The history of at least some of us here is about opening up new tomorrows and new opportunities for people. The crux of the issue is this: when John Wheatley was elected in 1911 to Glasgow Corporation, as an elected representative he was not satisfied with saying, "Woe is me." He was not satisfied with condemning the landlords of the day and he was certainly not satisfied with condemning the Gordon Browns of the day. Instead, he sat down and wrote a plan to build £8 cottages in Riddrie in Glasgow. He did not say that he would pay for that by pleading with the Treasury to change the rules. He said; "Look at our tramways. Let us get hold of the private profits from the tramways and get on with changing the face of our city." That is the sort of imagination that the Parliament should bring to a new century and to the city of Glasgow. We have talked to the banks, the construction companies and the tenants, and we are delivering what tenants want.

Last week, Mr Sheridan said that tenants

wanted three things. He said that 90 per cent of tenants wanted a damp-free house with central heating; that is now happening. He said that 89 per cent of tenants wanted a responsive repair service. The day after the transfers—if the tenants vote for them—the repair service goes local. He said that 88 per cent wanted security of tenure; it is in our hands to deliver it. *[Interruption.]*

**The Deputy Presiding Officer:** Order.

**Ms Alexander:** It is ambitious, but fears are being whipped up—

**Mr Quinan:** Will the minister give way?

**Ms Alexander:** I will not take any more interventions.

Let us deal with the fears. On the fear about privatisation, we have promised that the landlords will all be non-profit. On the fear that the rents will go up, we have promised guarantees. It is to the sceptics that I say that a 15-year rent guarantee was announced today by Sanctuary Scotland Housing Association in Dundee. On the fear that tenants' rights will be at risk, we have the chance to deliver the best ever tenants' rights package.

On the fear that the homeless will be at risk, there will be a new obligation to house the homeless. On the fear about job losses, there will be new rights for the direct labour organisations to undertake work. On the fear that workers' rights will be threatened, not only does TUPE stay, but there will be stability on pensions, job security, union recognition and training opportunities. On the fear that the bankers will come in, I guarantee that Scottish Homes will be the regulator. On the fear that the tenants will not be consulted, 750,000 items of information have been sent out to tenants already. One hundred organisations are involved and now, arguably, we have the largest participation exercise in this country.

The tenants can say no—*[Interruption.]*

**The Deputy Presiding Officer:** Excuse me, minister, but I must interrupt you. Members must not have exchanges across the floor of the chamber.

**Tommy Sheridan:** Especially ministers. That is a disgrace. *[Laughter.]*

**The Deputy Presiding Officer:** No member, regardless of rank or title, will have exchanges across the floor of the chamber. A member is on her feet, trying to address everyone in the chamber. Please continue, Ms Alexander.

**Ms Alexander:** I say to the Parliament: let us all have the courage to lead on this one. Of course the tenants can say no—they have that choice. However, I am confident that when they look round and see what community-based landlords can achieve, they will want to go forward.

Let the tenants judge, as it is for them to make a choice. Our role as national politicians is not to sit back and be the Jeremiahs of our generation. Many of us come from a proud tradition, with a history of battling against the wisdom of the day to do what we believe is right and to lead, taking people with us.

I say to all members, "Look to your conscience." To the Tories, I say, "You like the idea of the tenants being in charge and I welcome that, but you must also like the social justice of this proposal." I want to hear Tories across Scotland say that they are happy for us to lift the entirety of the debt burden, because that is what is required in places such as Glasgow.

To the SNP, I say that we have had an afternoon of fear-mongering. The SNP will choose a new leader this weekend, so let us talk about leadership. The only answer that we have heard from the SNP today is, "We don't know." We do not know whether the SNP believes in lifting the entire debt burden from Glasgow and in allowing the housing stock to transfer to community ownership.

John McAllion called for humility, and rightly so. We should be out to destroy the despair, the debt and the dampness, rather than deal in dogma or dwell on doubt. Our responsibility is to lead and to give people a new future. Scotland will remember those who show leadership in the debate—those who do not simply talk about social justice but who go out and deliver it.

The Social Inclusion, Housing and Voluntary Sector Committee report opens up a new tomorrow for tenants. We must trust the tenants. Housing stock transfer will go ahead and it will be a new start for Scottish housing. The tenants will choose their destiny and we should thank the committee for its support.

**The Deputy Presiding Officer:** I call Robert Brown to wind up the debate on behalf of the Social Inclusion, Housing and Voluntary Sector Committee.

16:52

**Robert Brown (Glasgow) (LD):** I listened to the debate with a degree of weariness. When Margaret Curran, on behalf of the Social Inclusion, Housing and Voluntary Sector Committee, opened the debate on the committee's excellent report, she tried to put in perspective the various issues that arose in committee and to put them before the chamber for members' consideration. Since her speech, we have heard tirade after tirade from different parts of the chamber on issues that, in large measure, are not within the control of the Scottish Parliament.

The stock transfer proposal comes from the Executive and is for the Parliament and the country to consider. The proposal is on the table and we should deal with it. John McAllion spoke about caution and humility, and I agree with him. However, the debate should also contain an element of hope and optimism, but that element was missing from the speeches made by Opposition members.

The fact that the report is good is not down to the efforts of one or two people, as every member of the committee had an input. Some members, such as Mike Watson, concentrated on staffing issues, while others concentrated on the size and type of the new social landlords. Euan Robson, who is not a member of the committee, spoke about the rural dimension. For others, the Glasgow stock transfer was, inevitably, the dominant issue. Other issues, including local employment, rent levels, investment levels, monitoring arrangements, the tenant ballot and homelessness, were raised in committee and dealt with in the final report.

Today's debate reflected the framework of the report, which was set by the overriding political debate. The implications of the political debate showed up in the report and in the minority report that was attached to it. I do not think that division at that level in any way devalues the detailed findings of the report, which were often critical of the Scottish Executive, the proposals and the process to date.

**Fiona Hyslop:** An important part of today's debate has been about how to deal with debt. Recommendation 12 of the majority report says:

"Where alternatives represent both a means to social inclusion and community regeneration, and also good value for public money, the Executive should consider assistance with relief of housing debt."

I take it that Robert Brown accepts that fundamental point. Will he acknowledge that debt and treatment of debt in situations other than wholesale stock transfer should be on the table?

**Robert Brown:** I do indeed acknowledge that. Debt is one of the three or four major issues running through this debate. A large proportion of the money comes from public funds and must be targeted, well spent and effective. I shall show how that can be done as I proceed with my argument.

The central theme of the stock transfer report is that a unique and dramatic opportunity is offered to the tenants to take control of their future and see a major change in the quality of their homes. The decision on whether to go ahead with the transfer will be taken by ballot. Although there is work to be done in Glasgow to overcome a bad start, I am confident that the right decision will be

made.

**Tommy Sheridan:** Will Mr Brown give way?

**Robert Brown:** No, I will not accept an intervention.

I urge the minister to give us an assurance about the ballot process. The committee made a clear recommendation that there should be a legal requirement for a ballot of tenants requiring a majority vote. The minister's reply is not at all clear. She should remove any uncertainty by making an unambiguous statement that the decision will be made by tenants in the ballot.

At the heart of today's debate has been the claim that the ballot would offer no choice. That is not so. The ballot will certainly offer a better choice and some less good choices. The better choice is to proceed towards tenant-led community ownership, which can access the major investment needed and spend it as decided by the community. The less satisfactory choices are either to continue as at present, with inadequate finance and limited participation, or to consider partial transfer in limited areas. In short—John McAllion is well aware of this—it is a choice between two forms of social housing in areas such as Glasgow.

**Mr McAllion:** Does Robert Brown agree that the choice that is not available to tenants is to remain as council tenants and see a step change in investment in their council housing stock?

**Robert Brown:** That is absolutely right. What is being offered is a step change not just in investment but in the way in which the housing stock is run. It is a choice between the traditional municipal model that John McAllion, Tommy Sheridan and the SNP seem to like, but which I regard as a backward step that would condemn people to poor housing indefinitely, and—

**Tommy Sheridan:** Will Robert Brown give way?

**Fiona Hyslop:** Will Robert Brown give way?

**Robert Brown:** I have already taken a number of interventions and I want to proceed with my speech.

**Tommy Sheridan:** Will Robert Brown give way?

**The Deputy Presiding Officer:** Mr Brown does not want to accept an intervention. Please sit down, Mr Sheridan.

**Robert Brown:** The alternative choice is the community ownership model, where people take charge of their own situations. It is built on the highly successful experience of the housing association movement.

Let me deal with the other funding possibilities. According to the report, the committee was



satisfied that stock transfer was

“a primary method of accessing major additional capital investment and moving towards effective community ownership.”

It may not be the only method of accessing capital, but it is the only one that we know will achieve both adequate capital and community ownership. Changes in the public sector borrowing requirement could be made by the Treasury, as Liberal Democrats have argued at Westminster, but that is of little use to this chamber here and now.

When I was a member of the City of Glasgow District Council, there were innumerable grandiose schemes to deal with the housing problems of the day, including planned maintenance, whole-life maintenance and cyclical repair schemes. Each was launched with a grand fanfare; each vanished without trace. That happened not just under the Tories, but under previous Labour Governments. I wonder how many people in this chamber remember that Clive House, the headquarters of the housing department at the time, was popularly known by the public as the wailing wall—and for good reason.

The whole municipal housing system was rotten to the core, unaccountable in practice, expensive, unsuccessful and unmanageable. Some areas of Glasgow have been renovated two or three times over and are still a mess. The nearest parallel that I can think of is the Russian nuclear facilities—built at enormous cost, badly designed and not maintained. Russian submarines and Glasgow's council housing stock alike end up collapsing around us, leaving an enormous financial and political problem to resolve.

Stock transfer offers a new start. It gets rid of liability for the debt that currently costs every tenant anything up to 55p in the pound. It provides guarantees of stable rents and of investment. Council tenants up and down the land would have celebrated if they had had rent increases limited to inflation plus 1 per cent in any of the past 20 years. However, the devil is in the detail. The committee was anxious to ensure that the tenants had cast-iron guarantees on rents.

**Tommy Sheridan:** Will the member answer this one question? If the tenants vote no, is he still in favour of the debt being transferred to the Scottish Executive—yes or no?

**Robert Brown:** Tommy Sheridan has missed the point. This is not just about investment; it is about investment and community empowerment.

**Tommy Sheridan:** What about the transferral of the debt?

**Robert Brown:** That is conditional. This scheme is designed to deal with community empowerment.

**The Presiding Officer (Sir David Steel):** Order. I cannot allow a private debate between members.

**Robert Brown:** I return to the political argument. SNP members have argued that pots of untapped housing capital would appear miraculously if Scotland were separate. However, they have also made it clear—at a fairly late stage in the proceedings—that they will oppose whole stock transfer and will campaign for a no vote. The members of the Social Inclusion, Housing and Voluntary Sector Committee will agree that they did not make their view on that clear until a late stage.

The SNP's strategy would be hugely damaging to every tenant in Glasgow. The SNP would bang the door shut on major capital investment adequate for the job. It would cost the deprived areas of the city up to 3,000 much-needed jobs, largely in construction. Glasgow needs SNP policies of that sort as much as it needs a hole in the head.

**Dorothy-Grace Elder:** What about the 3,000 or so council jobs? Glasgow has a decent DLO—not all DLOs should be tarred with the same brush. We would also lose £200 million VAT shelter by not having a public deal. This deal is a Titanic of a political disaster.

**Robert Brown:** I will answer that specific point, as it was dealt with in considerable detail by the committee. Stock transfer would result in increased investment in the city of Glasgow. The result of increased investment would be more rather than fewer jobs, particularly in the construction industry. Our job is to ensure that those jobs are invested in the deprived areas that need them. Let us have an end to people frightening the horses—using scare tactics and frightening folk out of their wits about what is going to happen.

**Mr Gibson:** Will the member give way?

**The Presiding Officer:** No, Mr Gibson—Mr Brown is over time.

**Robert Brown:** I am not over time. I have taken significant interventions.

**Mr Gibson:** If the Presiding Officer says that you are over time, you are over time.

**The Presiding Officer:** Order. We do not take interventions once the member speaking has gone past the allotted time. The member is getting extra time for interventions and we cannot allow more interventions on top of that.

**Robert Brown:** Thank you, Presiding Officer.

Let me say what this is about. Thousands of people in Glasgow are living in housing conditions that we can no longer tolerate in a civilised society. As a number of members have indicated,

this is about the daily lot of far too many families. As Cathie Craigie said, this is about people's homes. Under the proposals that are before the chamber today, urgent resources could be released to deal with the problem.

However, the issue is also about control and power. People in Glasgow and across Scotland have been used to having decisions about housing stock being made by councils and Governments, which, as has been said, have not always got things right. Margaret Curran recalled a tenant saying to her, "Couldn't they have asked us? We only live here." That sums up the debate. The chamber has the committee's report, which is a major contribution to the debate. Let us now go forward positively and in hope, in partnership with the people of Glasgow and the other areas involved, in planning whole stock transfer. I commend the stock transfer report of the Social Inclusion, Housing and Voluntary Sector Committee to the Scottish Parliament.

## Parliamentary Bureau Motions

**The Presiding Officer (Sir David Steel):** The next item of business is consideration of a Parliamentary Bureau motion. I ask Tom McCabe to move motion S1M-1195, on the approval of statutory instruments.

*Motion moved,*

That the Parliament agrees that the following orders be approved:

The Food Protection (Emergency Prohibitions) (Paralytic Shellfish Poisoning) (Orkney) (No 3) (Scotland) Order 2000 (SSI 2000/266)

The Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (Scotland) Order 2000 (SSI 2000/267)

The Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 2) (Scotland) Order 2000 (SSI 2000/291)

The Food Protection (Emergency Prohibitions) (Paralytic Shellfish Poisoning) (Orkney) (No 4) (Scotland) Order 2000 (SSI 2000/295)

The Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 3) (Scotland) Order 2000 (SSI 2000/303).—[*Mr McCabe.*]

17:04

## Decision Time

**The Presiding Officer (Sir David Steel):** We now come to decision time. There are five questions.

**Tommy Sheridan (Glasgow) (SSP):** On a point of order, Presiding Officer. Earlier, I asked whether you would make a statement on your decision not to accept the amendment that I lodged. I seek your assurance that we will have an opportunity to vote against the motion.

**The Presiding Officer:** I was about to put that to a decision. However, I never make statements on why I have not selected amendments. That would be a new and unwelcome departure.

I have five questions to put to the chamber. The first question is, that amendment S1M-1196.1, in the name Kay Ullrich, which seeks to amend motion S1M-1196, in the name of Susan Deacon, on public health, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

### FOR

Adam, Brian (North-East Scotland) (SNP)  
Crawford, Bruce (Mid Scotland and Fife) (SNP)  
Elder, Dorothy-Grace (Glasgow) (SNP)  
Gibson, Mr Kenneth (Glasgow) (SNP)  
Hamilton, Mr Duncan (Highlands and Islands) (SNP)  
Hyslop, Fiona (Lothians) (SNP)  
Lochhead, Richard (North-East Scotland) (SNP)  
McGugan, Irene (North-East Scotland) (SNP)  
McLeod, Fiona (West of Scotland) (SNP)  
Paterson, Mr Gil (Central Scotland) (SNP)  
Quinan, Mr Lloyd (West of Scotland) (SNP)  
Robison, Shona (North-East Scotland) (SNP)  
Sheridan, Tommy (Glasgow) (SSP)  
Ullrich, Kay (West of Scotland) (SNP)  
White, Ms Sandra (Glasgow) (SNP)

### AGAINST

Alexander, Ms Wendy (Paisley North) (Lab)  
Barrie, Scott (Dunfermline West) (Lab)  
Boyack, Sarah (Edinburgh Central) (Lab)  
Brankin, Rhona (Midlothian) (Lab)  
Brown, Robert (Glasgow) (LD)  
Canavan, Dennis (Falkirk West)  
Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
Eadie, Helen (Dunfermline East) (Lab)  
Ferguson, Patricia (Glasgow Maryhill) (Lab)  
Harper, Robin (Lothians) (Green)  
Home Robertson, Mr John (East Lothian) (Lab)  
Hughes, Janis (Glasgow Rutherglen) (Lab)  
Jackson, Dr Sylvia (Stirling) (Lab)  
Jackson, Gordon (Glasgow Govan) (Lab)  
Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)

Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)  
Kerr, Mr Andy (East Kilbride) (Lab)  
Lamont, Johann (Glasgow Pollok) (Lab)  
Livingstone, Marilyn (Kirkcaldy) (Lab)  
Lyon, George (Argyll and Bute) (LD)  
Macdonald, Lewis (Aberdeen Central) (Lab)  
Macintosh, Mr Kenneth (Eastwood) (Lab)  
MacKay, Angus (Edinburgh South) (Lab)  
MacLean, Kate (Dundee West) (Lab)  
Martin, Paul (Glasgow Springburn) (Lab)  
McAllion, Mr John (Dundee East) (Lab)  
McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
McCabe, Mr Tom (Hamilton South) (Lab)  
McConnell, Mr Jack (Motherwell and Wishaw) (Lab)  
McLeish, Henry (Central Fife) (Lab)  
McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)  
McNulty, Des (Clydebank and Milngavie) (Lab)  
Morrison, Mr Alasdair (Western Isles) (Lab)  
Muldoon, Bristow (Livingston) (Lab)  
Mulligan, Mrs Mary (Linlithgow) (Lab)  
Munro, Mr John (Ross, Skye and Inverness West) (LD)  
Murray, Dr Elaine (Dumfries) (Lab)  
Oldfather, Irene (Cunninghame South) (Lab)  
Peacock, Peter (Highlands and Islands) (Lab)  
Peattie, Cathy (Falkirk East) (Lab)  
Robson, Euan (Roxburgh and Berwickshire) (LD)  
Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)  
Simpson, Dr Richard (Ochil) (Lab)  
Smith, Iain (North-East Fife) (LD)  
Watson, Mike (Glasgow Cathcart) (Lab)  
Whitefield, Karen (Airdrie and Shotts) (Lab)  
Wilson, Allan (Cunninghame North) (Lab)

### ABSTENTIONS

Davidson, Mr David (North-East Scotland) (Con)  
Douglas-Hamilton, Lord James (Lothians) (Con)  
Fergusson, Alex (South of Scotland) (Con)  
Gallie, Phil (South of Scotland) (Con)  
Goldie, Miss Annabel (West of Scotland) (Con)  
Harding, Mr Keith (Mid Scotland and Fife) (Con)  
Johnston, Nick (Mid Scotland and Fife) (Con)  
McGrigor, Mr Jamie (Highlands and Islands) (Con)  
McIntosh, Mrs Lyndsay (Central Scotland) (Con)  
McLetchie, David (Lothians) (Con)  
Monteith, Mr Brian (Mid Scotland and Fife) (Con)  
Scanlon, Mary (Highlands and Islands) (Con)  
Tosh, Mr Murray (South of Scotland) (Con)  
Wallace, Ben (North-East Scotland) (Con)  
Young, John (West of Scotland) (Con)

**The Presiding Officer:** The result of the division is: For 15, Against 51, Abstentions 15.

*Amendment disagreed to.*

**The Presiding Officer:** The second question is, that amendment S1M-1196.2, in the name of Mary Scanlon, which seeks to amend motion S1M-1196, in the name of Susan Deacon, on public health, be agreed to.

*Amendment agreed to.*

**The Presiding Officer:** The third question is, that motion S1M-1196, in the name of Susan Deacon, on public health, as amended, be agreed to.

*Motion, as amended, agreed to.*

*Resolved,*

That the Parliament notes the challenges and progress described in the Chief Medical Officer's report 1999 *Health in Scotland*; welcomes the fact that the Scottish Executive is now leading and supporting the biggest ever drive to improve health and tackle health inequalities, and values the contribution of local authorities, voluntary and community organisations and others working in partnership with health professionals and the NHS to improve the health of the people of Scotland and further notes that progress towards a healthier Scotland is dependent on many factors and that progress will only be achieved through a partnership that matches the work of health professionals with public health education and an increased appreciation by individual Scots of the responsibility they have for their own health.

**The Presiding Officer:** The fourth question is, that motion S1M-1185, in the name of Margaret Curran, on behalf of the Social Inclusion, Housing and Voluntary Sector Committee, on housing stock transfer, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division. Those who wish to support the committee's report should press their yes buttons now.

**Bruce Crawford (Mid Scotland and Fife) (SNP):** On a point of order, Presiding Officer.

**The Presiding Officer:** I cannot take a point of order in the middle of a vote.

**Bruce Crawford:** The motion is to note the report, not to support it. I want to ensure that that is on the record.

**The Presiding Officer:** Mr Crawford is correct. I am misreading my script.

The question is, that motion S1M-1185, in the name of Margaret Curran, on behalf of the Social Inclusion, Housing and Voluntary Sector Committee, on housing stock transfer, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division. Those who wish to support the motion, which takes note of the committee report, should press their yes buttons now.

#### FOR

Adam, Brian (North-East Scotland) (SNP)  
 Barrie, Scott (Dunfermline West) (Lab)  
 Boyack, Sarah (Edinburgh Central) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brown, Robert (Glasgow) (LD)  
 Canavan, Dennis (Falkirk West)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
 Davidson, Mr David (North-East Scotland) (Con)  
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Elder, Dorothy-Grace (Glasgow) (SNP)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Fergusson, Alex (South of Scotland) (Con)

Gallie, Phil (South of Scotland) (Con)  
 Gibson, Mr Kenneth (Glasgow) (SNP)  
 Goldie, Miss Annabel (West of Scotland) (Con)  
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)  
 Harding, Mr Keith (Mid Scotland and Fife) (Con)  
 Home Robertson, Mr John (East Lothian) (Lab)  
 Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Hyslop, Fiona (Lothians) (SNP)  
 Jackson, Dr Sylvia (Stirling) (Lab)  
 Jackson, Gordon (Glasgow Govan) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)  
 Johnston, Nick (Mid Scotland and Fife) (Con)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Lochhead, Richard (North-East Scotland) (SNP)  
 Lyon, George (Argyll and Bute) (LD)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 MacKay, Angus (Edinburgh South) (Lab)  
 MacLean, Kate (Dundee West) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAllion, Mr John (Dundee East) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Mr Tom (Hamilton South) (Lab)  
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)  
 McGrigor, Mr Jamie (Highlands and Islands) (Con)  
 McGugan, Irene (North-East Scotland) (SNP)  
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)  
 McLeish, Henry (Central Fife) (Lab)  
 McLeod, Fiona (West of Scotland) (SNP)  
 McLetchie, David (Lothians) (Con)  
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)  
 Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Murray, Dr Elaine (Dumfries) (Lab)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Paterson, Mr Gil (Central Scotland) (SNP)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Peattie, Cathy (Falkirk East) (Lab)  
 Quinan, Mr Lloyd (West of Scotland) (SNP)  
 Robison, Shona (North-East Scotland) (SNP)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Simpson, Dr Richard (Ochil) (Lab)  
 Smith, Iain (North-East Fife) (LD)  
 Tosh, Mr Murray (South of Scotland) (Con)  
 Ullrich, Kay (West of Scotland) (SNP)  
 Wallace, Ben (North-East Scotland) (Con)  
 Watson, Mike (Glasgow Cathcart) (Lab)  
 White, Ms Sandra (Glasgow) (SNP)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)  
 Young, John (West of Scotland) (Con)

#### AGAINST

Munro, Mr John (Ross, Skye and Inverness West) (LD)  
 Sheridan, Tommy (Glasgow) (SSP)

#### ABSTENTIONS

Harper, Robin (Lothians) (Green)

**The Presiding Officer:** The result of the division is: For 76, Against 2, Abstentions 1.

*Motion agreed to.*

That the Parliament notes the content and recommendations of the 3rd Report of the Social Inclusion, Housing and Voluntary Sector Committee on Housing Stock Transfer.

**The Presiding Officer:** The fifth question is, that motion S1M-1195, in the name of Mr Tom McCabe, on the approval of statutory instruments, be agreed to.

*Motion agreed to.*

That the Parliament agrees that the following orders be approved:

The Food Protection (Emergency Prohibitions) (Paralytic Shellfish Poisoning) (Orkney) (No 3) (Scotland) Order 2000 (SSI 2000/266)

The Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (Scotland) Order 2000 (SSI 2000/267)

The Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 2) (Scotland) Order 2000 (SSI 2000/291)

The Food Protection (Emergency Prohibitions) (Paralytic Shellfish Poisoning) (Orkney) (No 4) (Scotland) Order 2000 (SSI 2000/295)

The Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 3) (Scotland) Order 2000 (SSI 2000/303).

## Palliative Care

**The Presiding Officer (Sir David Steel):** We come now to the members' business debate on motion S1M-958, in the name of Michael McMahon, on palliative care. The debate will be concluded, without any question being put, after 30 minutes.

*Motion debated,*

That the Parliament welcomes the establishment of the Cross Party Group on Palliative Care; welcomes the current priority status in the NHS in Scotland for cancer services; recognises that, despite improvements in the treatment of some cancers, the overall figures for cancer survival remain poor by international standards; believes that this demonstrates the need for more attention and resources to be focused on palliative care; further notes that palliative care aims to control pain and other distressing symptoms in order to achieve the best possible quality of life for patients and their families; notes that people with chronic and progressive conditions other than cancer also have palliative care needs, and calls upon the Scottish Executive to confirm that palliative care is adequately included in the developing strategies for cancer care and for care of those with chronic and progressive illness in Scotland.

17:09

**Mr Michael McMahon (Hamilton North and Bellshill) (Lab):** I want to start this all too short debate by taking time to thank members from all sides of the chamber for supporting the motion in my name, which was lodged some months ago when the Scottish Parliament's cross-party group on palliative care was established.

Like many people, I was not always involved in the palliative care movement. It was only when a family member faced suffering from cancer that I took an interest. My activity grew from there. I was pleased, shortly after being elected last May, to be introduced to Margaret Stevenson, director of the Scottish Partnership Agency for Palliative and Cancer Care, who discussed with me the possibility of establishing a cross-party group to raise palliative care's profile in Parliament.

It is vital that we do that. A society, it is argued, can be judged on the way in which it cares for the dying as well as the way in which it cares for the living. The chamber has echoed with many important debates on health care in the past year and no doubt will continue to do so, but I am pleased that we have the opportunity to examine today our record on palliative care.

Sufferers from many illnesses require palliative care, but I want to consider one predominant illness to highlight the need for such care. We recognise that the incidence of cancer in Scotland is rising despite advances in treatment. The majority of people who have cancer will not be

cured. As the Imperial Cancer Research Fund recently publicised, one in three people in Scotland will develop cancer in their lifetime and 60 to 70 per cent of them will require palliative care. Sadly, one in four will die from the disease. In 1999, 14,688 Scots died from cancer.

Palliative care aims to control pain and other distressing symptoms, to help patients and families with emotional upset and the practical problems that they face and to help people deal with the spiritual questions that might arise from their illness. It also seeks to help people to live as actively as possible despite their illness and to support families and friends following the loss of a loved one.

We know that people who have cancer report in the last year of life a high incidence of problems including physical symptoms—such as pain and breathlessness—and psychological symptoms, such as depression. Unfortunately, studies show that such symptoms are often not well managed and, as a result, people suffer unnecessarily in the advanced stages of their illness. Knowledge of how to manage the symptoms effectively exists—it has been developed by health professionals who specialise in palliative care, but it is not yet universal practice.

Most of us would prefer to pass on at home among family members. However, the latest figures show that in 1999, only a quarter of people who died with cancer did so at home. Scotland needs effective palliative care provision to enable more people to die in their place of choice and to be as comfortable as possible in their last days.

As we know, palliative care in Scotland is provided mainly by voluntary services, with a small number of national health service hospices also supporting that vital work. Of the 15 hospices in Scotland, 13 care mainly for adult cancer patients. There is one specialist AIDS hospice—Milestone House, the work of which David McLetchie highlighted recently—and one children's hospice, Rachel House, which is an exceptional national resource that is based in Kinross. Such hospices provide specialist palliative care through in-patient support and day and home care services. They are increasingly integrated with the national health service and provide outreach facilities to hospitals and primary care teams.

Specialist palliative care nurses in hospitals, Macmillan and Marie Curie nurses, general practitioners and district nurses also provide palliative care as part of their normal duties. It is important to acknowledge the significant and vital work of the many thousands of health professionals throughout Scotland who provide support to those in need and their families during difficult times. However, although I recognise the commitment of the Executive and local health

boards—including Lanarkshire Health Board—we must seek constantly to examine how provision can be improved.

The top priority is to make sure that health boards and NHS trusts ensure that palliative care is available to all those in need, including those who have conditions other than cancer. Let us remember that more palliative care does not always mean more hospices—it can mean better support from the NHS for existing hospices and a greater spread of palliative care principles and practice in other care settings. The Executive must seek to increase the level of palliative care knowledge and awareness among all health professionals who care for people with progressive, life-threatening conditions, whether in hospital, at home or in nursing or residential care.

The Executive must also continue to examine funding arrangements to support the work of voluntary hospices. Health boards have been asked by the Executive to fund about 50 per cent of the agreed costs of adult voluntary sector hospices, so it is a matter for regret that the average contribution last year was 40 per cent. The contribution for some hospices, however, was as low as 31 per cent.

There must also be greater co-ordination between health boards and voluntary sector bodies such as Macmillan Cancer Relief and Marie Curie Cancer Care, so that expertise is shared in developing local strategies for palliative care.

Moreover, the Executive must examine the level of palliative care support in hospitals. I note that it is not yet commonplace for hospitals to have fully staffed specialist palliative care teams, despite the very welcome increase in staffing levels in recent years. Increased services to enable people to be cared for at home, if they wish to remain there, should be a goal of the Executive and Parliament. Speedy provision of equipment, 24-hour community nursing services, access to specialist palliative care services and respite and support for carers and families must be achieved.

Palliative care is a vital support, which should be open to every Scot who suffers from an incurable progressive illness. Although we recognise the significant advances in recent years in both cancer care treatment and palliative care provision, as my motion states, it is important that palliative care remains a priority for the Executive and that further development of palliative care is undertaken. My colleagues in the cross-party group and I will pursue the issue. I look forward to the rest of the debate and the minister's response.

17:16

**Fiona McLeod (West of Scotland) (SNP):** I apologise for the thin presence of SNP members tonight. As members will know, my colleagues are on their way to Inverness—perhaps we will all need palliative care come Sunday morning.

I congratulate Michael McMahon on securing the debate and on the formation of the cross-party group on palliative care. I speak as a former volunteer and member of staff at Marie Curie Cancer Care, which cared for my aunt in her dying days.

Scotland must accept that, in many senses, palliative care is the future of medicine. We have an aging population. Medical advances keep many of us alive much longer than was previously the case. However, those medical advances bring their own problems in the need for palliative care at the end of life. We must be careful not to medicalise the end of life. We must not turn death into a medical event rather than an end-of-life event. That is why palliative care is very different from medical care.

The health priorities and strategies of the Executive must reflect the need and desire of many people at the end of their lives to die in their own home rather than in a hospital. At the cross-party group today, we heard that a bed in a teaching hospital costs £1,000 a day, a bed in a national health service palliative care unit costs £350 a day and the services of a Macmillan home care nurse cost £312 a day. On the bases of cost and what patients want, palliative care should be prioritised in the Executive's health strategy.

Another point that was raised at the meeting of the cross-party group was that there is no Scottish Executive guidance note to social workers that specifies palliative care as one of their roles and gives them guidance on how they should provide that service.

It is important that palliative care should be regarded as part of a joined-up service that involves the health service, care in the community, social workers and the voluntary sector. That is how the system works—we must ensure that that continues to be the case in the priorities and strategies of the Executive.

17:19

**Mr Keith Harding (Mid Scotland and Fife) (Con):** I am particularly pleased to have the opportunity to speak in this important debate on palliative care and I congratulate Michael McMahon on setting up the cross-party group.

The aim of the group should be to ensure that the awareness of palliative care is raised throughout Scotland and that unmet need is

highlighted and addressed through palliative care teams in each health board area.

We must improve that vital area of care by sharing best practice and increasing its availability to those who need it. The work of the cross-party group can assist organisations such as the Scottish Partnership Agency for Palliative and Cancer Care and the debate will go a long way to raising awareness of the merits and availability of care in Scotland. In that respect, I fully support Michael McMahon's motion, which sets out the cross-party group's priorities very well.

However, I want to concentrate on the awareness of the benefits and scope of palliative care, not only among the general public, but among Scotland's health professionals. The European Association for Palliative Care published its definition of palliative care as long ago as spring 1989. The part of that definition that is most relevant to my comments is that palliative care

"offers a support system to help the patient live as actively as possible until death and help the family cope during the patient's illness and in bereavement".

It is vital that we get that message across. A UK survey on hospices that was published in August by Marie Curie Cancer Care found that, mistakenly, most people see hospices as depressing places where patients go to die. Furthermore, the majority of people do not realise that half the patients who are treated in a hospice go home after their stay—indeed, the majority of patients do not die there.

We must highlight the fact that a wide range of care is available to control the symptoms of terminal illness and help people have a better quality of life. Marie Curie Cancer Care says that often doctors and nurses delay referring patients for hospice care because they do not think that the patients are ill enough.

However, many hospices have day centres and half the patients go home after a stay in hospice. What is more surprising is that only half the public were aware that hospices offered counselling and welfare support services. We must make more health professionals aware of the availability of palliative care teams to ensure that more terminally ill patients are given access to the care that they need to improve their quality of life. Such care is highly skilled and relies on the dedication of the professionals who are involved in managing the symptoms of terminal illness.

By making more people aware of the scope of palliative care, we will raise awareness greatly. When that is done, we must ensure that the resources exist to meet the needs of Scots who have terminal illnesses. That twin-track aim is summed up in the group's request to the Scottish Executive at the end of Michael McMahon's

motion.

17:22

**Dr Richard Simpson (Ochil) (Lab):** I join my colleagues in congratulating Michael McMahon on the formation of the cross-party group on palliative care and on securing the debate. At this point, I should declare an interest, as I am a member of Strathcarron Hospice and former chair of its management committee.

Members might be interested in some background, as palliative care is a success story in Scotland. In the 1970s, the Scottish Health Education Council, which was the predecessor of the current Health Education Board for Scotland, put together a team to hold seminars across Scotland on palliative care. As a GP and psychiatrist, I had the privilege of participating—along with the late Dr Dick Parry—in that early attempt to improve palliative care in Scotland. At about the same time, the first hospice in Scotland—St Columba's Hospice—was founded. As Michael McMahon said, there are now 15 hospices in Scotland, which shows how far we have come with the help of the hospice movement.

Although it is extremely rare for me to praise a Conservative minister, members might not be aware that Michael Forsyth was persuaded by Tom Scott, the first director of the Scottish Partnership Agency for Palliative and Cancer Care, to guarantee that the Government in Scotland would match, pound for pound, money donated by the public. That was much to the dismay of the civil servants who were present at the time.

The legacy of that decision has been a strong underpinning of the most effective voluntary health movement of the 20<sup>th</sup> century in Scotland. Although, as Michael McMahon said, the figure for average contributions is now down to 40 per cent, the Scottish hospices have been largely protected from some of the difficulties faced by English hospices.

However, there is still much to do to build on that success story, and I will illustrate one way forward with examples from my constituency. The Forth Valley Health Board, with initial support from the Macmillan Cancer Relief Fund, has developed the post of a co-ordinating general practitioner, currently Dr Cath Dyer. She has already done much to assess the needs of primary care teams and to develop, through training, their capacity to provide high-quality care.

The care provided by primary care teams is absolutely vital if we are to meet the aspirations of most of our citizens that they should die at home, not in a hospital. As Michael McMahon said, 70

per cent of people die in hospital.

Simple measures can make a difference. My practice had two syringe drivers for delivering pain-relieving drugs. The local hospice also supplied syringe drivers to any practice that needed them. I urge the minister to consider using some of this year's inevitable underspend on one-off capital equipment of that sort. That would make a disproportionate difference in improving the end of many of our citizens' lives.

Some measures are more complex. The provision of effective, 24-hour-a-day-care in the final days or weeks of life, when dignity is a vital part of the patient's life and the lives of their families, is a vital part of coping with terminal illness. That 24-hour-a-day-care is only starting to develop and requires complex team arrangements. Those teams need training and support of the sort that can be provided only centrally or through an agency such as the Scottish Partnership Agency for Palliative and Cancer Care. I have referred to that agency on a number of occasions; it should be assisted to develop benchmarks for practice in our health board areas and to promote good practice through a database.

Another example of good practice is the exchange of staff between Strathcarron hospice and Falkirk royal infirmary. That exchange spreads good practice in the hospice but, importantly, promotes mutual respect and understanding between the traditional NHS hospital and the hospice. The children's hospice is in my constituency and I am aware of the good work that it does. I welcome the fact that it is working with others to develop a second children's hospice in the west of Scotland.

In conclusion, I will pursue the theme to which I keep returning in all health debates. The primary care team could have the capacity to provide excellent palliative care over and above the already good palliative care provided by many teams, but it will need more staff, good training and equipment. That is possible, practical, achievable and desired by all our communities and I commend it to the minister along with Michael McMahon's motion.

17:27

**Alex Fergusson (South of Scotland) (Con):** The debate was always going to be worth having, but it is considerably more so for my having had the pleasure of hearing Dr Simpson say something vaguely flattering about a Tory politician. I thank him hugely for that. On a more serious note, Dr Simpson's level of expertise is welcome in the debate.

Politicians are expected to be able to rise to their



feet and make speeches and give addresses with ease and professionalism whenever called on to do so. The hardest address that I have ever given was at the funeral service of one of my greatest friends, who died not long before the Parliament was established; a matter of months after winning the exhausting hill race on our local gala day. He left behind two children barely into their teens.

Everyone in the chamber and many people beyond will be aware that early death through cancer and other incurable diseases touches almost everyone in the land. One of the last things that my friend said to me was to ask me, when I got into Parliament, to do everything that I could in that field. I was therefore absolutely delighted to see the proposal to form a cross-party palliative care group. Like everyone else, I congratulate Michael McMahon on the work that he has done. I was even more delighted to join that group. I joined to learn because, unlike Richard Simpson, I do not know a lot about palliative care. Members will be glad to know that, because I am here to learn—and although I have already learned a lot through the cross-party group—I will refrain from saying too much.

One of the first visits that I made was to Rachel House, to which other members have referred. I recommend any member to undertake a visit there. It is Scotland's only palliative care hospice and a visit there is emotive, humbling and rewarding. Another house is being sought. I phoned today and understand that a shortlist of sites on the west of Scotland has been arrived at. I wish Rachel House every success in that venture. I hope that the Scottish Executive will give it encouragement and any assistance which it asks for. I was struck by the fact that—as I understand it—Rachel House is currently partly funded by all 15 health boards in Scotland. It hopes to receive funding from all 32 local authorities for the second house, when it is established.

It strikes me that there is a need to ensure that we get some joined-up thinking and working—co-ordination is what we are looking for. That was highlighted at today's lunchtime meeting of the cross-party group.

It must be novel for a minister to come to a debate at which we are not asking for more money. However, it is surely not too much to ask for the Executive to develop co-ordination in this area and to take a lead. That would be welcomed by all concerned.

In confining my remarks to that, I again congratulate Michael McMahon on securing this debate.

17:31

**The Deputy Minister for Community Care (Iain Gray):** I too welcome the formation of the cross-party group on palliative care. I acknowledge Michael McMahon's role in that, and in securing today's debate.

As Richard Simpson pointed out, palliative care in Scotland is a success story of partnership between the national health service and the voluntary sector. Michael McMahon also made the important point that the principles and approach of palliative care should inform the care of all patients. The fundamental concern of palliative care is to respond to the totality of each person's needs. It should be provided in the setting which best meets those needs, whether in hospital, at home, in a nursing home or in a specialist palliative care unit.

The motion makes the link between cancer survival and the need for palliative care, and that link with cancer reflects the origins of modern palliative care, as Richard Simpson mentioned. Michael McMahon is right to acknowledge some improvements in the figures for cancer survival. For the majority of cancers, survival has increased substantially over the past 20 to 25 years. That applies particularly to malignant melanoma of the skin, to testicular cancer, to leukaemia and to colorectal cancer. It is also true of breast cancer.

International comparisons are always difficult, because of differences in population coverage, data quality and case mix. For most cancers, however, the prospects for Scottish patients who survive for up to five years after diagnosis are excellent. Driving those improvements further is, and must be, a priority.

As several members have said, cancer survival is only one element in determining the need for palliative care. I know that, for some time, the providers of palliative care have been looking beyond the traditional association between palliative care and cancer.

It is now clear, as several members have mentioned and as the Scottish Executive accepts, that the principles of palliative care have a much wider application. They should be brought into play from the time of diagnosis onwards, not just in the terminal phase of an illness. They can transform the management of other progressive conditions; motor neurone disease and Parkinson's disease are the two that are most mentioned, but HIV/AIDS and our other clinical priorities, coronary heart disease and mental health, can be added.

Palliative care can bring enormous benefits to patients with end-stage heart failure. That is a clear example of a need which all too often goes unmet. That is something that our coronary heart

disease task force has picked up on and will mention in its report.

The role of palliative care in relation to mental health has been fully set out in the report, "Positive Partnerships". Patients with severe mental illness who go on to develop a life-threatening illness must have their physical symptoms relieved. They also need psychological and spiritual support, and our ability to work together in the best interests of the patient is always tested in tackling a combination of physical and mental health needs. The palliative care approach gives the best chance of success.

The motion mentions the need to ensure that palliative care is adequately included in strategies for the care of people with cancer and other chronic illnesses. The Scottish cancer group leads and directs Scotland's cancer strategy. It strongly represents the voice of palliative care, and I can assure members that palliative care is an integral part of the development of cancer services.

Key documents are health improvement programmes, trust implementation plans and joint social care plans, which require consideration of the cutting across from the NHS to social work. However, I take on board Fiona McLeod's comments—she has now gone, I presume to Inverness—regarding social work services, and I will consider them further.

Every health board in Scotland has developed a palliative care strategy. To date, 31 hospitals in Scotland have either specialist palliative care teams or palliative care support nurses. However, we are not complacent. The Scottish Executive health department has commissioned the Scottish Partnership Agency for Palliative and Cancer Care to undertake an assessment of how far the health boards' strategies embrace the palliative approach.

Further, in conjunction with the agency, we are encouraging the development of a managed clinical network in palliative care, with specific reference to pain relief. The Scottish Intercollegiate Guidelines Network guideline on cancer pain has recently been published, and the evidence base for the network is in place.

As Michael McMahon said, the knowledge is there; those are the kinds of measures that should help to spread the good practice that every speaker has said that we must achieve. We have also funded the pilot programme of hospices as resource centres and we are analysing the results so that we can roll the programme out across Scotland.

Standards are being developed for palliative care which the Clinical Standards Board for Scotland recognises as the underlying core principles of care for all patients with cancer.

Those standards are being fully incorporated into the standards for colorectal, lung, breast and ovarian cancer care.

Much is said by the Scottish Executive about modernisation, and people jump to the conclusion that it must mean hi-tech equipment or new buildings. There is a place for those, but I agree with the message that has come across in the debate, that a modern NHS has to care as well as treat. Modernisation of the NHS is about making its services more caring; as has been said, that is the future of the health service in Scotland.

Palliative care is patient centred. It is very difficult, but it demonstrates that we can put our aspirations for the NHS into practice if we have the imagination and commitment to do so. The widespread support from all parties for the cross-party group on palliative care is a clear and welcome sign of that commitment, which I am sure will continue through the lifetime of this Parliament.

*Meeting closed at 17:37.*

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